

American Education Week

November 13th-18th 2011

"Teaching Children to Think and Dream"

Dear parents,

As you may or may now be aware, the week of November 13th is American Education Week. This event began many years ago in order to inform the public of the accomplishments and needs of the public schools, as well as securing the support of the public in meeting those needs. This year at Wilson we are celebrating American Education Week with a theme of "Teaching Children to Think and Dream".

Below is a list of just a few of the activities that we would like you to be aware of:

Tuesday – Students return their parent activity sheet (also in the Thursday folder) to be posted around school.

Thursday – "Career" spirit day, students dress as they would for their 'dream job'

Friday – Grandparents (or special person) breakfast before school (information below). Grandparents (or special visitor) are invited to stay for the beginning of class, where students will share their goal or dream for their future, as written earlier in school.

Special Event

- What? Bagel breakfast with your Grandparent (or special person)*
- When? Friday, November 18th beginning at 8am*
- Where? Wilson gymnasium*
- Cost? \$2 per child, \$3 per adult*
- RSVP? RSVP encouraged to Julie Wojcik at jwojcik@gmail.com*

Please note that grandparents/special persons are invited to the classroom for a brief sharing of the children's writing on their dreams for the future at 9am.

American Education Week

"Teaching Children to Think and Dream"

Parents, when you think about the future, what is YOUR dream for your child?

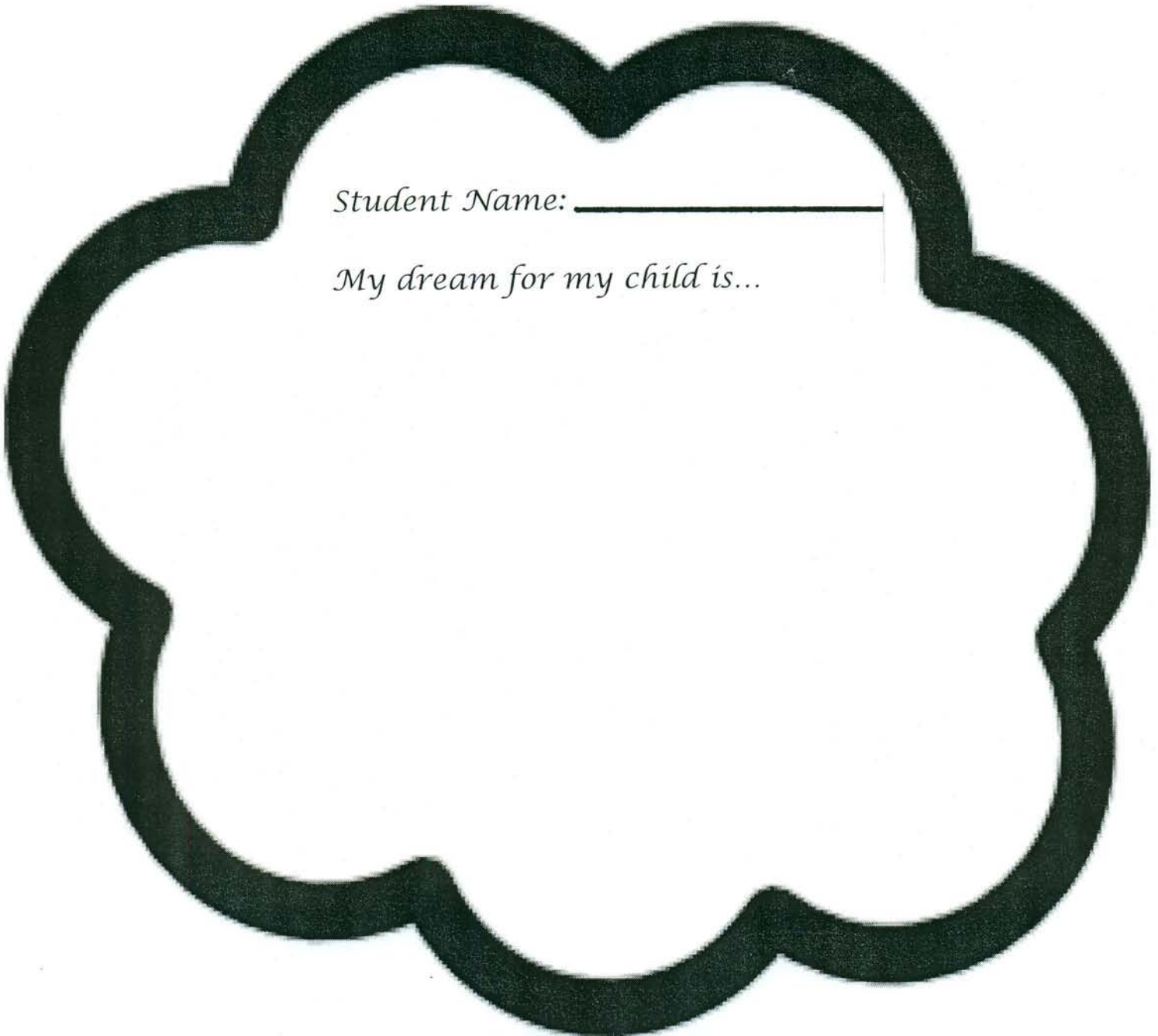
Please use this as an opportunity to talk with your child about what your hopes and dreams are for them, and fill in the cloud with that information.

