

# Warrior Weekly

*Academic Excellence based on Biblical Principles*



Volume 25 Number 5  
September 16, 2019



**Parent Teacher Conferences**  
Behavior Teamwork Grades Communication Homework  
Progress Goals Achieve

Parent/Teacher Conferences  
September 19-20, 2019  
**Noon Dismissal on 9/20**



## LUNCH MENU

### Week of 9/16 thru 9/20

- ◆ Monday, Sep 16—KYA Nacho Lunch: Pay at table
- ◆ Tuesday, Sep 17—Señor Lopez: Chicken, Cheese and Rice
- ◆ Wednesday, Sep 18—Chick-Fil-A: Chicken Nuggets, Chips, Cookie
- ◆ Thursday, Sep 19—Little Caesar's: Sausage Pizza, Chips
- ◆ Friday, Sep 20— **\*\*\*Noon Dismissal\*\*\* Parent Conferences**

### Week of 9/23 thru 9/27

- ◆ Monday, Sep 23 —KYA Nacho Lunch: Pay at table
- ◆ Tuesday, Sep 24—Subway: 6 inch Pepperoni on White, Chips, Cookie
- ◆ Wednesday, Sep 25—Chick-Fil-A: Chicken Strips, Chips, Cookie
- ◆ Thursday, Sep 26—Little Caesar's: Cheese Pizza
- ◆ Friday, Sep 27—\*\*\*Bring Your Lunch\*\*\*

**Prices:** Chick-Fil-A \$5.25      Four Seasons \$5.25  
Rutlands \$5.25      Subway \$5.25  
Max's Café \$5.25  
Pizza Slices: 1-\$2.00, 2-\$2.50, 3-\$3.00

Nacho Lunch \$4.00, or with drink \$5.00  
Beta Chili Lunch \$4.00 (No drinks provided)

\*\*You can view the monthly lunch calendar on our website [www.hcahopkinsville.org](http://www.hcahopkinsville.org). All lunch order forms must be placed by 9:00 a.m. the day prior to the lunch of choice.

# SPORTS CORNER



## Volleyball      Varsity

Sep 16	Mon	Oak Ridge	Away	5:00
Sep 17	Tue	Jo Byrns	Home	5:00
Sep 19	Thr	Pleasant View	Home	4:30
Sep 21	Sat	Somerset	Away	12:00



## Volleyball      Middle School

Sep 16	Mon	Olmstead	Away	5:30
Sep 17	Tue	U. H. A.	Away	5:30
Sep 20	Fri	Olmstead	Home	6:00



## Soccer      Varsity

Sep 21	Sat	Somerset	Away	12:00
Sep 27	Fri	Trinity	Away	6:00
Sep 28	Sat	Assumption	Away	11:00



## Soccer      Middle School

Sep 16	Mon	Todd Co	Away	5:30
Sep 23	Mon	Hopkinsville	Home	5:30
Sep 30	Mon	Russellville	Away	5:30



## Cross County Track

Sep 28	Sat	Somerset Christian
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## CHEERLEADING TRYOUTS



Will be held on  
Wednesday,  
September 25th  
from 3:30-5:00 in  
the gym.

Sign ups for MS, JV and  
Varsity boys and girls  
will be posted outside  
Mrs. Candy's office  
starting Tuesday,



**Basketball Sign Ups**  
September 3. If you are in 5th grade and are  
thinking about playing, please stop by.



Will be hosting HCA Spirit Night

**Thursday, Sept. 19th**

From 5:00-7:00 p.m.

