



# St. John Catholic School

*Educational Ministry of St. John The Baptist Parish*

270 E. Lewelling Boulevard | San Lorenzo, California 94580  
(510) 276-6632 | Fax: (510) 276-5645 | [www.StJohnCatholicSchool.org](http://www.StJohnCatholicSchool.org)



August 24, 2016

## **Letter from the Principal**

We are so blessed to begin another school year again! I have witnessed great things in each classroom already. Community building, cooperative learning groups, problem of the day math challenges, and vocabulary games are just some of the excellent activities I have observed over the course of the first week. Our teachers are eager to plan and facilitate engaging and rigorous learning experiences for our scholars, and the students seem happy and to be working well with one another. Positivity is key, and that has seemed to be the theme among the community thus far, and for that I am very grateful.

I look forward to seeing all families at Back to School Night on September 8<sup>th</sup>, beginning at 6:00pm in the church. This is a very important event during which parents can learn more information about general school events and

procedures, as well as have time to meet the teachers and receive specific information pertaining to individual class content and curriculum. I hope to see all parents on this evening!

It is with a full heart and open mind that we set forth on our 2016-2017 school year journey. Please know that we, the faculty and staff at St. John, care very much for our shamrock family, and that we are dedicated to working in partnership with you, the parents, so to fulfill our mission of educating the whole child and ministering to our community in the image of Christ's love. Thank you for your dedication to Catholic education!

Blessings,

*Ms. Paige Child*

Principal

[pchild@cndo.org](mailto:pchild@cndo.org)

*When educating the minds of the youth, we  
must not forget to educate their hearts.*

-Dalai Lama

## 2016-2017 Recess & Lunch Schedule

In order to increase supervision and ensure optimal student safety, here is this year's recess & lunch schedule:

10:00–10:20 K-2 Recess

10:35-10:50 3-8 Recess

11:55-12:15 K-2 Lunch Recess

12:15-12:35 K-2 Eat

12:30-12:50 3-8 Eat

12:50-1:10 3-8 Lunch Recess



## **Fall Festival**

### St John's Harvest Fall Festival **Friday, September 30<sup>th</sup>, and** **Saturday, October 1<sup>st</sup>, 2016**

\*Free Entertainment\* Live  
Music!!\*Raffle\*Great Food!!  
Come play and have fun!!

### **Pancake Breakfast on Sunday!!**

For information regarding  
sponsorship or volunteering please  
call (510) 688-0669 or  
[sjcsfallfestival@gmail.com](mailto:sjcsfallfestival@gmail.com)

**Please remember that each family is required to complete at least two (2) of their total required service hours at the festival.** Sign up now to secure the date and time that works best for you.

## Shamrock Scramble

Saturday, September 17<sup>th</sup>

11:30am – Golfer Check-In

1:00pm–“Modified” Shotgun

6:00pm – No Host Cocktails

6:30pm – Dinner & Awards

\$100 per person (includes golf, cart & banquet)

Not able to play? Dinner only \$30

For more information, please contact Jim Thompson at (510) 917-4593 or Brian Fitzgerald at (510) 912-1792. *(Sign up form is attached.)*

## TaeKwonDo Martial Arts for Extended Care Program

On **Monday, August 29<sup>th</sup>**

TaeKwonDo Martial Arts for all grade levels will start. Classes will be on Mondays from 3:15-4:15pm on regular school days and or 12:45-1:45pm on minimum days. Classes will be in the gym and/or meeting room. *(Sign up form is attached.)* For more information, contact Mr. Salas at (510) 305-5428 or email [drummerboy42756@hotmail.com](mailto:drummerboy42756@hotmail.com).

## CYO Boys Basketball, Girls Volleyball & Cross Country

### Signups.

On Wednesday, August 24<sup>th</sup> and Friday, August 26<sup>th</sup> CYO signups will be held from 6:30pm to 8:00pm. (Cross Country is new this year and open to all Kinder through 8<sup>th</sup> grade students!)

## **Student/Parent Handbook 2016-2017 and Photo Release**

Earlier this week, the Handbook and Photo Release signature pages were sent home. Please take a few moments to read and sign these important forms, and return them to the office as soon as possible. We thank you for your cooperation.

## **ATTENTION VOLUNTEERS!**

Adults who volunteer at our school, including as chaperones or drivers on field trips, must be fingerprinted an complete Safe Environment Training. *This is a diocesan mandate.*

## **Finger Printing**

- Fingerprinting Services of America, 225 W. Winton Avenue, Suite 120, Hayward, CA. 1-800-513-2000. You must pick up a form from the school office and pay the \$34 fee to SJCS.

## **Safe Environment Training**

- [www.virtusonline.org](http://www.virtusonline.org)
- Must be completed PRIOR to beginning service.
- Must be completed every three years.

## **Prayer Corner**

*May your God be someone you can lean on in your weak or painful moments. May you know God as your rock, your shelter, your strength, your wing of comfort and support. (Ps 94:18)*

## **Special Thank You!**

SJCS would like to thank:

Irene Fuller, Lehue Lee (and sons), Robert Aceret, Elizabeth Shoulders, John Shoulders, Alex Igesias, Jeff Colantuono, Kim Colantuono and Caitlyn Colantuono for helping out with yard clean up.