Children will be sharing these with their classmates, as well as posting them in the front foyer for all to read and enjoy.

DUE Tuesday, November 15th

Student Name: _____

My dream for my child is...



November/December Letter



Dear Parents,

Greetings from the Reading Resource Room!

Your children have been hard at work in their English Language Arts blocks and throughout the day. Reading, writing, word study, speaking, and listening skills are taught and reinforced in all the subject areas in each and every classroom. It has been very exciting and rewarding to see how much growth the children have made in the area of reading already from the beginning of the year until now.

Your child may be coming home talking about their guided reading group in English language arts. **Guided reading** is a key part of a balanced reading framework and an essential element of a successful reading workshop. Teachers have been meeting with the students individually all month. They have listened to them read and discuss different books (both fiction and nonfiction). The teachers have analyzed these reading assessments to identify an instructional focus for your child. In reading groups or individually in reading conferences, teachers prompt students to use reading strategies when they encounter difficulties. They teach your child skills that are necessary and appropriate for your child's specific reading stage. Then, they utilize guided writing to support and accelerate the reading process. With parent-teacher conferences coming up, it would be a wonderful time to acknowledge the progress your child has made in reading, discuss what level they are reading at, and identify the strategies they need to work on to continue to improve.

Recently, our PTO sponsored our fall Scholastic Book Fair. It was wonderful to see the children so excited about getting new books. I would personally like to thank the generosity of the PTO for buying many new books for our Reading Resource Room. These books have been put into the teacher's trade book database and will soon be in the hands of your children. The books range from exciting mysteries, to beautiful picture books, to wonderful read alouds, to high interest nonfiction. The kids will love these new books. **Thank you so much!**

Our **Book Swap** program is underway! I just placed a new bookcase outside of our Reading Room filled with books for the Book Swap. Encourage your child to bring in books from home that they have already read. Students can take from the bookshelf the same number of books that they donate. The idea is to always have a book that they can and want to read! Some students have already started this and love it! I am encouraging you to check for books at home you no longer need and swap them with some new exciting reads!

Finally, we have some students who have gotten **CAUGHT READING!** Their pictures are on our **GET CAUGHT READING** wall. We need more photos coming in. You can send them in email attachments if that is easier. I will print and hang the photos. We want all of our students to get caught reading by the end of the year!

