Coming this November:

*William Shakespeare’s*

*Much Ado About Nothing*

Set at the end of World War II, in Italy, this play is a delightful comedy in which a few villains cause a big uproar by telling a lie and convincing others that it’s true. The plot centers on two couples: Beatrice and Benedick, who cannot be in each other’s company without arguing, and Claudio and Hero, who fall in love at first sight of each other.

How will this end?
With weddings, music and a dance, of course!

A movie version of Much Ado About Nothing will be shown on Wednesday, September 4, after school until 5:00. Any students who are interested in the play are encouraged to come to the movie.

Students in grades 5-8 can sign up in Mrs. Pinney’s room this week or early next week. A summary of the play’s plot and a list of the characters will be available, and students may also sign up for audition times. Auditions will be held on Thursday, September 5, after school, until 5. Any call backs will be done during school on Friday. If you have any questions, please contact Mrs. Pinney at ppinney@willingtonct.org, or call at 860-429-9391 ext. 119.

Please remember to send a note to the office giving your child permission to stay after school.
Hall Memorial School Sports

September through October:
Boy’s Soccer, Coach is Mr. Mike Cioe
Girl’s Soccer, Coach is Mrs. Dianne Goodale

PROCEDURES:
All students must have a permission slip and academic responsibility form signed and a physical completed within the past year before being able to participate in or to tryout for any sport.

Both the permission slip and academic responsibility forms are located on the Hall Memorial School’s website at willingtonpublicschools.org. The physical forms are supplied by your doctor’s office. Questions on procedures, forms or about the sport can be directed to the Hall Memorial School Athletic Directors, Liz Peczuh and/or Deb Ostien, available by e-mail at lpeczuh@willingtonct.org and/or dostien@willingtonct.org or by phone at #860.429.9391 ext. 103 for Liz Peczuh or ext. 102 for Deb Ostien.
## HMS Soccer – 2013

<table>
<thead>
<tr>
<th>Date</th>
<th>Vs.</th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/6/13</td>
<td>Deadline for Sports Forms</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/9, 9/10 &amp; 9/11</td>
<td>Tryouts 2:35-5:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9/17/2013</td>
<td>Lebanon</td>
<td>Away</td>
<td>Home</td>
</tr>
<tr>
<td>9/19/2013</td>
<td>Stafford</td>
<td>Home</td>
<td>Away</td>
</tr>
<tr>
<td>9/24/2013</td>
<td>Coventry</td>
<td>Home</td>
<td>Away</td>
</tr>
<tr>
<td>9/26/2013</td>
<td>Bolton</td>
<td>Home</td>
<td>Away</td>
</tr>
<tr>
<td>9/30/2013</td>
<td>Columbia</td>
<td>Away</td>
<td>Home</td>
</tr>
<tr>
<td>10/01/2013</td>
<td>Windham</td>
<td>Home</td>
<td>Away</td>
</tr>
<tr>
<td>10/03/2013</td>
<td>Mansfield</td>
<td>Home</td>
<td>Away</td>
</tr>
<tr>
<td>10/08/2013</td>
<td>Lebanon</td>
<td>Home</td>
<td>Away</td>
</tr>
<tr>
<td>10/10/2013</td>
<td>Stafford</td>
<td>Away</td>
<td>Home</td>
</tr>
<tr>
<td>10/16/2013</td>
<td>Coventry</td>
<td>Away</td>
<td>Home</td>
</tr>
<tr>
<td>10/18/2013</td>
<td>Bolton</td>
<td>Away</td>
<td>Home</td>
</tr>
<tr>
<td>10/22/2013</td>
<td>Columbia</td>
<td>Home</td>
<td>Away</td>
</tr>
<tr>
<td>10/23/2013</td>
<td>Windham</td>
<td>Away</td>
<td>Home</td>
</tr>
<tr>
<td>10/29/2013</td>
<td>Mansfield</td>
<td>Away</td>
<td>Home</td>
</tr>
</tbody>
</table>
Rules regarding academics for participating in Hall Memorial School athletics:

Our athletes are students first and athletes second. In an attempt to foster a sense of responsibility in our student athletes the following rules and procedures will be implemented.

- All athletes are required to maintain at least a D average for all classes.
- The athletic director will be reviewing student athletes’ grades to determine eligibility.
- Students that are found ineligible will be informed by either the coach or athletics director.
- A plan of action will be made by the student, coach, athletic director, and teachers to reinstitute the student’s eligibility.
- During the ineligibility the student athlete will not be allowed to practice or play in games.

Please sign below to show that you understand the above rules.

