

## **ROLLERSKATING INFORMATION & PERMISSION SLIP**

January 10, 2012

Dear Fontana School Parents:

Once again this year our 5K-8 Physical Education classes will be involved in a five day roller skating program. The program includes skates which are brought directly to our school by Skate Time School Programs. The special roller skating physical education classes will be from February 6 - 17. The fee for five days of skating for grades 5K - 8 is \$7.00 per student.

The students will be exposed to and learn how to skate forward, backward, stop, start, corner and turn. They will also be taught and expected to skate safely and responsibly. The skates are specially designed to be used directly on school gym floors and are manufactured with soft urethane wheels. Students will, therefore, be required to rent skates instead of bringing their own. All company skates are properly and safely maintained.

Please read the permission slip carefully and return it with the EXACT dollar amount (or check for exact amount made payable to Fontana Elementary School) for EACH student (in a family) by January 18. We ask that you put it in an envelope clearly marked with the child's name, grade, and teacher, indicating that it is roller skating money. All money and permission slips should be turned in to 5K - 8 homeroom teachers. **(The permission slip must be signed by a parent or guardian.)**

We would like parent volunteers to help us in the 5K-2 grade classes. Please indicate at the bottom of the permission slip if you are willing to be a parent volunteer.

The company policy and our belief is that all students will skate. Please notify me if the fee is a problem.

Looking forward to a fun and positive experience for all at Fontana.

Sincerely,

Mrs. Jill Grant  
Physical Education Teacher

## FONTANA SCHOOL ROLLER SKATING PERMISSION SLIP

**PLEASE RETURN SIGNED PERMISSION SLIP, VOLUNTEER FORM AND MONEY TO YOUR CHILD'S HOMEROOM TEACHER BY JANUARY 18.**

\_\_\_\_\_ Yes, my child can participate in the Skate Time School Program from Feb. 6 - 17.

\_\_\_\_\_ No, I prefer that my child not participate.

\_\_\_\_\_  
(Student's First and Last Name)

\_\_\_\_\_  
(Grade)

\_\_\_\_\_  
(Teacher)

MY CHILD'S SHOE SIZE IS: \_\_\_\_\_

**(WHOLE SIZES ONLY. SKATES RUN BIG, SO FOR EXAMPLE, IF YOUR CHILD'S SHOE SIZE IS 3 ½, PLEASE ORDER A SIZE 3.)**

AMOUNT ENCLOSED: \_\_\_\_\_

**X** \_\_\_\_\_  
**Signature of Parent or Guardian**

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**PLEASE CIRCLE DATES AND CLASSES BELOW AVAILABLE TO VOLUNTEER:**

	9:30 – 9:30	9:30 – 10:00	1:00 – 1:30	1:30 – 2:00
Mon. 2/6 Day 1			2 Graham & 2 McGoey	1 Douglas
Tues. 2/7 Day 2	5K Murtell	5K Selvey		
Wed. 2/8 Day 3			2 Graham & 2 McGoey	1 Douglas
Thurs. 2/9 Day 4	5K Murtell	5K Selvey		
Fri. 2/10 Day 5			2 Graham & 2 McGoey	1 Douglas
Mon. 2/13 Day 6	5K Murtell	5K Selvey		
Tues. 2/14 Day 1			2 Graham & 2 McGoey	1 Douglas
Wed. 2/15 Day 2	5K Murtell	5K Selvey		
Thurs. 2/16 Day 3			2 Graham & 2 McGoey	1 Douglas
Fri. 2/17 Day 4	5K Murtell	5K Selvey		

\_\_\_\_\_ Yes, I would like to be a parent volunteer for Grades 5K - 2.

**PARENT'S PRINTED NAME** \_\_\_\_\_