

August 2010

Dear Parents,

We will be offering **Supervised Homework Sessions** for **grades 1<sup>st</sup> – 7<sup>th</sup>** for the 2010-2011 school year. These sessions will be held Monday through Thursday and will be staffed with an elementary teacher.

At 3:00pm students who are registered for Supervised Homework will report to the cafeteria for a snack prior to session. The students will be escorted to the designated classroom and ready to start their session at 3:15. Students should be picked up by parents from Supervised Homework classroom (TBA) no later than 4:15pm. Students not picked up by 4:15pm will be checked into after care until picked up by parents.

The cost for this service is **\$8.00** for the hour and includes a snack. **Attached** is the **1<sup>st</sup> quarter enrollment sheet** for the **2010-11** school year. Please indicate desired days by checking date box. A statement will be sent each quarter and payment will be due upon receipt.

This hour is a time for your child to do written homework, study or review lessons independently. The supervising teacher is to monitor progression of homework, assure student is on task and clarify instruction. This is not a tutoring session. If tutoring is needed many of our teachers are available after this session, and the office will be happy to refer you.

If you have any questions regarding the above please contact Lori Molinary in the office.

Thank you,

Lori Molinary

# SUPERVISED HOMEWORK ENROLLMENT SHEET

## AUGUST 2010 SUPERVISED HOMEWORK

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
23	24	25	26

## SEPTEMBER 2010 SUPERVISED HOMEWORK

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
30	31	1	2
Holiday	7	8	9
13	14	15	16
20	21	22	23
27	28	29	30

## OCTOBER 2010 SUPERVISED HOMEWORK

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
4	5 EXAMS	6 EXAMS	7 EXAMS
11	12	13	14

1<sup>ST</sup> QUARTER PAYMENT SHOULD ACCOMPANY THIS FORM. CKS PAYABLE TO KEHOE-FRANCE NORTHSORE

Please put a  $\checkmark$  in each box/day your child is to attend supervised homework.

\_\_\_\_ DAYS X \$8.00 = TOTAL AMT DUE \_\_\_\_\_

Parent's

Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

In case of emergency

contact: \_\_\_\_\_

Student's name \_\_\_\_\_/grade \_\_\_\_\_

\_\_\_\_ I will pick up my child by 4:15pm on the days he/she participates in supervised homework.

\_\_\_\_ My child needs to report to aftercare at 4:15pm.

\_\_\_\_ My child will be picked up by one of the persons listed below.

**AUTHORIZED**

**PERSONS:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_