






May 2026



Sun	Mon	Tue	Wed	Thu	Fri	Sat
					1 Spirit Wear 	2
3 Teacher Appreciation Week	4 YCare Registration opens for 2026-2027	5	6	7 All School Mass K-8 - 8:30 a.m. May Crowning	8 \$1 PTO Free Dress	9
10 Happy Mother's Day	11	12	13	14 All School Mass K-8 - 8:30 a.m.	15 Grades 6-8 St. Meinrad and Holiday World	16
17	18	19 All School Candle Mass K-8 - 8:30 a.m. Early Learning Celebration	20 8th Grade Graduation 6:00 p.m.	21 Field Day Report Cards Last Day of School!!	22 	23
24	25 	26	27	28	29	30
31						



May 2026



MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
4 Sausage Cheese Biscuit Tator Tots Fresh Veggies Fruit Milk	5 Papa John's Pizza Green Beans Fresh Veggies Fruit Milk	6 Stromboli Sweet Potato Waffle Fries Baked Beans Fresh Veggies Fruit Milk	7 Chicken Smackers/Biscuit Mashed Potatoes/Country Gravy Parmesan Broccoli Fresh Veggies Fruit Milk	1 Chicken on the Beach Parmesan Broccoli Roasted Carrots Fresh Veggies Fruit Milk
11 French Toast Sticks/ Sausage Potato Smiles Fresh Veggies Fruit Milk	12 Cheeseburger/Bun Potato Wedges Roasted Broccoli Fresh Veggies Fruit Milk	13 Chicken Parmesan/Garlic Breadstick Green Beans Glazed Carrots Fresh Veggies Fruit Milk	14 Burrito Bowl/Tortilla Chips Corn Seasoned Black Beans Fresh Veggies Fruit Milk	15 BBQ Riblets/Bun Cheesy Potatoes Fresh Veggies Fruit Milk
18 Mini Pancakes/ Cheese Omelet Hash Browns Fresh Veggies Fruit Milk	19 Papa John's Pizza Corn Fresh Veggies Fruit Milk	20 Cheese Quesadilla Refried Beans Parmesan Broccoli Fresh Veggies Fruit Milk	21 Sack Lunch Uncrustable Kit or Yogurt Kit Dragon Fruit Fresh Veggies Fruit Milk	22
25	26	27	28	29

**** Daily Alternates:** Uncrustable Kit or Yogurt Kit

"The USDA is an equal opportunity provider, employer and lender."

CHRIST THE KING SCHOOL

2026 Annunciation @ CTK Field Day Volunteer Sign-Up

Dear Parents,

Thursday, May 21, 2026, is the Annunciation @ CTK Field Day. We are in search of volunteers to help during the day. Field Day will start at 8:00am and end just before lunch, around 11:00am. There are several activities and areas where we could use some of your help! Please let me know if you can help, even if it is just for part of the time, and we will schedule you accordingly. **Please return by Wednesday, May 6, 2026.**

If you would be interested in volunteering, please let me know. We need most volunteers for PS-4th grade. PS, PK, & K will be together. 1st-4th grade will be in Vann Park, and 5th-8th will be on the blacktop/gym (we have our ref volunteers covered, but if you would still like to volunteer for this age group, let me know!). Please return this form in your child's folder or email it to me. ***You must complete the CMG Connect to be able to volunteer***

_____ I would like to volunteer for an activity.

Parent Name: _____

Child's Name & Grade: _____

Phone: _____

Sincerely,

Mr. Moll

Cmoll@evdio.org

Fall Sports Sign-Ups



If your child is interested in participating in fall sports, please complete the sign-up below. This information is used to determine rosters, coaches, scheduling and uniforms. This will be the only sign-up sheet sent prior to the season.

Please do not send in any money with this form. The Athletic Fee will be collected in the fall when school begins.

Parents, if you are interested in possibly working with a team, please express your interest in volunteering below. *Once the rosters are completed, coaches will be determined and notified.*

Thank you for your support of CTK athletics. If you have any questions feel free to contact me at 476-1792.

Jane Parsley

Athletic Director

2026 FALL ATHLETIC SIGN-UP FORM

Player	Phone	Grade
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GIRLS

Soccer _____

Grade 3 - 6

Volleyball _____

Grades 5 – 8

Shirt Size: YS(6-8)_____ M (10-12)_____ YL(14-16)_____ AS_____ AM_____ AL_____

Parent interested in helping coach_____

Phone_____ E-mail Address_____

PLEASE RETURN TO THE SCHOOL OFFICE BY Monday, MAY 18!