Parent/guardian_____________________ Student __________________________
Sports and Extracurricular Activities Permission/Authorization Form
(This form contains confidential student information that should not be made public)

I am the parent or legal guardian of the student named on this form, and I am legally authorized to give this permission/authorization and to sign this form. I give permission and authorization for:

Student Name: ___________________________ Grade: ___ School ________________ to participate in the following team sports, intramural sports, club, or other after school activity beginning on this date: ________________ and until the end of the season, school session, or the end of the particular activity.

Name or description of athletic or other activity: ____________________________________________________

Parent/guardian name(s): __________________________ (Phone numbers) ____________________

The following three phone numbers are numbers at which or through which I or the student’s other parent or guardian may most likely be reached in the event of an emergency:

Contact #1: __________________________ __________________________ __________________________
Contact #2: __________________________ __________________________ __________________________
Contact #3: __________________________ __________________________ __________________________

I understand and accept the following basic rules and requirements of the student’s participation:

- Participation in team sports, intramural sports, clubs, or other extra curricular activities is a privilege, not a right. All students must obey the rules of the sport or activity and the rules established for the team or activity by the coach or supervisor.
- All needed equipment and supplies are not furnished by the school, and participants are required to furnish suitable clothing, footwear for indoor and/or outdoor use, in addition to gloves, supplies, etc.
- Participants in athletic activities are required to wear required protective gear, as indicated by the coach or supervisor. Coaches and supervisors will indicate what protective gear is to be required and used.
- The school system is not responsible for transportation home after games, meetings and practices and other activities. This must be arranged by the participant and his/her family.
- Any participant may be denied the right to participate in or may be removed from the activity by the coach or supervisor when it is determined that this action is in the best interest of the particular program and its participants.

Are you aware of any medical or other issues affecting the student that will preclude participation in the activity of require attention during participation, such as allergies and allergies to stings, or need for medication or inhaler? YES____ NO____ (Note: The school will try to accommodate the medical or other special needs of students, but this may not be possible in all cases. Individual situations should be discussed in advance with the principal, coach, or activity supervisor.) If you answered YES to the above question, please summarize your concerns: (use back of form if needed).

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

I understand that from time to time injuries and other emergencies occur during sports, athletic activities, and other after school activities and that medical care may be required. In the event that I or another parent/guardian cannot be reached promptly, or in the event of life-or-death emergency, I authorize a the person in charge of the activity or his/her assistant to authorize and obtain emergency medical treatment from a physician or other health care professional. I also release and discharge the Willington Board of Education and all its employees or agents, including coaches, supervisors and advisors, of and from any liability arising from injury or death to a student in connection with this field trip or school activity.

Parent or Legal Guardian signature: ______________________________________ Date: ____________

cc: School Office
Coach/Supervisor
**SPORTS PARTICIPATION HEALTH RECORD**

This evaluation is only to determine readiness for sports participation. It should not be used as a substitute for regular health maintenance examinations. **THIS SIDE MUST BE COMPLETED BY PARENT & STUDENT BEFORE BEING BROUGHT TO THE DOCTOR’S OFFICE.**

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>SEX</th>
<th>SCHOOL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ADDRESS</th>
<th>PHONE</th>
<th>GRADE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SPORTS BEING PLAYED (1)</th>
<th>(2)</th>
<th>(3)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL HISTORY**

*(To be completed by student and parent or guardian)*

1. Do you have any allergies? (Drugs, Food, Insect Stings etc.)
   - YES: list: ____________
   - NO: ____________

2. Are you currently taking any drugs or medication including steroids or protein supplements? *(Daily or occasionally)*
   - YES: list: ____________
   - NO: ____________

3. Are you presently being treated for any condition by a physician or other health care professional?
   - YES: explain: ____________
   - NO: ____________

4. Have you ever been advised by a doctor not to participate in any sport?
   - YES: explain: ____________
   - NO: ____________

5. Do you have any chronic conditions, disorders or diseases? Check those applicable or ____________
   - Asthma ____________
   - Bleeding Disorders ____________
   - Diabetes ____________
   - Epilepsy (Seizures) ____________
   - Hepatitis ____________
   - Hypertension (High Blood Pressure) ____________
   - Sickle Cell Anemia ____________
   - Mononucleosis-Yr. ____________
   - Kawasaki's Disease ____________
   - Other ____________

