August 2015

Dear Parents/Families/Partners,

I hope this letter finds you cool, relaxed and having summer fun! On behalf of the staff at Theodore Roosevelt School #43, I am happy to welcome you to the 2015-16 school year! We are looking forward to a productive partnership with you to ensure our children can achieve their highest potential. We recognize that in order to be successful in school, our children need support from both the home and school. We know a strong partnership with you will make a great difference in your child’s education. As partners, we share the responsibility for our children’s success and want you to know that we will do our very best to carry out our responsibilities. We ask that you guide and support your child’s learning by attending parent meetings, communicating with their teacher(s), and participating in monthly parent events as well as ensuring that he/she:

1) Attends school daily, arrives on time, and is ready for the day’s learning experience.
2) Completes all homework assignments given by teachers.
3) Reads daily to develop a love for reading and to improve literacy skills *(Please be sure they have read their summer reading series that they received back in June).
4) Shares school experiences with you so that you are aware of his/her school life.
5) Informs you if he/she needs additional support in any area or subject.
6) Knows that you expect him/her to succeed in school and go on to college.

We all are excited to see all students back to school on September 2nd! Please be assured that Theodore Roosevelt School #43 is an amazing school and I know our new families and incoming PreK/Kindergarten students will love being a part of our learning community. Our school has a caring and hard working staff that truly desires to help each child reach their potential. We look forward to another year working collaboratively with you and your child(ren).
Save the Dates

PreK / Kinder
Student Orientation
August 24th @ 5:00pm

• School #43 Vision
• Educational Journey
• Questions/Answers
• Meet the Teachers
• Tour the Building
• Visit the Classroom

School #43 Highlights
"Above and Beyond"

Technology;
• Smart Boards/Computer Stations in all rooms
• Two Designated Computer Labs
• Mobile Computer Cart
• Online Educational Resources/Skill Builders

Partnerships/Community Agencies/Extracurricular;
• LONZA (Monthly in class science/chemists support)
• Frontier (Supply Donations/ Volunteer Support)
• Gholkar (Student Awards/ Supply Donations)
• City Recreation (After School programs) *9/8/15 (Application Enclosed)
• YMCA (After School Programs; Academic and Recreation) *9/8/15 (Application Enclosed)
• GRHF (New Playground/Monies for Healthy Academic and Physical Programs)
• Food Link (Nutritional Snacks/Dinner Support)
• Boy Scouts/Girl Scouts (Troops on Site)

*Program start date

Parent Engagement Events;
• School Based Family Nights (Focused Themes)
• PTO Meetings/Parent Support
• Open Talk; Coffee/Juice Hour Monthly
• YMCA Parent/Family Nights
• Field Studies/Trips to Educational Locations
Rochester City School District 2015-2016 Universal School Supply List
Kindergarten to 6th grade

Kindergarten

1 Book bag
1 24-Pack No. 2 pencils
2 Erasers (Pink Pearl)
8 Glue sticks (Elmer’s)
1 24-pack Crayons (Crayola)
1 Pack dry erase markers (EXPO 4 color pack) 2 8-oz hand sanitizer
1 Child scissors
1 set of ear buds or headphones

1st Grade

1 Book bag
1 24-Pack No. 2 pencils
2 Erasers (Pink Pearl)
8 Glue sticks (Elmer’s)
1 24-pack Crayons (Crayola)
1 Pack dry erase markers (EXPO 4 color pack) 2 Marble composition books
2 8-oz Hand sanitizer
1 set of ear buds or headphones
1 Child scissors

2nd Grade

1 Book bag
1 24-Pack No. 2 pencils
2 Erasers (Pink Pearl)
8 Glue sticks (Elmer’s)
1 24-pack Crayons (Crayola)
1 Pack dry erase markers (EXPO 4 color pack) 2 Marble Composition books
2 8-oz Hand sanitizer
1 Pack (200) Wide-ruled notebook paper
1 Pack colored pencils - 12 color pack
1 set of ear buds or headphones
1 Child scissors
3rd Grade

1 Book bag
1 24-Pack No. 2 pencils
2 Erasers (Pink Pearl)
4 Glue Sticks (Elmer’s)
1 Pack Dry Erase Markers (EXPO 4 color pack) 2 Marble Composition Books
2 8-oz Hand Sanitizer
2 Packs (200) Wide-Ruled Notebook Paper
1 Pack Colored Pencils -12 color pack
1 set of ear buds or headphones
1 Child scissors

4th Grade *(Please see specific enclosed list from Ms. Lopez and Ms. Johnstone)*

1 Book bag
2 24-Pack No. 2 pencils
2 Erasers (Pink Pearl)
4 Glue sticks (Elmer’s)
1 Pack dry erase markers (EXPO 4 color pack) 2 Marble composition books
2 8-oz Hand sanitizer
2 Packs (200) wide-ruled notebook paper
1 Pack Colored Pencils -12 color pack
1 Set of ear buds or headphones
1 Child scissors