Melody Rounds, Julie Calderon, Elizabeth Shoulders, and Irene Fuller for cleaning the Library.

Robert Aceret for cleaning the bathrooms.

Melody Rounds, Juanita Valesquez, Daisy Visitacion, Diana Ignacio, Christine Lacsamana, Elizabeth Hales, Elizabeth Shoulders, John Shoulders, Chelsea Sustiguer, Maria Gutierrez, Thuy Bui, Mai Bui, Gabriela Perez, Michelle Thompson and Don De Rosa for helping out at the Welcome BBQ!

## **Program for counseling in schools.**

Please print, fill out, and turn in the attached permission form giving your child permission to visit our school counselor. This form is due by Monday August, 29<sup>th</sup>.

Please visit

<http://www.stjohncatholicschool.org/calendar.html>

on our website for important upcoming dates.

**THE PROGRAM FOR COUNSELING IN SCHOOLS**  
**PERMISSION FOR MY CHILD TO SEE A SCHOOL COUNSELOR**

My child(ren)'s last names: \_\_\_\_\_

My child(ren)'s first names: \_\_\_\_\_

I give permission for my children, who are named above, to meet with the school counselor at the school. I understand that my child may choose to see the counselor during school hours and I also understand that my child's teacher may refer my child to visit her. Also, if I am aware of an issue that I would like my child to explore with the counselor, I may phone the school and ask that the counselor see my child.

There are many reasons why children choose to see the counselor and why teachers and parents refer students to see the counselor. For example, some children may be referred because they do not seem happy or well-adjusted at school. Others may be referred because their teacher feels they are not fulfilling their potential academically or socially.

I understand that what my child says in counseling is confidential, within the laws of counseling confidentiality. I give the counselor permission to give my child's teacher general feedback about issues or plans that could help the teacher serve my child better; I understand that the counselor will not give the teacher direct information about what my child discusses with her - she will only give the teacher suggestions about helping my child.

In signing, this Permission Form, I attest that I am the legal guardian or, parent of my child and I have the right to grant this permission. If I do not have the right to grant this permission and/or if share legal custody of this child with another person I will note that by checking below:

\_\_\_\_\_ I share legal custody with my child's/children's other parent. Contact him/her at:  
\_\_\_\_\_

\_\_\_\_\_ I do not have the legal right to grant this permission. Contact the person named here:  
\_\_\_\_\_

\_\_\_\_\_ I do not want my child/children to see the counselor individually. However I understand that the counselor may work with my child's classroom as a whole or with a group of children at the teacher's request. Also, if an emergency arises, my child may be asked to see the counselor for one session regarding that emergency.

\_\_\_\_\_ I give permission and I attest that I have full legal right to do so.

Signed by parent or legal guardian: \_\_\_\_\_

Date signed: \_\_\_\_\_

Please print your name here: \_\_\_\_\_

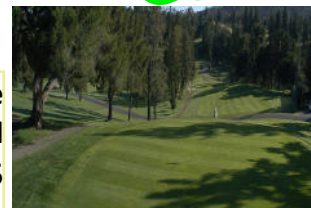
St. John Catholic School  
Saturday, Sept. 17, 2016

SHAMROCK  
SCRAMBLE



Proceeds to benefit:  
St. John School  
Tuition Assistance

Lake Chabot Golf Course  
11450 Golf Links Road  
Oakland, CA 94605



MAXIMUM 40 GOLFERS...  
RESERVE YOUR SPOT TODAY!

- 11:30 a.m. Golfer Check-In
- 1:00 p.m. "Modified" Shotgun Start  
*Scramble format*
- 6:00 p.m. No Host Cocktails
- 6:30 p.m. Dinner & Awards



Includes Golf, Cart & Banquet: \$100 per person



Dinner Only: \$30 per person

Player Name:

\_\_\_\_\_

Player Name:

\_\_\_\_\_

Player Name:



Player Name:

\_\_\_\_\_

# Golf/Dinner \_\_\_\_\_ @ \$100.00 = \$ \_\_\_\_\_

# Dinner Only \_\_\_\_\_ @ \$ 30.00 = \$ \_\_\_\_\_

I can't attend but I want to add to the  
Pot O' Gold! \$ \_\_\_\_\_



Total Enclosed: = \$ \_\_\_\_\_

Please charge my MasterCard/ Visa:



Cardholder Name: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ / \_\_\_\_\_

C.V.V. Code: \_\_\_\_\_ (3 digits on back of card)

Signature: \_\_\_\_\_

Make Checks Payable to: St. John Catholic School

Form & Payment due by Fri., Sept. 5th 2014

Tournament questions? Please contact:

Jim Thompson (510) 917-4593  
jim.thompson1965@yahoo.com

Brian Fitzgerald (510) 912-1791  
bpfitzgerald@gmail.com



# TaeKwonDo Martial Arts for Extended Care Program

•St. John •St. Bede •St. Joachim •St. Clement •All Saints

School: \_\_\_\_\_ Email Address: \_\_\_\_\_

Student's name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home address: \_\_\_\_\_ City: \_\_\_\_\_ Zip code: \_\_\_\_\_