   Please check where applicable if you have or have had any of the following:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Head injury, concussion, or been unconscious</td>
<td></td>
</tr>
<tr>
<td>Headaches more than once a week</td>
<td></td>
</tr>
<tr>
<td>Lack of feeling or numbness in any part of the body</td>
<td></td>
</tr>
<tr>
<td>Heat exhaustion or heat stroke</td>
<td></td>
</tr>
<tr>
<td>Difficulty running ¹/₂ mile without stopping</td>
<td></td>
</tr>
<tr>
<td>Chest pain, dizziness or passing out during exercise</td>
<td></td>
</tr>
<tr>
<td>Coughing, wheezing, or gasping for breath</td>
<td></td>
</tr>
<tr>
<td>with exercise or cold weather</td>
<td></td>
</tr>
<tr>
<td>Smoke cigarettes or chew tobacco</td>
<td></td>
</tr>
<tr>
<td>Heart problem, murmur or arrhythmia</td>
<td></td>
</tr>
<tr>
<td>Family member with a heart attack under age 50</td>
<td></td>
</tr>
<tr>
<td>Loss or gain of more than 10 lbs. in last year</td>
<td></td>
</tr>
<tr>
<td>Special diet for medical reasons</td>
<td></td>
</tr>
<tr>
<td>For female participants: Absent or irregular monthly periods</td>
<td></td>
</tr>
<tr>
<td>Disabling cramps with your menstrual periods</td>
<td></td>
</tr>
<tr>
<td>Eye injury or retinal detachment</td>
<td></td>
</tr>
<tr>
<td>Blurred vision or vision in one eye only</td>
<td></td>
</tr>
<tr>
<td>Wear glasses or contact lenses</td>
<td></td>
</tr>
<tr>
<td>Hearing loss or Impairment in one or both ears</td>
<td></td>
</tr>
<tr>
<td>Tubes in ears or a perforated eardrum</td>
<td></td>
</tr>
<tr>
<td>False teeth, caps, or braces</td>
<td></td>
</tr>
<tr>
<td>Nose bleeds for no reason</td>
<td></td>
</tr>
<tr>
<td>Bruising easily or taking a long time to stop bleeding when cut</td>
<td></td>
</tr>
<tr>
<td>Diarrhea more than once a week</td>
<td></td>
</tr>
<tr>
<td>Black or bloody bowel movements (stools)</td>
<td></td>
</tr>
<tr>
<td>Kidney disease or dark, brown or bloody urine</td>
<td></td>
</tr>
<tr>
<td>Less than two kidneys or, in males, two testicles</td>
<td></td>
</tr>
<tr>
<td>Lump(s) in arm pit or groin</td>
<td></td>
</tr>
<tr>
<td>Rash or skin problem</td>
<td></td>
</tr>
<tr>
<td>Neck, spine, or low back injury or pain</td>
<td></td>
</tr>
</tbody>
</table>

Have you ever been hospitalized for medical or surgical reasons? ____________

If yes, provide the following information:

<table>
<thead>
<tr>
<th>REASON</th>
<th>YEAR</th>
<th>HOSPITAL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please carefully list below any injury (nerve, muscle, bone or joint) that you have had which did not allow you to participate in regular activity for a week or more?

<table>
<thead>
<tr>
<th>INJURED AREA</th>
<th>YEAR</th>
<th>SIDE</th>
<th>TYPE</th>
<th>RESOLVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Knee, Hamstring, Neck, Shin, etc.)</td>
<td>(R, L)</td>
<td>(Fracture, Sprain, Swelling, Pinched Nerve, etc.)</td>
<td>YES</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| STUDENT AND PARENT OR GUARDIAN: |

We hereby state that we have reviewed this medical history and found the information supplied above to be correct to the best of our knowledge.

<table>
<thead>
<tr>
<th>STUDENT SIGNATURE</th>
<th>DATE</th>
<th>PARENT OR GUARDIAN SIGNATURE</th>
<th>DATE</th>
</tr>
</thead>
</table>
MEDICAL EXAMINATION -- To Be Completed By Medical Doctor or his designee

NAME _______________________________ DATE OF BIRTH __________________

GENERAL EXAM

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>APPEARANCE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SKIN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RESPIRATORY</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CARDIOVASCULAR</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Arythmia</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Murmur</td>
<td></td>
</tr>
<tr>
<td>ABDOMEN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NEUROLOGICAL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GENITALIA (hemia)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHYSICAL MATURITY (TANNER STAGE) 1 2 3 4 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HEIGHT _______________ WEIGHT _______________
BLOOD PRESSURE _______________ PULSE _______________
HCT/HGB _______________
URINALYSIS: Protein ______ Blood ______ Glucose ______
VISUAL ACUITY: _______RIGHT _______LEFT
CORRECTED TO: _______RIGHT _______LEFT
HEARING: _______________

BODY FAT (Optional) = _______%
CHOLESTEROL (Optional) = _______

LAST TETANUS BOOSTER Date: _______
LAST MEASLES (MMR) BOOSTER Date: _______
OTHER IMMUNIZATIONS Date: _______

SUMMARY: ____________________________________________________________

ORTHOPEDIC EXAM

MUSCULOSKELETAL EVALUATION TO INCLUDE RANGE OF MOTION, STRENGTH, FLEXIBILITY

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Abnormal Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>NECK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SPINE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SHOULDERS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ARMS/HANDS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIPS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>THIGHS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KNEES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANKLES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>FEET</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