5th/6th Grade

1 Book bag
2 24-Pack No. 2 pencils
2 Erasers (Pink Pearl)
4 Glue sticks (Elmer’s)
1 Pack Dry Erase Markers (EXPO 4 color pack) 2 Marble composition books
2 8-oz Hand sanitizer
2 Packs (200) wide-ruled notebook paper
1 Pack Colored Pencils -12 color pack
1 Set of ear buds or headphones

Please note: The above general supply list is a start, but not all will be required, however many of the supplies will be needed. *Please be sure to check with your child’s teacher the first week of school for any additional or specific required items. (Product brands indicated in parenthesis are preferred brands based on experience of which brands perform best.) Many students complete the school year with the quantities indicated. If your child uses all of these items during the year, please provide additional quantities as needed.
YMCA Grade K-6
2015-2016 Before and After School Program Registration

CHILD INFORMATION
Child Name: __________________________ Gender: □ M □ F YMCA Member: □ Yes □ No
Address: ___________________________ City: ___________________________ State: ___________________________ ZIP: __________
School Name: _________________________ Date of Birth: _______/_____/______ Age: ______ Grade: ______
This will be my first time attending the Before and After School Program: □ Yes □ No Start Date: _______/_____/______ or □ First day of school
How did you learn about the program? □ In branch □ YMCA website □ Internet search □ Postcard □ Event □ School □ Referred by ___________________________

PARENT/GUARDIAN 1 INFORMATION
Relation to Child: __________________________ First Name: __________________________
Last Name: __________________________
Place of Employment: __________________________
Date of Birth: _______/_____/______
Address: __________________________ City: ___________________________ State: ___________________________ ZIP: __________
Home Phone: ______ Work Phone: ______ Cell Phone: ______
Email: __________________________

PARENT/GUARDIAN 2 INFORMATION
Relation to Child: __________________________ First Name: __________________________
Last Name: __________________________
Place of Employment: __________________________
Date of Birth: _______/_____/______
Address: __________________________ City: ___________________________ State: ___________________________ ZIP: __________
Home Phone: ______ Work Phone: ______ Cell Phone: ______
Email: __________________________

EMERGENCY CONTACT/AUTHORIZED PICKUPS
*Must list emergency contact in addition to parent/guardian. Contacts listed are authorized to pick up child. Please indicate if phone number is a home, work, or cell number.

EMERGENCY CONTACT
Name: __________________________ Relationship: __________________________ Phone: __________
□ H □ W □ C Phone: __________
□ H □ W □ C

AUTHORIZED PICKUPS
Name: __________________________ Relationship: __________________________ Phone: __________
□ H □ W □ C Phone: __________
□ H □ W □ C
Name: __________________________ Relationship: __________________________ Phone: __________
□ H □ W □ C Phone: __________
□ H □ W □ C

PARENT/GUARDIAN AGREEMENT
I consent to the enrollment of the child listed above in this facility and have been advised and read all of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.

• The YMCA assumes responsibility for my child’s well being during the hours of operation in which my child attends the program. In the case that the YMCA cannot reach a parent/guardian, the emergency contact listed above has permission to make decisions regarding the care of my child, including permission to pick up my child from the YMCA program in case of an emergency or dismissal from the YMCA.
• In the event of an emergency, the YMCA will make every effort to contact me. If I cannot be reached, the YMCA is authorized to act for me according to their best judgment in an emergency requiring medical care or surgery. The physician selected may hospitalize, secure proper treatment for, order injection, anesthesia, or surgery for my child.
• I am responsible for the cost of all medical treatment and care.
• I have provided information on my child’s special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. I agree to review and update this information whenever a change occurs and at least once every six months.
• The information on this form is complete and accurate. I have provided the YMCA with all of the necessary information to properly care for my child’s needs.
• I must notify the YMCA staff immediately of any changes on this form.
• The YMCA’s responsibility for my child begins when the child has reached the program and checked in with YMCA staff. My child is responsible for waiting from the bus or classroom to the YMCA program. It is my responsibility to arrange for any necessary transportation with the school any child attends. It is my responsibility to notify the YMCA staff if my child will be absent from the program.
• It is my responsibility to arrange for my child to be picked up from the program before closing. If my child is not picked up on time and attempts to contact me have failed, another authorized person will be contacted. If all attempts to contact an authorized person to pick up my child have failed, the YMCA staff will contact Child Protective Services and/or police officials for further instructions.
• Should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child’s safety, staff may have no recourse but to contact the police.
• YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program.
• The YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
• My child may participate in field trip excursions away from the facility and under the direct supervision of YMCA staff.
• I understand and agree to the child care conduct, transportation, and participation policies as outlined in the parent handbook. I am aware that a hard copy of the handbook is available upon request.
• The YMCA has permission to use photographs and videos of my child in promotional materials such as brochures, ads, YMCA website, or newspaper releases. The United Way may also use these photos/videos in publications and promotional pieces. I will not be informed or reimbursed for such photographs.
• I understand that the YMCA may conduct confidential assessments involving my child for the purpose of continuous quality program improvements.