Home phone: \_\_\_\_\_ Business phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Father's name: \_\_\_\_\_

Mom employed by: \_\_\_\_\_ wk. phone: \_\_\_\_\_ cell. phone: \_\_\_\_\_

Dad employed by: \_\_\_\_\_ wk. phone: \_\_\_\_\_ cell. phone: \_\_\_\_\_

Has your child trained in any martial arts before? \_\_\_\_\_ If yes, how long & where? \_\_\_\_\_

Does your child have any medical problem? \_\_\_\_\_

What goal do you want to achieve in martial arts? Beginner \_\_\_\_\_ Intermediate \_\_\_\_\_ Black Belt \_\_\_\_\_

If other than parents to pick your child up from TaeKwonDo class, who do you authorized?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

The parents or guardian specifically agrees and fully understands that the instructors and or school will not be reliable for any damages arising from personal injuries or losses sustained by the student in or about the premises of said school .

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is an honor to have your child enrolled in our martial arts program. Once committed, perseverance is the key to success! Our martial arts program is consist of traditional Korean TaeKwonDo Martial Arts lessons. Our instructors are qualified & are certified under The World TaeKwonDo & Kukkiwon Federation. Our classes are held once a week in your school. If a school holiday takes place and or your child have missed class, he or she may attend a weekend Saturday morning class (All Saints) or at any of the other schools (St. John, St. Bede, St. Joachim, St. Clement, All Saints) on the weekday when school is in session. TaeKwonDo announcement will be posted on your email weekly.

Tuition fee is **\$60**; \$5 off the initial price per student if an immediate family member participates. Tuition is due on the 1<sup>st</sup> week of each month. Payment must be made to Mr. Salas. Waive and or prorate adjustment will be honored if advance written absent notice is given. \$25 will be charged for returned NSF check.

Upon enrollment, the student must have a v-neck uniform, logo t-shirt & a pair of martial arts shoes. Testing is administered once every 2 to 3 months. Test fees varies per belt level. Sparring & self-defense class are held on the 2<sup>nd</sup> half of the school year and personal sparring gear will be needed. Absolutely no refund! If you should have any question or concern, please feel free to contact Mr. Salas at [drummerboy42756@hotmail.com](mailto:drummerboy42756@hotmail.com) or (510)305-5428.

**SCRIP ORDER 2016 - 2017**

Family Name \_\_\_\_\_  
 Name & Grade of oldest child \_\_\_\_\_

\*\*\*\*Orders Due by SEPTEMBER 1, 2016.

Entertainment	%	\$	QTY	Net \$
Century Theaters	4%	\$25		
Century Theaters Single Admit	10%	\$9.50		
Gas	%	\$	QTY	Net \$
Arco	1.5%	\$50		
	2.5%	\$250		
Chevron	1%	\$50		
	1%	\$250		
Shell	2.0%	\$50		
		\$100		
Grocery	%	\$	QTY	Net \$
Lucky/Savemart	2%	\$25		
		\$100		
Safeway	4%	\$25		
		\$100		
Smart & Final	3%	\$25		
		\$100		
Target	2.5%	\$25		
		\$100		
Whole Foods	3%	\$25		
		\$100		

Fast Food/Restaurant	%	\$	QTY	Net \$
Applebee's	8%	\$25		
Chipotle	10%	\$10		
IHOP	8%	\$25		
Olive Garden	9%	\$25		
Starbucks Coffee	7%	\$10		
		\$25		
Retail	%	\$	QTY	Net \$
Amazon.com	3%	\$25		
		\$100		
Old Navy	14%	\$25		
		\$100		
Macy's	10%	\$25		
		\$100		
Marshall's/TJ Maxx	7%	\$25		
Ross	8%	\$25		
Sports Authority	8%	\$25		
		\$100		
Walgreens	6%	\$25		
		\$100		

Please refer to [www.shopwithscrip.com](http://www.shopwithscrip.com) for a complete list of participating vendors.

Write In Orders** (use back side of form if needed)	%	\$	QTY	Net \$

*Payment must be included with this form. Make checks payable to St. John Catholic School  
 Turn completed forms to School Office or send back in Wednesday envelope.  
 Orders will be ready in about 1 week.*

Cash  Check # \_\_\_\_\_

**Orders Due by THURSDAY, SEPTEMBER 1, 2016 10:00 AM.  
 GET A HEAD START ON 2016 – 2017 FUNDRAISING!**

**TOTAL \$** \_\_\_\_\_

- I will pick up my Scrip Order at the school office       I will pick up my Scrip Order at SEP  
 Please send home Scrip Order with eldest child

Purchased By (please print) \_\_\_\_\_ Phone # \_\_\_\_\_

*I understand that Scrip is like cash and St. John Catholic School School is not responsible if your Scrip order is lost or stolen.*

Signature \_\_\_\_\_ Date \_\_\_\_\_