

Bernards Township Public Schools

Elementary Intramural Program

2010-2011

Dear Families,

The Bernards Township School District offers an after school intramural program for our elementary school students in grades two through five. Children are grouped according to grade levels and the activities include cooperative games, group challenges, problem-solving activities, modified team sports, and lots of fun! Participants are expected to dress appropriately for physical activity and to wear sneakers.

There are three intramurals sessions throughout the school year: fall, winter, and spring. Students may sign up now for the **spring** session only. Students in grades 2 and 3 may register for **either** a Tuesday or Friday session. Students in grades 4 and 5 may register for **either** a Monday or Thursday session. Each session runs from 3:15 – 4:15 p.m. Refer to the attached schedule for information about specific dates. The **spring** session begins the **week of March 14th**.

The fee for this program is \$70 per child (one day per week for 7 weeks). Our limit for participation is 25 students per day. Your child may register for two days a week if there are enough openings. The fee for two days a week is \$140.

Attendance will be taken at each 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 affect 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 your child's safety. **Please note that children are to be picked up promptly at 4:15 p.m. at the Henry Street entrance. If a parent is late on more than one occasion, the child will be withdrawn from the program with no refund.**

To register your child for the **winter session**, please complete the attached Intramural Registration and Information Forms **by Wednesday, March 9th**. If your child would like to sign up for two days a week, please indicate that on the registration form and *send two checks in the amount of \$70 each*, so one can be returned to you if there are no additional openings in the program. Fees should be paid by check, made payable to **Oak Street School**. Please place your check and the completed forms in an envelope marked "Intramural Program" and return it to your child's teacher. Once registration is completed, I will send home a notice confirming registration and the day of the week your child is registered for.

Should you have any questions, I can be reached at (908) 204-2565 x320 or by e-mail at kvelocci@bernardsboe.com.

Thank you,
Ms. Kim Velocci
Intramural Program Coordinator

Spring 2011 Intramural Dates

****Keep this page for your reference**

Grades 2-3

Tuesdays: 3/15, 3/29, 4/5, 4/19, 4/26, 5/3, 5/10

Fridays: 3/18, 4/1, 4/8, 4/29, 5/6, 5/13, 5/20

Grades 4-5

Mondays: 3/14, 3/28, 4/4, 4/18, 4/25, 5/2, 5/9

Thursdays: 3/17, 3/31, 4/7, 4/21, 4/28, 5/5, 5/12

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**** PLEASE READ AND DISCUSS EACH OF THE GUIDELINES WITH YOUR CHILD. You may keep this page for reference.**

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 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. Whenever your child's dismissal procedure is changed, a written request from the parent is mandated.
4. 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.
5. Students will be dismissed from intramurals promptly at 4:15 p.m. Please be on time for dismissal. If a parent is late two times, the child will be withdrawn from the program.
6. If a student is medically excused from Physical Education class, they are also medically excused from intramurals.

Thank you in advance for your continued cooperation.

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Intramural Registration and Information Form 2010-2011

Please return these forms and a check in the appropriate amount made payable to *Oak Street School* in an envelope marked *Intramural Program* to your child's teacher no later than **Wednesday, March 9th, 2011. Registration is not complete unless all forms and checks are returned by above date. Please read this 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 he/she has written permission to carpool. Pick-up is promptly at 4:15 p.m. **I understand that if my child is still at school after 4:20, emergency numbers will be contacted. (If a parent is late on more than one occasion, the child will be withdrawn from the program.)**

Please check the day(s) you would like your child to register. Appropriate grade level is required for participation. The fee is \$70.00 per child for each season. If you would like to register for both days, mark both days- indicating a first and second choice. Please understand that a second day may not be available if numbers exceed 25 students per session.

Grades 4 & 5

Grades 2 & 3

Grades 4 & 5

Grades 2 & 3

Monday _____

Tuesday _____

Thursday _____

Friday _____

_____ My child would like to attend intramurals two times per week if possible. (Please send two separate checks for \$70 each. I will return one to you if there are no open slots.)

Classroom Teacher _____

Grade Level _____

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

Date

Intramural Information Form

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 *at the Henry Street entrance* by parent/guardian at 4:15 p.m. _____

2. Carpooling with the following person/ people _____ (Please list names below)

3. Attending After-Care at Oak Street School _____

IMPORTANT CONTACT NUMBERS

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

Parent work number _____

Cell phone number _____

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 4:15 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 _____ **Date** _____