CHILD REGISTRATION FORM

ANNUNCIATION VACATION BIBLE SCHOOL JUNE 8TH -12TH 8 AM- 11:15 AM

ENTERING PRE-K TO ENTERING 5TH GRADE

CHILD'S INFORMATION:

NAME: _____

GENDER: M F AGE: _____ GRADE COMPLETED: _____

ALLERGIES OR MEDICAL CONDITIONS: _____

HEALTH INSURANCE # (IF APPLICABLE): _____

FAMILY INFORMATION:

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

EMAIL: _____ CELL: _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

I UNDERSTAND THAT REASONABLE PRECAUTIONS WILL BE TAKEN TO SAFEGUARD THE HEALTH AND WELL BEING OF THE PARTICIPANTS IN THIS VBS AND THAT I WILL BE NOTIFIED AS SOON AS POSSIBLE IN THE EVENT OF AN EMERGENCY. IN THE CASE OF SICKNESS OR AN ACCIDENT, I AUTHORIZE AND CONSENT THE VBS TEAM, OR OTHER ASSOCIATED VOLUNTEERS OF THE VBS PROGRAM TO OBTAIN MEDICAL CARE FROM A LICENSED PHYSICIAN, HOSPITAL, OR MEDICAL CLINIC FOR MY SON/DAUGHTER IN THE EVENT THAT MYSELF OR OTHER LEGAL GUARDIAN(S) CANNOT BE REACHED. I HEREBY DO RELEASE AND FOREVER DISCHARGE THIS DIOCESE, PARISH AND CAT.CHAT PRODUCTIONS INC. FROM ALL MANNERS OF ACTIONS, CLAIMS WHICH I OR THE CHILD NAMED ABOVE MAY HAVE FOR ANY REASON, ARISING DURING MY CHILD'S ATTENDANCE OF THE VBS. UNLESS OTHER WRITTEN INSTRUCTION IS SUBMITTED, I ALSO CONSENT TO ALLOWING MY CHILD'S IMAGE TO BE RECORDED, EITHER BY PHOTOGRAPH OR VIDEO, AND USED DURING THE VBS WEEK OR FOR FUTURE ADVERTISEMENT OF CAT.CHAT VBS PROGRAMS. ANY OTHER USE WILL REQUIRE YOUR FURTHER CONSENT.

PARENT / GUARDIAN SIGNATURE _____ DATE _____





OUR PARISH IS HOSTING A FUN, SUMMER VACATION BIBLE SCHOOL!

JOIN THE VBS TEAM!

IF YOU ARE INTERESTED IN HELPING KIDS LEARN ABOUT THE CATHOLIC FAITH IN A FUN AND EXCITING WAY, PLEASE RETURN THE COMPLETED FORM TO THE PARISH OFFICE.

THIS IS A GREAT VOLUNTEER OPPORTUNITY FOR 6TH GRADERS UP!

YES! I WANT TO HELP KIDS LEARN MORE ABOUT JESUS!

I AM INTERESTED IN HELPING WITH: (PLEASE CHECK AS MANY AS INTEREST YOU)

- | | | | |
|--|---------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> REGISTRATION/ SIGN-IN | <input type="checkbox"/> MUSIC | <input type="checkbox"/> SKITS | <input type="checkbox"/> SNACKS |
| <input type="checkbox"/> WELCOME COMMITTEE | <input type="checkbox"/> CRAFTS | <input type="checkbox"/> GAMES | <input type="checkbox"/> OTHER: |
| <input type="checkbox"/> DECORATING | <input type="checkbox"/> FAITH | <input type="checkbox"/> GROUP LEADER | |

NAME: _____

ADDRESS: _____

**PHONE
NUMBER:** _____

EMAIL: _____

MY YOUTH PROTECTION CERTIFICATION IS UP TO DATE. Y / N

The Great Journey with Jesus Through the Church Year



CHILD REGISTRATION FORM

ANNUNCIATION VACATION BIBLE SCHOOL JUNE 8TH -12TH 8 AM- 11:15 AM

ENTERING PRE-K TO ENTERING 5TH GRADE

CHILD'S INFORMATION:

NAME: _____

\$25 FOR A SINGLE CHILD \$20 FOR EACH CHILD IF YOU HAVE MORE THAN 1.