RECOMMENDATIONS

WEIGHT LOSS/GAIN ___________________________ MEDICATIONS ___________________________
STRENGTHENING ___________________________ SPECIAL EQUIPMENT ___________________________
STRETCHING _______________________________ BRACING/TAPING ___________________________
CONDITIONING (Endurance) __________________

I certify that on this date I have examined this student and that, on the basis of the examination requested by the school authorities and the student's medical history as furnished to me, I have found no reason which would make it medically advisable for this student to complete in supervised athletic activities except those listed below:

____________________________________________

SIGNATURE OF MEDICAL DOCTOR EXAM DATE TELEPHONE MEDICAL DOCTOR PRINT OR STAMP

This form was approved and developed by: Connecticut Chapter, Committee on Sports Medicine – American Academy of Pediatrics

Connecticut Chapter, Committee on School Health – American Academy of Pediatrics

The Connecticut State Medical Society Committee on the Medical Aspects of Sports
Travel Waiver for “Off-Site” Practice or Contest

This form must be completed in order for an eligible student to travel in a private vehicle away from off-site practices or games.

I, the undersigned, am a parent or legal guardian having custody of a minor child who attends the Willington Public Schools.

I hereby give my permission for said child ______________________________ to travel by private car from all games and practices during the 2013/2014 sports season. I certify that either myself or the following adult(s) ______________________________ will personally transport my child from the field.

I understand that the Willington Public Schools Rules require that students ride buses to and from all athletic events. I also understand that the Willington Public Schools does not purchase, or have, medical/ dental / hospitalization insurance to cover injuries or damages that may result from the personal transportation of students.

Accordingly, I understand that by choosing to personally drive my child away from games or practices and by agreeing to permit the above listed adults to personally drive my child away from games or practices, I am releasing the Willington Public Schools from any liability for any adverse consequence that may occur when my child is being personally transported. Furthermore, I understand that Willington Public Schools assumes no responsibility for any injury that may occur to any passenger in my personal vehicle when transporting children away from games or practices.

____________________________________________________________________
Parent/Guardian’s Signature                      Print Athlete’s Name
____________________________________________________________________
Parent/Guardian’s Address
____________________________________________________________________
Parent/Guardian’s Telephone
____________________________________________________________________
Date
Dear Parents and Families:

Our **Scholastic Book Fair** is a reading event that brings to school a wonderful selection of fun, engaging, and affordable books kids want to read. Giving kids access to good books and the opportunity to choose their own books will motivate them to read more. And like most acquired skills, the more kids practice reading, the better they’ll get.

**Book Fair Dates:** September 12 – September 20
**Shopping Hours:** 8:00am – 2:30pm

If you’re all booked up during Book Fair week (or just want to keep shopping), be sure to visit the Book Fair online at: [http://bookfairs.scholastic.com/homepage/hallmemorialschool](http://bookfairs.scholastic.com/homepage/hallmemorialschool)

- The online Book Fair is available for an extended time Sept. 6 – Sept. 26th
  - Find an expanded selection of books for the whole family—preschool to adults
  - Share your Book Fair with family and friends by sending wish lists or eCards
  - All orders ship to school for FREE and each purchase benefits our school

Sincerely,
KateLevesque
Library Media Specialist
Start the School Year Right with
Success Special Education PTO

Next Meeting Wednesday, September 18 ● 6:30 pm

The September 18 meeting of Success SEPTO will feature the presentation How to Advocate for Your Special Education Student by Kevin Daly, Special Education Consultant and Parent Advocate. This presentation is aimed at parents of special education students who want to become more involved in their child's education. Topics include: the role of parents in education; how to obtain your child's school records; how to prepare for a Planning and Placement Team (PPT) meeting; advocacy beyond the PPT.

Leo Mercado, Vice Chairman of the Willington Board of Education, will receive the Spirit of SEPTO Award during the meeting to honor his longstanding dedication to the children of Willington.

Special guests at the meeting will include State Representative Sam Belsito, Willington First Selectman Christina B. Mailhos and Willington Superintendent of Schools David C. Harding.

Meeting starts at 6:30 pm
Willington Public Library, 7 Ruby Road, Willington
This meeting is open to all!
Refreshments will be served!
Email info@successsepto.org or call with any questions:
Cathy Britschock 860-429-8333 · Brenda Stenglein 860-429-1059
Facebook: SuccessSEPTO

Success Special Education
Parent Teacher Organization
Serving Northeast Connecticut
www.successsepto.org
Welcome School Year 2013-14

I would like to welcome all students and parents back to school hoping that each of you enjoyed a summer full of refreshing activities! We have been busy in the Pupil Services Department preparing for this year. Summer school, Connecticut State Department of Education Data (CDSE) reporting and training, interviewing for open positions, preparing for staff development, configuring special transportation, paraprofessional scheduling and ordering materials are just some of the activities that have kept us busy this summer. As August ends, we feel prepared for the many joys and challenges this school year is sure to bring. In the spirit of collaboration, three neighboring districts have formed a partnership to develop this Inside Special Education newsletter. I hope you enjoy it and welcome your feedback!