10% of all sales will  
go to support HCA

**HELP  
WANTED!**



We are needing workers for Extended Care

If interested, please contact Alyssa Fletcher at

(270) 885-2417

Or

[a.fletcher@hcahopkinsville.org](mailto:a.fletcher@hcahopkinsville.org)



Middle School KYA will meet  
on Friday's  
From 3:15-4:15 in  
Mrs. Outland's Room

## MS Academic Team

will have practices on the following days:

### QUICK RECALL

Mondays and Tuesdays after school  
3:15-4:15 in Mrs. Herrell's room

### Future Problem Solving

Practices for the remainder of Sept. will be:

Thurs. Sept 12 & 26

There will **NOT** be FPS the week of Parent Teacher  
Conferences (Sept 19-20)



## Elementary Academic Team

Practices will be on Mondays from 3:15-4:15  
In Mrs. Outland's Room

Parents of K-12 graders,

Beginning on October 16, we will be having 4-H after school one Wednesday per month (dates are listed below). The “big” kids who sign up will also serve as Teen Leaders to our younger students. There will be opportunities for the older students to participate in additional 4-H activities including speech competitions! These extended opportunities will be available for students ages 9-18. If you want your child to participate in 4-H, you must fill out the attached form provided by 4-H and return it to your child’s homeroom teacher (K-5 grades) or to the front office (6-12 grades) by no later than **Monday, September 16.** Hard copies are available in the front office. We are so excited to have 4-H at HCA!!!

4-H will meet for roughly an hour right after school on the dates sent home to parents (tentatively 3:15-4:15). once the interest forms have been turned in we will figure out where 4-H will meet once the number of students participating has been assessed.

4-H adult leaders:



- Kaitlyne Metsker, County Extension Agent- 4-H Youth Development, will be leading the Wednesday meetings each month
- Mrs. KevinAnn Smith, one of our new 5<sup>th</sup> grade teachers, will be the faculty sponsor on Wednesdays

Dates:

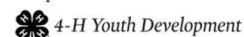
October 16, 2019	November 20, 2019	December 18, 2019
February 19, 2020	March 18, 2020	April 15, 2020

The following forms come from the Extension Office and are state-wide forms that cover all 4-H activities so there may be information regarding things we won’t participate in i.e., sleepovers. Please fill out the entire form to cover HCA planned activities.

## 4-H Participant Information/Enrollment Form (NOT FOR RESIDENTIAL CAMP) 2019-2020



University of Kentucky  
College of Agriculture,  
Food and Environment  
Cooperative Extension Service



Note: The form must be completed by the participant and/or parent or guardian in order to participate in the 4-H program. **All items must be completed, even if the response is not applicable – indicate by using N/A (i.e. no health insurance).** Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Please print in blue or black ink to allow for photocopying.

Name: \_\_\_\_\_ County/District: Christian County, District 7  
Last First Birth date: \_\_\_\_\_ Age (On Jan 1): \_\_\_\_\_ ☐ Youth ☐ Female  
Address: \_\_\_\_\_ ☐ Adult ☐ Male  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Participant Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Farm: ☐ Yes ☐ No  
School Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Ethnicity: ☐ Hispanic ☐ Non-Hispanic  
Race: ☐ Asian ☐ White ☐ Black ☐ American Indian ☐ Hawaiian & Pacific Islander Military Family: ☐ No ☐ Active ☐ Reserve (Branch: \_\_\_\_\_)  
4-H Clubs Involved in: \_\_\_\_\_

Contact #1: \_\_\_\_\_ Phone ☐ H ☐ W ☐ C \_\_\_\_\_ Phone ☐ H ☐ W ☐ C \_\_\_\_\_  
Parent Email: \_\_\_\_\_ Include additional contacts on another sheet if desired.