MY SIGNATURE ACKNOWLEDGES MY UNDERSTANDING OF AND AGREEMENT TO THE ABOVE.

Parent/Guardian Signature __________________________ Parent/Guardian Name (please print) __________________________ Date __________

Please list any exceptions to the above: __________________________

Turn page to complete Registration and Health Information →
**2015–2016 Before and After School Program Registration and Health Form**

**YMC A**  **Grade K-6**

Registration is as easy as...
1. Select School District
2. Select PM Site
3. Select PM Program

<table>
<thead>
<tr>
<th>Select School District</th>
<th>PM LOCATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY SCHOOL DISTRICT</td>
<td>School #43</td>
</tr>
<tr>
<td>Entering Kindergarten-Grade 6</td>
<td>(For #43 students only)</td>
</tr>
<tr>
<td>Afternoon Care End of school day-6:00pm</td>
<td>School #10 (For #10 students only)</td>
</tr>
</tbody>
</table>

For specific questions about these programs, please call 271-3321.

### HEALTH INFORMATION

**Medication History** (required by New York State Department of Health):
- [ ] Check here if child is taking prescribed or over the counter medication. Please list all medication(s):

- [ ] I understand that I must complete a child care medication form and it must be signed by child's physician for them to participate and for any medication to be administered during the program.

**Health History** (check all that are applicable):
- [ ] Physician's Restrictions
- [ ] Anxiety
- [ ] Special Diet
- [ ] Behavior Challenges
- [ ] Hearing
- [ ] Vision
- [ ] Ear Infections

**Allergies**
- [ ] Nuts/Peanuts
- [ ] Insect Stings
- [ ] Penicillin, etc.
- [ ] Hay Fever
- [ ] Medication
- [ ] Foods (specify list)
- [ ] Other (please list below)

<table>
<thead>
<tr>
<th>Physician's Name:</th>
<th>Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Carrier:</td>
<td>Policy Holder Name:</td>
</tr>
<tr>
<td>Policy No.:</td>
<td></td>
</tr>
<tr>
<td>Allergies:</td>
<td></td>
</tr>
</tbody>
</table>

### CHILD PROFILE

The following information will help us to better understand your child and his/her needs.

- **Special Talents**
- **Hobbies**
- **Special Interests**
- **Adult Relations**
- **Peer Relations**
- **Fears/Apprehensions**
- **What helps your child handle transitions?**
- **Special services received through school**
- **External stress factors**
- **How is anger or frustration expressed?**
- **Previous child care programs and why he/she left**
- **Custody orders (attach documentation)**
- **Family discipline practices**
- **If he/she is upset, try this**
- **Things I would like my child to accomplish at the YMCA**

### SIBLING INFORMATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Date of Birth</th>
<th>Currently Enrolled in YMCA Programs?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>[ ] Yes  [ ] No</td>
</tr>
</tbody>
</table>
Grades 1 - 6

2015 - 2016
City of Rochester Department of Recreation & Youth Services
EZ Rec Pass Registration Form

First Name: ____________________________
Middle Initial: _______________

Last Name: ___________________________

Nickname: ____________________________

Address: ____________________________

Zip Code: ___________________________

Gender: Male/ Female

Birth date: ___________________________

Race: Black__Hispanic__ White__Asian__Other__

Youth Cell Phone: _______________________

School: ___________________________

Grade: _____________________________

Parent/Guardian: _______________________

Home Phone: __________________________

Parent Cell Phone: _____________________

Work Phone: __________________________

Employer: ___________________________

E-Mail: ______________________________

Recreation programs of interest:
School Sports: Modified_Freshman_JV_Varsity_Basketball
Modified_Freshman_JV_Varsity_Football

Other relatives attending center (name & relationship)
_____________________________________

Emergency Information

Contact1: ____________________________
Relation: _____________________________
Telephone: __________________________

Contact2: ____________________________
Relation: _____________________________
Telephone: __________________________

Medical Information

Any Allergies or Health Problems that you would like us to be aware of:

_____________________________________

Any Special Instructions:

If circumstances allow, the City Of Rochester ("City") may provide the above listed information to assist medical personnel in having details of any medical problems which may interfere with or alter treatment. This information in no way creates a special relationship between the City and the participants. The City does not assume a special duty.