Holly DiBella-McCarthy

Preparing for Your Child’s PPT Meeting

Walking into a Planning and Placement Team (PPT) meeting for your child can be somewhat overwhelming; however, there are steps parents and guardians can take before a PPT to feel more comfortable and less anxious during a PPT. It is important to attend the PPT with as much background knowledge as possible. Communicate with your child’s teacher(s) and case manager beforehand to learn about his/her current functioning in the classroom. Ask your child about how he/she feels about school and what he/she likes and dislikes most. If assessment was recently conducted, you have the right to request a copy of the results prior to PPT. Assessment reports should be read so if you have questions about the results they can be asked and answered! If evaluations or reports were completed outside the school, find them so you can bring them to share. If your child has an Individual Education Plan (IEP), this document should be reviewed prior to PPT. You may bring questions about current goals, objectives, services and/or accommodations and modifications to PPT. Before the PPT, gain a complete understanding of your child’s disability. Do you have enough information about the disability? If not, you can ask your child’s case manager for resources. Finally, review your PPT meeting invitation! It lists the reason(s) for the meeting as well as the participants. You are likely to feel more comfortable attending the PPT when you know exactly who will be on your team. Parents and guardians are vital members of the PPT and preparing prior to will insure productive PPT meetings!
**CSDE Accountabilities**

We live in an age of accountability and data collection, no matter the domain. That said, each school district is responsible to the Connecticut State Department of Education (CSDE) for a variety of data collections throughout and at the close of each school year. The first one addressed here is the Evaluation Timelines Data (EVT). During the summer, the district is responsible to report each student who was referred to a Planning and Placement Team (PPT) meeting in consideration of special education evaluation and potential eligibility for services. Child Find is the actual process that requires districts to locate, evaluate and identify any child who may be in need of special education. A specific timeline is imposed to ensure that the district evaluates any child deemed in need of such in a timely manner. The federal government requires that a child be evaluated and eligibility determined no later than 60 calendar days after the parent has provided signed consent. The CSDE further imposes that districts must evaluate and implement an Individual Education Plan (IEP), if appropriate, by no later than 45 days from the date of initial referral. Thus, the system can become complicated. Through our IEP Direct online data collection system, the district completes a process log that tracks all timelines for a given school year. No later than August 15th of each year, the district must upload all eligibility decisions to be considered "timely". By August 30th, the district must ensure that data has been cleaned and is "accurate". The goal is 100% compliance with the imposed deadlines. Inferred are the importance of PPT members working collaboratively and the accuracy of data entered into IEP Direct. The benefits to this data collection process are that it ensures timely decisions and implementation of services to students as deemed appropriate.

**Dear Readers,**

Ide (pronounced “EE-duh”) is looking forward to answering your special education related questions! The Dear Ide A. column will respond to parent questions and comments in each newsletter beginning with the next issue. Please email your questions to: ctdearidecolumn@gmail.com

**Dear Ide A**

ctdearidecolumn@gmail.com

**LINKS:**

- CT State Department of Education Bureau of Special Education
- Connecticut Parent Advocacy Center
- State Education Resource Center
- Autism Society of America
- Connecticut Birth to Three
- Success SEPTO
The goal of the Willington PTA is to provide services and activities to enhance educational experiences for the children of Center Elementary and Hall Middle Schools. You do not need to be a member to attend a PTA meeting or function, however membership is strongly encouraged to help support our organization! The Willington PTA consists of Active & Inactive members. You must be a member (Active or Inactive) to vote at scheduled meetings.

*Active Members are parents or faculty who support the PTA by volunteering their time and/or services. Active members may choose to attend PTA meetings.

*Inactive Members are parents or faculty who would like to support the PTA but are unable to volunteer or attend PTA meetings (but may choose to do so at any time!)

We accept new membership & volunteers throughout the school year! We are always looking for new ideas and fresh faces to attend our meetings, and volunteer to help make the Willington PTA a successful organization and create a better community.

THANK YOU FOR YOUR SUPPORT!

Name: ___________________________________________ Phone: _______________________________

Address: ___________________________________________ *Email: _______________________________

CES Student Name(s) ___________________________ Teacher(s): ____________________________

HMS Student Name(s) ___________________________ Teacher(s): ____________________________

*Please be sure to include your e-mail address as we will rely on this method of communication as the schools have a paperless policy in effect.

If faculty or staff please check one of the following: CES? □ HMS? □

2013 – 2014 Membership Dues: (Please check One):

____ $10.00 Active PTA Member

____ $20.00 Inactive PTA Member

*Checks may be made payable to Willington PTA. Membership is per individual person. With a membership, you will receive a membership card that will give you access to valuable member benefits and resources.