GENDER: M F AGE: _____ GRADE COMPLETED: _____

ALLERGIES OR MEDICAL CONDITIONS: _____

HEALTH INSURANCE # (IF APPLICABLE): _____

FAMILY INFORMATION:

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

EMAIL: _____ CELL: _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

EMERGENCY CONTACT:

NAME: _____ PHONE: _____

I UNDERSTAND THAT REASONABLE PRECAUTIONS WILL BE TAKEN TO SAFEGUARD THE HEALTH AND WELL BEING OF THE PARTICIPANTS IN THIS VBS AND THAT I WILL BE NOTIFIED AS SOON AS POSSIBLE IN THE EVENT OF AN EMERGENCY. IN THE CASE OF SICKNESS OR AN ACCIDENT, I AUTHORIZE AND CONSENT THE VBS TEAM, OR OTHER ASSOCIATED VOLUNTEERS OF THE VBS PROGRAM TO OBTAIN MEDICAL CARE FROM A LICENSED PHYSICIAN, HOSPITAL, OR MEDICAL CLINIC FOR MY SON/DAUGHTER IN THE EVENT THAT MYSELF OR OTHER LEGAL GUARDIAN(S) CANNOT BE REACHED. I HEREBY DO RELEASE AND FOREVER DISCHARGE THIS DIOCESE, PARISH AND CAT.CHAT PRODUCTIONS INC. FROM ALL MANNERS OF ACTIONS, CLAIMS WHICH I OR THE CHILD NAMED ABOVE MAY HAVE FOR ANY REASON, ARISING DURING MY CHILD'S ATTENDANCE OF THE VBS. UNLESS OTHER WRITTEN INSTRUCTION IS SUBMITTED, I ALSO CONSENT TO ALLOWING MY CHILD'S IMAGE TO BE RECORDED, EITHER BY PHOTOGRAPH OR VIDEO, AND USED DURING THE VBS WEEK OR FOR FUTURE ADVERTISEMENT OF CAT.CHAT VBS PROGRAMS. ANY OTHER USE WILL REQUIRE YOUR FURTHER CONSENT.

PARENT / GUARDIAN SIGNATURE _____ DATE _____



Mrs. Kiersten Fitzjerrells
presents

Imagine, Create, & Paint Summer Art Camp

**Ages
8+**

Located at
1Step Training Facility
8408 High Pointe Dr, Newburgh, IN 47630

6 Week Program - 3 Days/Week
\$125 per week

Program Starts

June 1st, 2026

Camp Schedule

Mon - Wed
12:00 PM - 3:00 PM

Week 1

June 1st - 3rd
Layered
Landscapes

Week 2

June 8th - 10th
Picture Perfect
Portraits

Week 3

June 15th - 17th
Happy
Campers

Week 4

June 22nd - 24th
• Summer
Canvases

Week 5

June 29th - July 1st
Hidden in the
Jungle

Week 6

July 6th - 8th
Pet Pals

Questions?
Please contact
kierstenslocum@gmail.com

- Registration on the back
- Accepting cash or check
- Limited to 8 artists per class

- Please bring a snack and water for your child
- Commitment of 1 week minimum

Summer Art Camp
Teacher: Kiersten Fitzjerrells (Slocum)

Name of Student _____ Age _____

DOB ___/___/___ Grade for 26-27 school year _____

Parent Name _____ Phone/Cell _____

Emergency Contacts & Cell # _____

Drop-Off/Pick-Up Person _____

Rates: Each week is \$125 per student for three days. Please pay in full at time of registration to secure your child's spot. Payment can be made with cash or check made out to Kiersten Slocum.

Summer Art Camp Sessions: Three (3 hours a day) art camp sessions will be offered during the weeks of:

_____ June 1st - June 3rd @ 12:00pm – 3:00pm : Layered Landscapes

_____ June 8th - June 10th @ 12:00pm – 3:00pm : Picture Perfect Portraits

_____ June 15th - June 17th @ 12:00pm – 3:00pm : Happy Campers

_____ June 22nd - June 24th @ 12:00pm – 3:00pm : Summer Canvases

_____ June 29th - July 1st @ 12:00pm – 3:00pm : Hidden in the Jungle

_____ July 6th - July 8th @ 12:00pm – 3:00pm : Pet Pals

Time and Dates: Art camp will be in session on the scheduled days listed above. If camp needs to be canceled due to inclement weather, parents will be notified as soon as possible and that camp day will be rescheduled.