Name of Family Doctor: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_  
Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Name of Policy Holder/Relationship to Participant: \_\_\_\_\_ Member ID: \_\_\_\_\_

### HEALTH HISTORY

Does the participant have, or at any time has had, any of the following? Check "Yes" or "No" to each item. Please explain any "yes" answers (noting the number of the item) in the space below or on an additional sheet if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

	Yes	No
1) Asthma.....	<input type="checkbox"/>	<input type="checkbox"/>
2) Bronchitis.....	<input type="checkbox"/>	<input type="checkbox"/>
3) Convulsions.....	<input type="checkbox"/>	<input type="checkbox"/>
4) Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
5) Ear Infection.....	<input type="checkbox"/>	<input type="checkbox"/>
6) Fainting.....	<input type="checkbox"/>	<input type="checkbox"/>
7) Heart Condition.....	<input type="checkbox"/>	<input type="checkbox"/>
8) Headaches.....	<input type="checkbox"/>	<input type="checkbox"/>
9) Hypoglycemia.....	<input type="checkbox"/>	<input type="checkbox"/>
10) Serious Allergy to Insects.....	<input type="checkbox"/>	<input type="checkbox"/>
11) Wear Glasses/Contacts.....	<input type="checkbox"/>	<input type="checkbox"/>
12) Other Conditions.....	<input type="checkbox"/>	<input type="checkbox"/>
13) Drug Allergy (please explain).....	<input type="checkbox"/>	<input type="checkbox"/>
14) Food Allergy (please explain).....	<input type="checkbox"/>	<input type="checkbox"/>
15) Other Allergy (please explain).....	<input type="checkbox"/>	<input type="checkbox"/>

Please Explain Any "Yes" Responses:

List and explain any restrictions (dietary, physical, etc.):

The following over the counter medications may be administered to my child without contacting me:

<input type="checkbox"/> Antihistamine Pill	<input type="checkbox"/> Antacid	<input type="checkbox"/> Ibuprofen (Advil)	<input type="checkbox"/> Hydrocortisone Cream
<input type="checkbox"/> Acetaminophen (Tylenol)	<input type="checkbox"/> Decongestant	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Polysporin (topical antibiotic)

### MEDICAL TREATMENT

All information provided on this form is correct and complete to the best of my knowledge. This person has permission to engage in all events and activities. I hereby give permission to the event designee to provide routine health care, administer prescription and over the counter medications as noted and seek emergency medical treatment if warranted. I agree to the release of all records necessary for medical treatment, billing or insurance. In the event I cannot be reached in an emergency, I give permission to the attending physician to secure and administer treatment, including hospitalization. SIGNATURE OF PARENT/PARTICIPANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### PUBLICITY RELEASE

I hereby grant the 4-H program, University of Kentucky and their agents, the right to use, reproduce, assign and/or distribute still pictures, video and sound recordings of myself or my minor child without compensation for use in promotion, advertising, educational publications or online content.

SIGNATURE OF PARENT: \_\_\_\_\_ NO, I do not permit. ☐

# 4-H Youth Development CODE OF CONDUCT FORM

(NOT FOR RESIDENTIAL CAMPS)

All 4-H members and family/friends associated with 4-H members must respect the individual rights, safety and property of others and adhere to this Code of Conduct. A 4-H member may be prohibited from participating in a specific event/program if the participation by the individual poses a danger to the 4-H member and/or others. The following guidelines are designed to make all 4-H events safe, meaningful, and satisfying to youth and others attending.

T-Shirt Size-Check One

YOUTH Size: ☐ ☐ ☐ ☐

ADULT Size: ☐ ☐ ☐ ☐

## WHILE ATTENDING ALL 4-H MEETINGS, PROJECTS, PROGRAMS, ACTIVITIES AND EVENTS:

- Each 4-H participant is expected to attend all planned sessions, workshops, field trips, and meetings of the event, and to be in appropriate dress. Dress codes will be specific to individual events. Delegation chaperones and/or volunteers are responsible for ensuring that members participate in all aspects of the planned program activities.
- The possession and use of alcoholic beverages, tobacco products, and/or drugs (except for medications prescribed to the participant by a licensed physician) are strictly prohibited. Delegation chaperones and/or volunteers shall limit use of tobacco products to designated areas.
- Setting off fire alarms, tampering with fire extinguishing and other emergency equipment are strictly prohibited.
- Gambling of any type is strictly prohibited.
- Obscene, discriminatory and/or inappropriate language, roughhousing, and insubordination are prohibited at all times.
- Respect toward others and facilities shall be demonstrated. Bullying, harassment of others or destruction of property shall not be tolerated. Bullying and harassment can include the use of social media.
- Display of overly affectionate or inappropriate attention between participants is strictly prohibited.
- Technological equipment (including but not limited to cell phones, laptops or mp3 players) shall not interfere with the program and may not be allowed in certain situations.
- Each county may adopt additional Code of Conduct guidelines.