On occasion, children may be photographed during PTA events. These photos will be used for the purpose of illustrating the activities sponsored by the PTA, and may be used for PTA Newsletters, or for online viewing. If you do not give permission of these photographs of your child to be used, please print & sign your name below.

I, ___________________________________________, DO NOT give permission for the PTA to publish photographs of my child.

Print ___________________________ Sign ___________________________

Meetings usually take place on the 3rd Thursday of the month at 6:30pm at the Willington Public Library (subject to change – see schedule). You may also visit our website www.willingtonpta.com for an updated schedule.

Please See Reverse for Volunteer Information.
Willington PTA Volunteer Opportunities

I am willing to help with the following: (check all that apply)

- **Fall Fundraisers**  *Fall* – Volunteers needed to put together packages, maintain orders, and distribute products to classrooms or recipients within the school system

- **Spring Fundraisers**  *Spring* – Volunteers needed to put together packages, maintain orders, and distribute products to classrooms or recipients within the school

- **Fun Run**  *Spring (event takes place Memorial Day weekend)* – Volunteers needed to work with the coordinator to prepare for event, and/or work with Fun Run Coordinator on the day of the event

- **Election Day Bake Sale**  *November* – Coordinator, Volunteers, and Bakers

- **Clip –N- Save Committee**  *Year-Round* – Coordinator & Volunteers needed to pick up, trim, and mail Box Tops for Education and Labels for Education

- **SCRIP Gift Card Fundraiser** - Volunteers needed to manage (submit & receive) gift certificate orders

- **Spirit Wear Fundraiser**  *All Year* – Coordinator to collect orders and distribute spirit wear

- **Yearbooks**  *Spring* – Coordinator & Volunteers needed to collect/place orders, design layout, proofread and select cover

- **School Directory**  *During School Year* – Volunteers needed to solicit sponsors, enter data into spreadsheet, edit, proofread, and distribute

- **Center School Store Committee**  *During School Year* – Volunteer to order small school supplies, collect order forms from school every week, and return items to school for distribution.

- **NEW! Artwork Helpers**  *During School Year* – Volunteers needed to help our Art teacher prepare student artwork for display in school hallways and for display at annual student Art Show.

- **Garden Angels**  *Fall & Spring* – Volunteers needed to tend to the gardens at Center & Hall Schools

- **Holiday Cookie Buffet**  *December* – Coordinator, Volunteers, and Bakers to provide baked goods to school faculty

- **Teacher Appreciation**  *May* – Coordinator, Volunteers, and Bakers

- **Father/Daughter Dance**  *February* – Coordinator & Volunteers to plan and/or work at the event

- **Mother/Son Bowling**  *February* – Coordinator & Volunteers to plan & coordinate

- **Willington Day**  *Memorial Day Weekend* – Coordinator & Volunteers to plan and/or work at the Willington Day PTA Booth

- **YOUR IDEA HERE! ___________________________________________________________**

Additional ideas may be presented at the September PTA Meeting, or throughout the year. Committees for events are ongoing and always welcome your participation! The Executive Board, Chairpersons, Committee Members, and PTA Members are all parents, teachers, faculty, local businesses, and families just like you working together with the common goal to help our children, schools and community!! We thank you, and hope to see you soon!

REV. 8/2013
Let’s celebrate and kick off the 2013-2014 school year! You and your family are invited to:

The Annual Willington PTA
Ice Cream Social
&
Membership Drive

When:     Friday, September 6, 2013 from 6:30 P.M. – 8:00 P.M.

Where:     Willington Hill Fire House
24 Old Farms Road (next to Center School)

Please join us for a delicious sundae made and served by the teachers and staff of Center and Hall Schools! Stop on by to say hello to teachers, neighbors, school friends and meet your 2013-2014 PTA Executive Board. We hope to see you there!

***EXCITING EVENT for 2013! ***
Test drive a car and get a free sundae? Yes! Come early to check out our Drive for the Kids fundraiser! Our event starts at 5:30 at Center School’s main parking lot. Licensed drivers can take a free test-drive in a new Chrysler car. Chrysler will donate money to the PTA for each test drive! Help us meet our goal of 150 drivers. Eligible test-drivers receive a thank you voucher from the PTA for one free sundae. Voucher is redeemable that same evening at the 2013 PTA Ice Cream Social (while supplies last.)