Late Drop-off/ Pick-up: Please do your best to arrive on time. Students will be let in by myself at 12pm at the front entrance. If needing to drop off early, please contact kierstenslocum@gmail.com. If arriving late to pick-up, a late fee of \$5 every 15 minutes late will be charged. Once 30 minutes have passed, an additional \$5 dollars will have to be charged.

Parent _____ Date _____

Mrs. Kiersten Fitzjerrells
(Slocum) presents

Create, Paint, & Play! Summer Art & Enrichment Camp

**Ages
3-7**

> Located in the Christ the King Art Room <

**6 Week Program - 3 Days/Week
\$125 per week**

Program Starts

June 1st, 2026

Camp Schedule

**Mon - Wed
8:00 AM - 11:00 AM**

Week 1

June 1st - 3rd
Home &
Family

Week 2

June 8th - 10th
Neighborhood
& Friends

Week 3

June 15th - 17th
Nature &
Animals

Week 4

June 22nd - 24th
• Aqua Life

Week 5

June 29th - July 1st
Fairy Magic &
Dragons

Week 6

July 6th - 8th
Pet Pals

Questions?
Please contact
kslocum@evdio.org

- Registration on the back
- Accepting cash or check
- Limited to 8 artists per class
- Please bring a snack and water for your child
- Commitment of 1 week minimum

Summer Enrichment and Art Camp
Teacher: Kiersten Fitzjerrells (Slocum)

Name of Student _____ Age _____

DOB ___/___/___ Grade for 26-27 school year _____

Parent Name _____ Phone/Cell _____

Emergency Contacts & Cell # _____

Drop-Off/Pick-Up Person _____

Rates: Each week is \$125 per student for three days. Please pay in full at time of registration to secure your child's spot. Payment can be made with cash or check made out to Kiersten Slocum.

Summer Art Camp Sessions: Three (3 hours a day) art camp sessions will be offered during the weeks of:

_____ June 1st - June 3rd @ 8:00am-11:00am : Home & Family

_____ June 8th - June 10th @ 8:00am-11:00am : Neighborhood & Friends

_____ June 15th - June 17th @ 8:00am-11:00am : Nature & Animals

_____ June 22nd - June 24th @ 8:00am-11:00am : Aqua Life

_____ June 29th - July 1st @ 8:00am-11:00am : Fairy Magic & Dragons

_____ July 6th - July 8th @ 8:00am-11:00am : Pet Pals

Time and Dates: Art camp will be in session on the scheduled days listed above. If camp needs to be canceled due to inclement weather, parents will be notified as soon as possible and that camp day will be rescheduled.

Late Drop-off/ Pick-up: Please do your best to arrive on time. Students will be let in by myself at 8am at the gym entrance. If needing to drop off early, please contact kslocum@evdio.org. If arriving late to pick-up, a late fee of \$5 every 15 minutes late will be charged. Once 30 minutes have passed, an additional \$5 dollars will have to be charged.

Parent _____ Date _____



MEMORIAL FEEDER MIDDLE SCHOOL CROSS COUNTRY 2026 (Boys and Girls in 4th-8th grade)

Cross country season is quickly approaching! If your student is interested in running cross country, (season runs August-September) and is entering the 4th*-8th grade, please register using the form on the following page.

The goals of the memorial feeder cross country program are:

- Encourage a love of running
- Foster positive health choices and personal physical fitness
- Development of faith and character
- To have fun

Your registration fee includes all expenses including training, optional summer practice, uniform, meet registration, team party(ies), and other fun things that arise. Scholarships available upon request. Parents are responsible for transportation to and from meets. Most meets charge a gate fee for spectators (though not for runners).

We will hold optional summer training sessions for six weeks in June and July at the State Hospital Grounds (more details to follow via email, but they will probably be Wednesday mornings and Tuesday/Thursday evenings). These sessions are a great way to stay active over the summer, get in shape, and have fun meeting other students from area Diocesan schools. Parents are welcome to participate in the training too. This is optional.