## WHILE ATTENDING OVERNIGHT CONFERENCES, CAMPS, AND EVENTS, THE FOLLOWING WILL ALSO APPLY:

- All participants are to be in their assigned area at curfew and comply with quiet hours, lights out, and other rules of the event.
- No member or volunteer may leave the grounds without the permission of the conference director or adult in charge. An adult shall accompany a 4-H member any time he/she leave the grounds. Adults shall notify another adult in the delegation before leaving the grounds.
- At overnight events, only Conference participants may be in sleeping areas. Lounges or common areas may be used only for working committees and social activities.
- Room service such as phone calls, food, laundry, or others shall not be permitted without chaperone permission.

Any violations of this Code of Conduct shall be reported promptly to the adult in charge of the delegation/program and to the person in charge of the event. The person in charge of the event shall have the final responsibility for disciplinary action. **Failure to comply with the Code of Conduct by 4-H'ers and family/friends associated with the 4-H participant may result in penalty, including, but not limited to, the following:**

- Sent home from the activity or event at his/her own expense
- Released to nearest law enforcement authority
- Barred from participation from future 4-H events
- Termination of 4-H membership
- Assessed the cost of damages for destruction of property

I, \_\_\_\_\_, have read the Code of Conduct and agree to abide by its rules.  
(4-H'er's Printed Name)

I understand that infraction of this Code of Conduct will result in any or all of the penalties listed above.

Member/Volunteer \_\_\_\_\_ County \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form to: Christian County Cooperative Extension 2850 Pembroke Road, Hopkinsville, Kentucky 42240-6802**

**Phone: 270-886-6328 Fax: 270-886-6320 Email to: [dl\\_ces\\_christian@uky.edu](mailto:dl_ces_christian@uky.edu) Web: [christian.ca.uky.edu](http://christian.ca.uky.edu)**

4-H Youth Development Extension Agents: Kaitlyne Metsker ([kaitlyne.davis@uky.edu](mailto:kaitlyne.davis@uky.edu)),

Mary Anne Garnett ([maryanne.garnett@uky.edu](mailto:maryanne.garnett@uky.edu)) and Jeremiah Johnson ([jeremiah.johnson@uky.edu](mailto:jeremiah.johnson@uky.edu))



# Christian County VISION 2030

Christian County Vision 2030 is both a process and a product. The process: engaging with people who live, work, learn and play here to better understand our community's potential and opportunities. The product: a shared community vision and action plan for achieving identified community priorities. The ultimate goal: to develop a community plan by and for the people who call Christian County home today and those who will want to call this home in the years ahead.

We want to engage as many people as possible, from every walk of life. We want to hear from all voices on any and every topic that matters to you. We want to build this new community plan together so that it reflects our community as a whole

We also want to create a sustainable community partner network that can and will help us solve our most pressing challenges and take advantage of our most important assets. We want to know how **YOU** think the greater Hopkinsville-Christian County area should look, feel and function in the future.

Get started now! Please participate by taking a two question online survey by clicking the following link:

[Share your vision for greater Christian County](#)

... it only takes a few seconds. Know someone else with good ideas? Please tell them to visit our website – [www.christiancountyvission.org](http://www.christiancountyvission.org) – to learn about the project and share their own ideas for the future.

## For More Information

For questions or suggestions,

please contact the Christian County Chamber of Commerce at (270) 885-9096  
or [chamber@christiancountychamber.com](mailto:chamber@christiancountychamber.com)