

**Bernards Township Public Schools
Mount Prospect School
Elementary Intramural Program**

Dear Families,

September 13, 2010

The district offers an after-school intramural program for our elementary school students in grades two through five during the fall, winter and spring seasons. We are currently offering registration for the fall season. Children are grouped according to grade levels and the activities include cooperative games, group challenges, problem solving activities, and lots of fun! Participants are expected to dress appropriately for physical activity and wear sneakers.

Children in grades two and three may register for **either** a Monday or Thursday session; children in grades four and five may register for **either** a Tuesday or Friday session. Each session runs from 3:05 - 4:30 p.m. Refer to the attached schedule for information about specific dates.

The fee for this program is \$70 per student for the fall season (one day per week for 6 weeks). Our limit for participants is 30 students per day. If the number of students for any one-day registration exceeds 30, **a lottery system will be used to place students**. We apologize for any inconvenience this may cause and understand some students may be disappointed they cannot sign up for more than one season or day at this time, but we are trying to meet the needs of our growing school.

Attendance will be taken at each daily session. If your child will not be attending his/her regularly scheduled session, even though he/she is in attendance at school that day, a note from the parent to that effect is required. If your child does not show up for his/her session, we will be obliged to call home, and if necessary, the emergency contact numbers, to assure the child's safety. Please note that children are to be **picked up promptly at 4:30 p.m.**

To register your child, please complete the attached Intramural Registration and Intramural Information Forms. The fee of \$70.00 should be paid by check, made payable to Mount Prospect School. Please place your check and the completed forms in an envelope marked "Intramural Program" and return it to your child's teacher by **Wednesday, September 22, 2010**. Registration can only be processed if all forms are complete, along with the check, and are returned by the stated date. Once registration is completed, we will return a confirmation notice to each participant's family stating the day of the week for which registration has been accommodated. If you have any questions about the intramural program please contact Mrs. Immerman at ext. 131.

Confirmation Notices will be sent home on September 27, 2010

*We use a lottery system to place students and accept forms up until September 22, 2010. We do understand that this is an inconvenience for some. We have many factors to consider and try to give each child an equal opportunity.

**Bernards Township Public Schools
Mount Prospect School**

Fall 2010 Intramural Schedule

<u>Grades</u>	2 & 3	4 & 5	2 & 3	4 & 5
<u>Day</u>	Mon.	Tues.	Thurs.	Fri.
<u>September</u>			30 Begins	
<u>October</u>				1
	4	5	X	X
	11	12	14	15
	18	X	X	X
	25	26	28	X
<u>November</u>	1	2	X	X
	8	9	11	12
		16	18	19
<u>December</u>			2	3
				10

Please note: An X on a date denotes no intramurals for that day.

Last day for intramurals

*Monday November 8
Tuesday November 16
Thursday December 2
Friday December 10*

*** Please retain for future reference.**

**Bernards Township Public Schools
Mount Prospect school
Intramural Program**

To: All Intramural participants and Parents

From: Mrs. Immerman and Mr. Russo

Re: Intramural Guidelines

**** PLEASE READ AND DISCUSS EACH OF THE GUIDELINES WITH YOUR CHILD**

1. Sneakers must be worn. Participation may be limited due to inappropriate footwear.
2. Intramural participation is a privilege and participants will be suspended if inappropriate behaviors are exhibited. (Parent will be notified) Children are to demonstrate the same behaviors expected in their Physical Education classes.
3. If a student is in school, he or she is expected to attend intramurals on the day they are registered. If for some reason they are not able to attend, a note from home is required stating that the student will not be attending intramurals. Please explain to your child that he or she is required to go to intramurals unless they have a note. We must account for all students who are expected at our intramural program. Conversely, if your child is absent from school, he or she cannot be brought to school for intramural participation.
4. If your child will be car pooling, walking or riding a bike, we must receive written permission for your child to do so. One note will suffice for the duration of the session(s). Whenever your child's dismissal procedure is changed, a written request from the parent is mandated.
5. Students will be dismissed from intramurals promptly at 4:30 p.m.
6. If a student is medically excused from Physical Education class, they are also medically excused from intramurals.

Thanks in advance for your continued cooperation.

**Bernards Township Public Schools
Mount Prospect School**

Intramural Registration Form

Please return this form; the intramural information form and a \$70.00 check made payable to Mount Prospect School in an envelope marked Intramural Program to your child's teacher no later than **Wednesday, September 22, 2009. Registration is not complete unless all forms and check are returned by above date.

Please read the form carefully. Thank you.

My child, _____, has permission to participate in the Bernards Township Intramural Program. I understand that I am responsible for providing transportation home at the end of each session unless my child has written permission to walk home or carpool. Pick-up is promptly at 4:30 p.m. I understand that if my child is still at school after 4:40, emergency numbers will be contacted. ***If a parent is late on more than one occasion (15 min.) the child can be asked to withdraw from the program.***

Please place a check next to the day in which you would like your child to register. Remember to register in order of preference a 1 (indicates 1st choice) or 2 (indicates 2nd choice). Appropriate grade level is required for participation. The fee is \$ 70.00 for the season. Leave a blank next to any day your child can't attend. Please understand that your second choice may not be accommodated if numbers exceed 30 students per session and we need to use a lottery system. Any students who do not participate in the Fall Intramural Program will automatically be registered for the Winter Intramural Program. Please be aware that this is a very popular program and we do our best to accommodate as many students as possible.

Grades 2 & 3	Grades 4 & 5	Grades 2 & 3	Grades 4 & 5
Monday	Tuesday _____	Thursday	Friday _____

(*Only list a second choice if your child can attend on that day)

Classroom Teacher _____ Grade Level _____ Date _____

Parent/Guardian _____ Home telephone _____
(Please Print)

My child and I have reviewed the intramural guidelines. _____ Yes / No _____

* Please note the school nurse is not available during intramurals.

Parent/ Guardian Signature

Bernards Township Public Schools
Intramural Information Form

** Please return this form by **Wednesday, September 22, 2010**

Please read this form carefully and fill out all information. Thank you.

My child, _____, will be (check one of items 1-4)
(child's name)

1. Picked up by parent/guardian at 4:30 p.m. _____
2. Carpooling with the following person/ people _____ (Please list names below)
 - A. _____
 - B. _____
 - C. _____
3. Walking or riding bike home _____ (There will be no crossing guards on duty.)
4. Attending After-Care Program at Mount Prospect _____

Parent work number _____ Cell phone number _____

**If for any reason, any information changes at any time please notify the intramural coordinator.

In the unlikely event of an **emergency during intramurals**, please contact any one of the following people during the hour of 3:15 p.m. to 4:30 p.m. Please be sure the following numbers are current.

Please print two names and numbers. Thank you.

Name _____ Phone # _____

Name _____ Phone # _____

Also in the unlikely event, that a decision is made during the school day to cancel intramurals, please contact any of the following people during the hours of 9:00 a.m. and 2:30 p.m.

Please print two names and numbers. Thank you.

Name _____ Phone # _____

Name _____ Phone # _____

Parent/ Guardian Signature