Additional communications for those who sign up will be coming via email in the coming weeks, so please be on the lookout for this information. Season practices are currently scheduled for Monday/Tuesday/Thursday evenings. Most practices will take place at the State Hospital. While runners are welcome to attend all practices, runners are expected to attend 2 practices a week in order to compete (or 1 cross country practice and practice for another sport). If you have any questions, please feel free to contact the feeder team coach, Trent Engbers at taengbers@usi.edu.

On behalf of all the coaching staff, we look forward to working with your children in this upcoming season and having a lot of fun!

REGISTRATION FORMS WILL BE DUE TO YOUR SCHOOL on Friday, May 8th.

2026-2027 Memorial Freshman – Please contact Coach Megan Poulson (mwagler@evdio.org) if you are interested in running Cross Country at Memorial.

* 4th grade tends to be an age at which some runners are still developing in their capacity to run 3 kilometers. Speak with your runner as to whether they are ready, but we would love to have them.

2026 MEMORIAL MIDDLE SCHOOL CROSS COUNTRY

Student Name: _____

Date of Birth: ___/___/___

School: _____

Grade: _____

Parent/Guardian Name(s): _____

Home Address: _____

Phone Number(s): _____ Type: _____ Text: Y / N

_____ Type: _____ Text: Y / N

E-mail(s): _____

(**Please provide an e-mail address that is checked frequently as this is the primary means of communication)

Will you be using your singlet from last year? Yes _____ No _____

Uniform size: Youth S___ M___ L___ Adult S___ M___ L___

(if you will be needing a new singlet)

Family Physician: Name _____ Phone Number _____

Other Contact(s): Name _____ Phone Number _____

Name _____ Phone Number _____

Does your child have any physical condition of which the coaches should be aware?

My child's transport to and from practices and meets may sometimes be with:

In case of an accident or serious illness and parent(s) cannot be reached, I/we hereby authorize the coach to make whatever arrangements seem necessary.

It is understood and agreed that neither the school, the coach, nor the Catholic Diocese of Evansville is the insurer of my child's health and safety while they are engaged in an extracurricular/athletic activity. I understand it is to be my obligation to provide such insurance as I may desire to purchase to protect my child against the costs of sickness or injury.

If the above named child needs emergency medical treatment and neither a parent nor a designated family physician can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

Parent(s) signature: _____ Date: _____

_____ \$45 paid (includes singlet cost)

_____ \$35 paid (using last year's singlet)

Make checks payable to:
Memorial High School

GRADES 5-8 CURRENT

GRADE

MEMORIAL FLAG FOOTBALL CAMP

MEMORIAL



TIGERS

JUNE 8 & 9TH

Location: Bob Hargrave Field
at Memorial High School

4-7 PM

\$40 Per Camper

SKILLS

DEVELOPMENT,

POSITION

FUNDAMENTALS,

GAMES AND

FUN!!



**SCAN THE CODE TO
REGISTER**



2026 SWIM TEAM SCHEDULE

JUNE
16

LORRAINE

LORRAINE
vs
LLOYD & ROCHELLE

HOWELL

HOWELL
vs
HELFRICH & JACOBsville

JUNE
23

LORRAINE
vs
HELFRICH & ROCHELLE

LLOYD
vs
HOWELL & JACOBsville

JUNE
30

HOWELL
vs
LORRAINE & JACOBsville

LLOYD
vs
HELFRICH & ROCHELLE

- 🕒 • Warm-ups – 5:00 PM
- 🕒 • Meet starts at 5:30 PM
- 📅 • Each Thursday will be the make up date.
- 👥 • Each team is responsible for supplying timers for each swim meet. They will need four parents per meet for timing.