Questions? – Contact MaryBeth Luchon: 860-487-7556

Sundaes are FREE with a PTA membership
- or $3 per person
JOIN THE FUN! HELP THE KIDS!
Support the PTA of Willington


Where? Center Elementary School, 12 Old Farms Road, Willington

When? Friday, September 6, 2013 from 5:30pm to 8:00pm

How? Licensed drivers take a brief free test drive in a Chrysler vehicle (Chrysler Town & Country – America’s favorite minivan, the Chrysler 300 or the Chrysler 200). The PTA gets $10 for each test drive taken directly from Chrysler. Bolles Chrysler-Dodge-Jeep will supply the vehicles! Volunteers from the dealership will assist with fundraising drives.

Who? Everyone, 18 years or older, with a valid driver’s license can participate. Everyone is invited. Bring friends and family to help push fundraising goals over the top! Chrysler places no limit on the number of drives or the amount we can earn.

Why? Chrysler values education and cares about kids. Chrysler introduced the Drive for the Kids™ program in 1993. Since then, Chrysler and its dealers have worked with parents and educators in communities across the country, and Chrysler has contributed nearly $5 million to local schools.

What else? Free ice cream sundae voucher (redeemable at PTA Ice Cream Social- while supplies last) for each person who takes a test drive. Sorry, no car seats allowed for test drives. Children who do not require a car seat may be passengers. See booth for details.
Call Donna 860-429-9888 with questions.

★ It’s a fun and easy way to help the kids!
★ Look for the colorful Chrysler shelter tent!
We all shop for groceries, sometimes two or more times a week! Turn those shopping trips into easy cash for your school, and encourage friends to do the same! Just look for the Box Tops logo on hundreds of products like Cheerios®, Pillsbury®, Betty Crocker®, Hamburger Helper® and Kleenex®, in almost every aisle of the store.

All you need to do is clip the box tops, and send them to your school — each one is worth 10¢ for your school (it pay’s to clip!)

We raised over $900 last year!

Let’s get started!

Here’s what we need you to do…..

• Check the Expiration Date (make sure they are still valid)
• Cut the box top(s) along the dotted line
• Return Box Tops to school in a bag

Other ways to earn for your school are:

Labels for Education Please cut these out and send them into school also! Labels for Education are found on items such as Campbell’s Soup® and GoldFish®. Points are collected and can be redeemed for numerous items throughout the school, such as a new equipment cart for the gym!

Questions? Contact Danielle Iacampo 860.429.1896
September is....

Library Card Sign-Up Month!

Stop by the circulation desk today and sign up for the most important card you will ever own!

Receive a free cloth bag when you sign up!

A library is a community hub of activity. A library card grants access to books, e-books, computers, music, movies, and more!

Only Willington residents may receive Willington Public Library Cards
Join us on Saturday, September 7th, 2013 as we celebrate Grandparents Day!

Bring Grandma and Grandpa in and enjoy a fun game of BINGO during our “Family Story and Craft Time” between 10:30 AM and 12:00 Noon.
BOOK SALE

Saturday, Sept 7, 2013
Willington Public Library
7 Ruby Road
8 am-10 am - $7.00 early admission
10 am-2 pm - free admission

~ Same day as the Flea Market on the Town Green ~

~ Thousands of books, sorted into categories ~

~ Most are 50¢ and $1.00 ~

Sponsored by the Friends of the Willington Public Library
Willington Public Library’s 2nd Annual Craft Fair

Saturday, December 7, 2013
9:00 AM - 2:00 PM

Willington Public Library
Community Room
7 Ruby Road
Willington, CT 06279

Vendors Needed!
Availability is already limited so be sure to call, stop by the library, or email Debbie at dlinares@willingtonpubliclibrary.org or 860-429-3854

Be sure to stop by and check out the wide variety of crafts created by our vendors! It’s a perfect time to start (or finish) some holiday shopping!
PRE-K TO 2nd GRADE

IT’S NOT TOO LATE TO REGISTER YOUR PRE/K-2 SOCCER PLAYER – YOU CAN REGISTER AT THE FIRST SEPTEMBER 14TH AND SECOND SEPTEMBER 21ST WAM INSTRUCTIONAL CLINIC.

The program starts at 9:30 am. If you are not pre-registered you may do so on opening day. Please arrive around 9:00 am if you are registering on site.

Before you arrive please:

1) Please complete a registration form available at WAMUNITED.COM or from your schools electronic backpack. Registration forms will also be available on site.
2) Bring a check payable to WAM United Soccer Club for $40.00.

(No late fee applies to clinic)

Note: A #3 ball and shin guards are required. We will have a limited amount of #3 balls available for $15.00 at the first clinic. Shin guards will not be available for sale. Go to WAMUNITED.COM for further information on the program.

Mark your calendar: Saturday’s 9:30 AM to 10:45 AM at LIONS FIELDS 1 and 2 in Mansfield.

September 14, 21, 28 and October 5, 12, 19 – Please mark your calendars.

