

# FAIRVIEW RECREATION

HOMEWORK CLUB

GRADE 5

5<sup>th</sup> grade students will receive help with homework at Fairview School from 2:45p.m. to 3:45p.m. Homework help in all subject areas will improve your child's academic performance. If you have any questions, please see Mrs. LaCroix at Fairview.

There is no charge for this activity. (12 student maximum)

## ACTIVITY DATES

Tuesday, September 22  
Tuesday, September 29

Thursday, September 24

Tuesday, October 6  
~~Tuesday, October 13~~  
Tuesday, October 20  
Tuesday, October 27

Thursday, October 1  
~~Thursday, October 8~~  
Thursday, October 15  
Thursday, October 22  
~~Thursday, October 29~~

Tuesday, November 3  
Tuesday, November 10  
Tuesday, November 17  
~~Tuesday, November 24~~

Thursday, November 5  
Thursday, November 12  
Thursday, November 19  
~~Thursday, November 26~~

Tuesday, December 1  
Tuesday, December 8  
Tuesday, December 15  
~~Tuesday, December 22~~

Thursday, December 3  
Thursday, December 10  
~~Thursday, December 17~~

Tuesday, January 5  
Tuesday, January 12  
Tuesday, January 19  
Tuesday, January 26

Thursday, January 7  
Thursday, January 14  
~~Thursday, January 21~~  
Thursday, January 28



## ATTENTION PARENTS!

Please keep this calendar of dates for your reference!

Return completed registration form to school no later than Friday, September 18.

## FAIRVIEW RECREATION HOMEWORK CLUB

## GRADE 5

CHILD'S NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

GRADE: \_\_\_\_\_ ROOM: \_\_\_\_\_

Permission is granted for my son/daughter to participate in the above activity as conducted by Fairview School in partnership with the MPS Recreation Division. I agree that if a health condition exists which would limit his/her participation in this activity, I will notify Fairview School.

## EMERGENCY/PARENTAL CONSENT FORM

Please list any medical condition that could affect your child's participation in this activity:

Please list any medications your child is currently taking:

Please list two persons we can contact in case of an emergency:

\_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

- \* I give my consent for the Fairview instructor to use their own judgment in securing medical aid or ambulance service in case emergency contact persons cannot be reached.
- \* I understand that my child may be expelled from this activity if he/she is unable to follow rules.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_