Sincerely,
Missy Vraney, Wilson Literacy Specialist

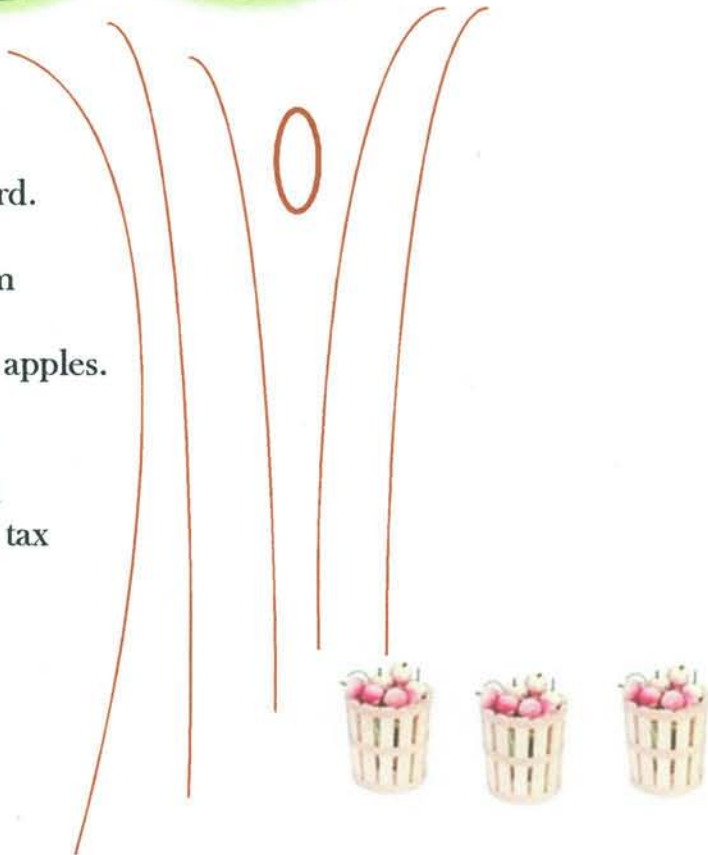
The Wilson Wishing Tree

The Wilson PTO has asked staff members for their wishes; anything from stickers to a SMARTboard.

Stop by and pick an apple from the wishing tree. There are instructions on the back of the apples.

The tree is located on the wall as you walk towards the school office. There will be forms for tax purposes in the office.

Thank you!





Junior Program U5 & U6

Winter Indoor Training Sessions

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|--|---|----------|-------|
| <input type="checkbox"/> Session I - Thursdays: | November 10, 2011
December 1, 8 & 15, 22, 2011 | (5 days) | \$100 |
| <input type="checkbox"/> Session II -Thursdays: | January 5, 19, 26, 2012
February 2, 2012 | (4 days) | \$80 |
| <input type="checkbox"/> Session III - Thursdays: | March 1,8, 15, 29, 2012 | (4 days) | \$80 |
| <input type="checkbox"/> Session I, II & III - Thursdays | All Thursdays listed above | | \$200 |

Times & Location

5:30 pm — 6:30 pm
Donges Bay Elementary School
2401 West Donges Bay Road, Mequon

Last Name _____ First Name _____
 Date of Birth _____ Age _____ Male/Female _____
 Address _____
 City _____ Zip _____
 Email _____
 Mother _____ Phone _____ Cell _____
 Father _____ Phone _____ Cell _____

Current Allergy and/or Medical Information

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organizations and sponsors. Recognizing the possibility of 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, including Mequon Soccer Club Inc., its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for all programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to or from the same, which transportation I hereby authorized.

As the parent/guardian of the above named player(s), I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, the limb or well-being of my dependent.

Parent/guardian _____ Date _____

What to wear: Loose clothes, shin guards, indoor shoes - no cleats.

What to bring: #3 soccer ball & water bottle (both labeled)

Cancellations: Due to weather and/or gym availability, consult Club web site. Every attempt will be made to give as much notice as possible.

Mequon Soccer Club maintains a No Refund Policy. For more information see www.mequonsoccerclub.com or call 262-240-1080.

