

## Sts. Philip & James School & Academy

359 Clinton Avenue St. James, NY 11780 Telephone (631)584-7896 Fax (631)584-3258 www.sspjschool.net

To: Parents and Students Grades 5-8Fr: Ms. D. Anderson, Principal, Ms. Rago

Date: 3/6/2024

Re: Book Club 2023-24

Calling all bookworms! As a group, we'll pick a novel to read and discuss throughout the trimester. We'll also have time to read some short stories, poems, and plays, or to try writing your own next bestseller.

\*Your child will automatically stay for the club **unless** you send a note to the teacher.

Club will be in session 3:15PM - 4:15PM on the following Thursday's: Trimester III

March: 14

April: 11, 18, 25

May: 2, 9, 16, 23

The fee for the club is \$120.

Please make checks payable to SSPJ School.

## Club Registration 2023/24

| NAME:                |                              |                           | GRADE:  |        |
|----------------------|------------------------------|---------------------------|---|--------|
| HomePhone            | oneCellPhone                 |                           |   |        |
| Emergency Pho        | one                          |                           | _(if unable to be reached)  |        |
| Transportation:      | please check one<br>my child | 9.                        |   |        |
| ( ) My child will    | I go home with               |                           |   |        |
| and their conta      | ct phone # is                |                           |   |        |
| ( ) My child will    | l go to after-care a         | and I am aware that there | e will be an additional fee.  |        |
| *********            | ********                     | *********                 | ***********   | ****   |
| NOT PICKED I         | JP ON TIME, THE              | Y WILL BE PLACED IN       | ED UP ON TIME! * <b>IF A STUDE</b> I AFTERCARE AND PARENT  RE ARE NO REFUNDS IF A C | S WILL |
| IF YOUR CHIL<br>HERE | D NEEDS MEDIC                | ATION (INHALER, EPIP      | EN, ETC) PLEASE CHECK   |        |
| PERMISSION T         |                              | HIS/HER OWN MEDICA        | ETE GIVING YOUR CHILD<br>ATION. PLEASE REMEMBER                                     | ,      |
| Parent Signatu       | re                           |                           | Date  |        |
|                      |                              | For Office Use            | *************************   | ****   |
| Payment #            | Date                         | Check #                   | Amount  |        |
| Tri 1                |                              |                           |   |        |
| Tri 2                |                              |                           |   |        |
| Tri 3                |                              |                           |   |        |