As a participant in ("City") recreation activity, I recognize and acknowledge that there are a certain risks of physical injury. I agree to assume the full risk of any injuries, damages or loss which I or my child may sustain as a result of such participation. I further understand that the ("City") does not provide accidental medical coverage and it is my responsibility to provide the appropriate coverage. I agree to waive and relinquish all claims and hold harmless the City Of Rochester, its officers, agents and employees from any claims. As a participant of in ("City") recreation activities I give authorization to the City to use photographs of my child for the program operation and promotion purposes.

Signature (Parent / Guardian) ____________________________ Date: ______________
Signature (Youth) ____________________________ Date: ______________

Office Use Only

Staff Person receiving registration: ____________________________ Date: ______________
Facility: ____________________________ Photo taken by: ____________________________ Date: ______________
Registration checked by: ____________________________ Signature: ____________________________ Date: ______________

Form of ID Provided: ____________________________ Driver License #: ____________________________ (Teens / Adults over 17 years old)
Ms. Johnstone's 4th Grade Class

August 2015

Ahoy Mates!
Welcome Back to School and to Pirates Paradise! I hope that you have had a relaxing and fun summer vacation. Get ready to set sail for an exciting adventure in 4th grade! We are going to have a barrel o' fun! I have many interesting lessons, activities, and projects planned and can't wait to get started! I will be pleased to make your acquaintances very soon. We have a lot of learning, growing, and "shipwrecking" to do together.

It is important for all my first mates to have an organized consistent learning environment so that they don't have to "walk the plank". School supplies play a large part in teaching shipmates how to be organized. Therefore, I have "shipwrecked" some valuable treasures for each mate to help him/her be successful. It is my hope that this will ease your stress in purchasing school supplies. I am only requesting that your child bring in $5.00 on the first day of school. Simply put $5.00 in a labeled envelope and I will give your child his/her supplies. You are welcome to purchase your own supplies and NOT bring in the $5.00, but please make sure that your child has everything on the list by September 8, 2015. Please provide ONLY what is on this list and nothing more as it will not be used. This includes 3 ring binders and mechanical pencils. Your child will be receiving the following materials:

- 2 Highlighters
- 5 Folders (Red, Yellow, Green Blue, Purple)
- Scissors
- 3 Glue Sticks
- Markers
- Pencil Case
- 1 Pack of Expo Dry Erase Markers (FINE TIP ONLY)
- 3 Wide Ruled Composition Notebooks (NO SPIRAL)
  (Red, Yellow, Blue)
- Pencils
- Rulers
- Erasers
- 1 Box of 24 Crayola Crayons
- 1 Box of 12 Colored Pencils
- 1 set of ear buds/headphones

I ask that your child bring in TWO boxes of Kleenex, ONE Large Hand Sanitizer, 1 Pack of Wide Ruled Lined Paper for classroom sharing and ONE Homework Folder of their choice.

My goal for this year is to build a positive relationship with each of you, and to work together as a "crew" in order for your child to receive the best education possible. Please feel free to contact me with any questions or concerns. I can be reached at 458-4200 ext. 2280. Enjoy the rest of your summer!

I can't wait to sail the seas with you,
Mrs. Johnstone
Ms. Lopez’s 4th Grade Classroom
August 2015

Dear Families and Students,

Welcome to Fourth Grade at Theodore Roosevelt School # 43! It’s hard to believe, but September is right around the corner! I hope you are having a wonderful summer. I am looking forward to working with you and your child this year. I will be sending home lots of information during the first days of school, so make sure to check your child’s backpack daily!

Here is a list of supplies that students will need to begin the school year:

♦ Pencils with erasers (I recommend that students begin each day with 3 pencils). No ink pens and no mechanical pencils!
♦ 1 box of Crayola crayons (no more than 24 please)
♦ 1 box (8-12) Crayola colored pencils- essential for map activities!
♦ Markers
♦ 2 or 3 glue sticks (no liquid or gel glue please)
♦ 1 pack of Expo dry erase markers (fine tip)
♦ 1 pack of wide-ruled (not college-ruled) lined paper for classroom sharing.
♦ 2 or 3 boxes of facial tissues for class use
♦ 1 durable homework folder of any color or design
♦ 4 blue pocket folders
♦ 3 wide-ruled composition notebooks (No Spirals)
♦ 1 set of ear buds/headphones
♦ Scissors
♦ Pencil case
♦ 2 highlighters
♦ Large hand sanitizer
♦ Please do not send in 3 ring binders! They are not needed and are too bulky to store in desks.

School begins on Wednesday, Sept. 2nd. Students are expected to have all their supplies by Tuesday, September 8th.

Thank you for your support and cooperation. It’s going to be a great year!

Sincerely,
Ms. Lopez