Regina Catholic Schools

Memorandum

To: Elementary School Principals

From: Tammie Milo, Coordinator Catholic Education Services

Date: June 2025

Subject: **UKRAINIAN INSTRUCTION PROGRAM: 2025-2026**

The Ukrainian Program will continue with its delivery of the program in the evenings. RCSD does not pay for the transportation costs. The Ukrainian Program will continue to be held at St. Matthew School.

The program will have a two-prong approach to delivery, online instruction and information as well as face-to-face instruction. The program will run on Wednesday and Thursday evenings at St. Matthew School. The Ukrainian program will begin on **September 10 & 11, 2025.**

Wednesday – 4:30 – 6:30 p.m.
Thursday – 6:00 – 8:00 p.m.

We are allowing parents to bring their children on either of those evenings. Grades 1-4 will be with Mrs. Kohuch and grades 5-8 will be with Mrs. Zwarych. We will no longer be using the day system since that no longer applies, as our classes will be after school. Therefore, parents can bring their students on either of those days when it works best for their schedule. We are trying to be as flexible as we can with our delivery model.

Please contact Mrs. Kohuch at s.kohuch@rcsd.ca for further information or at 306-530-5786. We thank you for your continued support with this valued program.

Please collect and forward the registration forms **directly to Susan Kohuch (s.kohuch@rcsd.ca)** on or before **Tuesday September 2, 2025.**

Thank you for your continued support.
/attach

c. Elementary Vice-Principals
Elementary Office Managers
Susan Kohuch
Oksanna Zwarych

Regina Catholic Schools Ukrainian Program Registration Form and Student Information Sheet 2025-26

(Please email your completed forms to Susan Kohuch at s.kohuch@rcsd.ca

Student Name: _____

Home Address: _____ **Postal Code:** _____

Home Phone: (306) _____ **Cell#: (306)**_____

School: _____

Grade: _____ **Age:** _____ **Birthday:** _____

Allergies: _____

Mother's Name:_____

Mother's Phone: _____ **Mother's Email:** _____

Father's Name:_____

Father's Phone: _____ **Father's Email:** _____

Emergency Contact: _____ **Emergency Phone:** _____

Preferred Evening: _____ Wednesday (4:30-6:30 p.m.) _____Thursday (6-8 p.m.)

CONSENT	DESCRIPTION
Regina Catholic Schools/Media	I consent to my child appearing in motion pictures or still photographs being made of my child's/ward's likeness, acts, appearances; and sounds records made of child's/ward's voice, by photographers or other personnel employed by or hired by Regina Catholic Schools for educational, advertising or other such purposes as deemed appropriate by Regina Catholic School Division. I also consent to my child being photographed and video/audio recorded and interviewed by members of the media including newspaper, television, and radio. (please circle one) Yes No

Signature of Parent/Guardian: _____ **Date:**