City Swim Meet

DAC
(Deaconess Aquatic Center)

July 11 – 12

SATURDAY AND SUNDAY

Saturday

Warm-Ups: 8:00 AM
Meet starts at 9:00 AM

Sunday

Warm-Ups: 8:00 AM
Meet starts at 9:00 AM

Swim Team Practice Times



Rochelle Riptides

Tuesday - Friday 10:00 am - 10:45 am

Wednesday - 5:00 pm - 5:45 pm



Howell Torpedoes

Tuesday & Thursday 8:00 am - 9:00 am - 11 & Above
9:00 am - 10:00 am - 10 & Below

Wednesday & Friday - 8:00 am - 9:00 am - All Swimmers

Thursday - 5:00 pm - 6:00 pm



Helfrich Hurricanes

Tuesday & Thursday @ Deaconess Aquatic Center - 10:20 am - 11:15 am

Wednesday & Friday @ Mosby - 8:00 am - 9:00 am

Wednesday @ Mosby - 5:00 pm - 6:00 pm



Lloyd Sharks

Monday, Tuesday, & Thursday @ Deaconess Aquatic Center - 9:30 am - 10:20 am

Wednesday @ Rochelle - 9:00 am - 10:00 am

Wednesday @ Deaconess Aquatic Center - 5:30 pm - 6:30 pm



Lorraine Dolphins

Monday, Wednesday, & Thursday

9:00 am - 9:45 am & 5:00 pm - 5:45 pm



Jacobsville Jellyfish

Monday & Friday - 5:30 pm - 6:30 pm

Wednesday - 4:30 pm - 5:30 pm



2026 Memorial 7th and 8th Grade Cub Football **SUMMER PRACTICES:**

Call Out Clinic: May 11th at Metro Sports Center 6:30 – 8:00 p.m.

Cub Summer Camp: May 27-28 from 9:00 – 11:00 a.m.

Equipment issue dates are still TBD

ALL Practices are held at The High School Football Field unless otherwise noted

Summer Training from 6-7:30 p.m.

June 2, 4, 9, 11, 16, 18, 23, 25

(Off From June 26 thru July 5th)

Preseason Training from 6-7:30 p.m.

July 6, 7, 9, 13, 14, 15, 20, 21, 23, 27, 28, 30

July 30 - parent meetings and equipment issue 7:30

August 1st: 7 v 7 Scrimmage at Gibson Southern: Times TBA

First Mandatory Practice: August 3rd from 5:30-7:00/7:30 p.m.

Contact:

8th Grade—Todd Russell

7th Grade – Jeff Fossett

Todd Cell / Text: (812) 205-0980
email: toddrussell0622@gmail.com

Jeff Cell / Text: (812)618-5027
Email: jeff@metrosportscenter.com





2026

MEMORIAL MARCHING BAND INFORMATION MEETING

JOIN US AND TAKE THE FIRST STEP
TOWARD AN UNFORGETTABLE SEASON!



DATE:
MAY 12



TIME:
6:00PM



LOCATION:
**MEMORIAL HS
BAND ROOM**

WHO SHOULD ATTEND?



**CURRENT
8TH-11TH GRADE
STUDENTS**



**INCOMING
FRESHMEN**



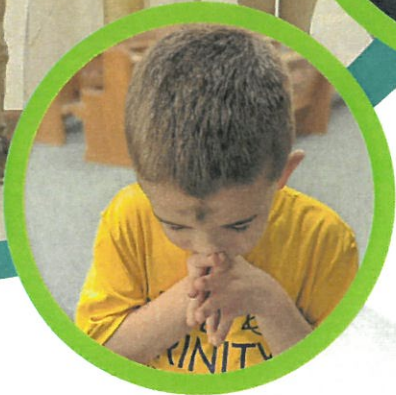
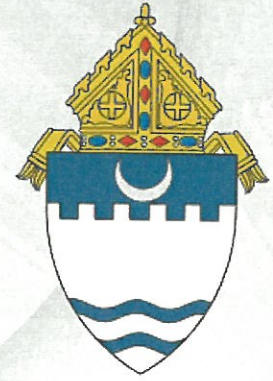
**PARENTS/
GUARDIANS**

WHAT WE'LL COVER:

- ✓ REHEARSAL & PERFORMANCE SCHEDULE
- ✓ SUMMER BAND CAMP DETAILS
- ✓ AUDITIONS & EXPECTATIONS
- ✓ TRAVEL & COMPETITIONS
- ✓ Q&A WITH DIRECTORS



BUILD A TRADITION, BECOME THE LEGACY.



SAFE ENVIRONMENT TRAINING

All volunteers that work with children and vulnerable adults must complete safe environment training and have a valid background check.

To Complete Your Training :

Visit <https://evansville.cmgconnect.org/>

1. Create your account
2. Intiate your background check
3. Watch the assigned training videos
4. Sign off on the Diocesan policies



Contact Us
Catholic Center 
812-424-5536