Mail registration form & payment to: Mequon Soccer Club- U5/U6, 10936 North Port Washington Road, Suite 114, Mequon, WI 53092

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Junior Program U7 & U8

Winter Indoor Training Sessions

Session Dates

- | | | | | | |
|--------------------------|----------------------|------------|--|----------|-------|
| <input type="checkbox"/> | Session I: | Thursdays: | November 10, 2011
December 1, 8, 15, 22, 2011 | (5 days) | \$100 |
| <input type="checkbox"/> | Session II: | Thursdays: | January 5, 12, 19, 26, 2012
February 9, 2012 | (5 days) | \$100 |
| <input type="checkbox"/> | Session III: | Thursdays: | February 23, 2012
March 1, 8, 22, 2012 | (4 days) | \$80 |
| <input type="checkbox"/> | Session I, II & III: | Thursdays | All Thursdays listed Above | | \$225 |

Times & Location

5:30 pm — 6:30 pm
Oriole Lane Elementary School
12850 North Oriole Lane, Mequon

Last Name _____ First Name _____
 Date of Birth _____ Age _____ Male/Female _____
 Address _____
 City _____ Zip _____
 Email _____
 Mother _____ Phone _____ Cell _____
 Father _____ Phone _____ Cell _____

Current Allergy and/or Medical Information _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organizations and sponsors. Recognizing the possibility of 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, including Mequon Soccer Club Inc., its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for all programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to or from the same, which transportation I hereby authorized.

As the parent/guardian of the above named player(s), I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, the limb or well-being of my dependent.

Parent/guardian _____ Date _____

What to wear: Loose clothes (appropriate for weather), shin guards, shoes.

What to bring: #3 soccer ball & water bottle (both labeled)

Cancellations: Due to weather and/or gym availability, consult Club web site. Every attempt will be made to give as much notice as possible.

Mail registration form & payment to:
 Mequon Soccer Club U7/U8 Program
 10936 North Port Washington Road, #114
 Mequon, WI 53092

Mequon Soccer Club maintains a No Refund Policy.
 For questions and on-line information go to www.mequonsoccerclub.com or call the Club office at 262-240-1080.

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Junior Program U9 & U10

Winter Indoor Training Sessions

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|--|--|----------|-------|
| <input type="checkbox"/> Session I - Mondays: | November 14, 28, 2011
December 5, 12 & 19, 2011 | (5 days) | \$100 |
| <input type="checkbox"/> Session II - Mondays: | January 9, 23, 30, 2012
February 6, 13, 2012 | (5 days) | \$100 |
| <input type="checkbox"/> Session III - Mondays: | February 27, 2012
March 5, 12, 19, 26, 2012 | (5 days) | \$100 |
| <input type="checkbox"/> Session I, II & III - Mondays | All Mondays listed above | | \$250 |

Times & Location

5:30 pm — 6:30 pm
Donges Bay Elementary School
2401 West Donges Bay Road, Mequon

Last Name _____ First Name _____
 Date of Birth _____ Age _____ Male/Female _____
 Address _____
 City _____ Zip _____
 Email _____
 Mother _____ Phone _____ Cell _____
 Father _____ Phone _____ Cell _____

Current Allergy and/or Medical Information

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association (USYSA), its affiliated organizations and sponsors. Recognizing the possibility of 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, including Mequon Soccer Club Inc., its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for all programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the programs and/or being transported to or from the same, which transportation I hereby authorized.

As the parent/guardian of the above named player(s), I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, the limb or well-being of my dependent.

Parent/guardian _____ Date _____

What to wear: Loose clothes, shin guards, indoor shoes - no cleats.

What to bring: #4 soccer ball & water bottle (both labeled)

Cancellations: Due to weather and/or gym availability, consult Club web site. Every attempt will be made to give as much notice as possible.

Mequon Soccer Club maintains a No Refund Policy. For more information see www.mequonsoccerclub.com or call 262-240-1080.

Mail registration form & payment to: Mequon Soccer Club- U9/U10, 10936 North Port Washington Road, Suite 114, Mequon, WI 53092

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