CANCELATIONS OF ANY SESSION DUE TO WEATHER WILL BE POSTED ON WWW.WAMUNITED.COM BY 8:00 AM. THE MORNING OF THE CLINIC

(Note: the above is for the Instructional Clinic Only. WWW.WAMUNITED.COM Please go to website for any other registrations)
WAM United Soccer Club

WAM United Soccer Club Fall 2013 Registration

Visit us at www.wamunited.com

Official Use Only

Date:

Fee:

Check #

Check here if Contact Information Has Changed and Correct Below

Program Fees

□ Saturday Instructional, up to grade 2......... $40

Until and including first day of clinic NO LATE FEE

□ U8 Developmental Program: (DOB 8/1/05 to

12/31/07) by Aug. 10th $50. (After Aug. 10th $55)

□ Division 5 (Recreational): fall season is $60 or

fall & spring is $110 if paid by Aug 10th. (After

Aug. 10th the Fall is $65, Fall/Spring is $120)

□ Division 3 or 4 (Competitive): fall season is $60

or fall & spring is $110 if paid by Jun. 15th. Players

must attend at least one of the 2 tryout dates on Jun. 9th

or Jun. 15th (see wamunited.com for times). The cost

after Jun. 15th is $65 for fall or $120 for fall/spring,

dependent on space on the team and tryout eligibility.

Family Maximum: preregistered by Jun. 15th for

competitive or Aug. 15th for recreational is $240 for

the year or $120 for the fall only. After Jun 15th for

comp. or Aug. 15th for rec. is $250 for year or

$130 for fall only.

Sliding scale payment is available upon request.

Please make checks payable to and mail to:

WAM United, P.O. Box 434, Storrs, CT 06268

WAM must keep a birth certificate on file for

division D3, D4 and D5 players. Please submit a

birth certificate copy with this form.

Please refer to the WAM website for more

information. www.wamunited.com. Send questions

about registration to wamreg@wamunited.com.

We NEED Volunteers!

Would you be willing to:

□ Coach □ Asst Coach □ Team Manager □ Concessions

Would you like to receive WAM bulletins by E-Mail?

(please provide e-mail address above) Y/N _____

Consent to post players picture on website?

(No names will be used) Y/N _____

To notify in an emergency, other than parent:

Doctor ____________________________ Phone___________

Dentist ____________________________ Phone___________

Person ____________________________ Phone___________

List any medical problems or prohibitions player or medications

that the coach should be aware of ________________________

____________________________________________________

Release, Waiver, Assumption of Liability, Consent for Medical Treatment of Minors

RELEASE: I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of

the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and

in consideration for the USYSA accepting the registrant for its soccer programs and activities (the “Programs”), I hereby

release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and

associated personnel, including the owners of fields and facilities utilized for the Programs, Mansfield Lions Club Inc.,

Mansfield Parks and Recreation Inc., the Towns of Mansfield, Ashford, Willington, and Chaplin, WAM Executive Board,

WAM coaches and volunteers against any claim by or on behalf of the registrant as a result of the registrant's participation

in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT (Minor): As the parent or legal guardian of the above named player, I hereby

give consent for emergency medical care prescribed by a fully licensed Doctor of Medicine or Doctor of Dentistry. This care

may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

I certify that the information contained on this form is accurate and complete.

Signature ____________________________ Relationship ____________________________ Date ____________

Medical Insurance Carrier and Policy Number ______________________________________________________________

WAM United, P.O. Box 434, Storrs, CT 06268
Now enrolling for adults and children of all ages and levels

- Private Instrument and Voice Lessons
- Suzuki Violin, Cello and Guitar
- Early Childhood Music
- Treblemakers Children’s Choral Program
- Ensembles
- Music Theory
- Pottery for Adults and Teens
- Pottery for Children
- Family Clay
- Drawing and Painting Samplers for Adults and Teens
- Drawing, Painting and Crafts for Children

New!

Ask about participating in our Royal Conservatory Music Development Program

ENROLL TODAY!

860.486.1073
www.csa.uconn.edu
COME JOIN US!
9.10.13
Community School of the Arts
UConn Depot Campus
3 Witryol Place
Storrs, CT

Tuesday, September 10th
4:00-7:00pm

SCHEDULE:
4:30-6:30p.m. Pottery Wheel demonstrations and studio tour
   Vernon Building Pottery Studio
5:00 p.m. Suzuki program demonstration
   Windham Building
5:30 p.m. Reception and Meet and Greet with CSA's Director, Topher Logan
   Vernon Building Gallery
6:00 p.m. Art Program presentation and activity
   Hebron Building Art Room
6:30 p.m. Private Lesson tours of facilities and meet instructors
   Willington Building

CSA OPEN HOUSE
Join us for our Open House where you can experience classes, ensembles and meet private lesson students and families. This is a great opportunity to find out more about what CSA has to offer in music and arts for your family.

860.486.1073
www.csa.uconn.edu