



West Side School

Friday Notes

October 4, 2013

Principal's Corner

Thank you to all parents for coming out on Monday for Back-to-School night. Keeping an open dialogue between parents and teachers is essential for a successful school year. This week our students viewed some of our first media presentations from the West Side Newsroom. Our news program, "West Side Speaks," featured fifth and sixth graders who used this venue to communicate with our students. Thank you to sixth graders Brianna Rose, Abigail Johnson and Serena Li for your presentation about Locks of Love. Also, thank you to Robert Shammah, Allie McCauley, Dominick Striano and Ava Farkash for your presentation about the Box Tops challenge. In addition, our fifth graders spent time with a scientist from the DNA Learning Center, who worked with them in a lab to create baggie cells. Finally, thank you Mrs. Newman and committee members for putting together the 2013-2014 parent directory.

Photo Day

Photo Day is scheduled for Wednesday, October 16th.

Book Fair

The book fair is coming! West Side's annual book fair will be on Thursday, October 24th from 9:00-3:00, with a family time from 3:00-5:00, and Friday, October 25th from 9:00-2:00. Come shop with your children for a selection of the latest book releases. You can even pre-order the new Diary of a Wimpy Kid book! A schedule of class times will be sent home soon. If you would like to help out with the fair, contact Nicole Pultz (pultz3@optonline.net) or Jill Demarco (jed1273@me.com).

NYS Test Results

The ISR (Individual Student Report) letter is posted on the Parent Portal this year. They will not be mailed home. The ISR will inform parents of their child's performance on the state assessments. The only exception will be the science scores, which will come from BOCES. Scores are now available on the Parent Portal.

Early Dismissal

Please help us with afternoon dismissal. It distracts classmates when their peers are picked up before our normal dismissal time of 3:05. We highly discourage dismissing students early. However, if it is absolutely necessary, please pick up your child before 2:45 in the Main Office and sign him or her out.

Returning to School after Dismissal

In the event that your child needs to return to school after dismissal, he or she will need to be accompanied by an adult to enter the building. In an effort to create more independent students, this should be done only in an emergency.

Fall Musical

For information regarding this year's school musical, *The Wizard of Oz*, please visit WSTA's website www.wssta.org.

Recess Volunteer Program

If you would like to volunteer at recess during the 2013/2014 school year, please contact Laurel Moynihan at laurelmoynihan@verizon.net. Volunteers must attend a brief committee meeting on October 15th at 9:00 AM in the Community Room.

Important WSS Dates

BOE Meeting: Tuesday, October 8th at 8:00 PM at District Office

Columbus Day – No School: Monday, October 14th

PTG Meeting: Tuesday, October 15th at 9:30 AM in the Community Room

Photo Day: Wednesday, October 16th

Banking Day: Thursday, October 17th

SIT: Thursday, October 17th

West Side Win: Friday, October 18th at 7:00 PM – Gagnon Residence

Cultural Arts Meeting: Thursday, October 23rd at 9:30 AM in the cafeteria

Book Fair: October 24th and 25th (Family Time scheduled for October 24th from 3:00-5:00 PM)

Parent Teacher Conferences – Grade 2: Thursday, October 24th

Parent Teacher Conferences – Grade 3: Friday, October 25th

Parent Teacher Conferences – Grade 4: Monday, October 28th

Parent Teacher Conferences – Grade 5: Tuesday, October 29th

Parent Teacher Conferences – Grade 6: Wednesday, October 30th

West Side Wednesday: October 30th – Wear your West Side clothing!

Attachments from the School

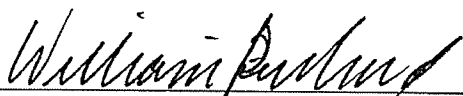
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COLD SPRING HARBOR CENTRAL SCHOOL DISTRICT
75 Goose Hill Road, Cold Spring Harbor, NY 11724

**** PLEASE POST ****

Please be advised that a regular meeting of the Board of Education will take place on October 8, 2013, at 6:30 p.m. at The Francis Roberts Community Center, at which time the Board of Education may consider a motion to adjourn to Executive Session to discuss matters appropriate for Executive Session. If no such motion is adopted, the meeting will recess until 8:00 p.m.

At 8:00 p.m., the Board of Education will reconvene its public meeting to discuss Board Agenda items appropriate for Public Session, pursuant to the Open Meetings Law.



William Bernhard, District Clerk

HHHYBL-SUMMER
(Formerly Five Towns College)

Summer 2014 Youth Basketball Program

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WEEKDAY, EVENINGS ONLY, INTRAMURAL PROGRAM
JUNE -- AUGUST, 2014

Mixed Boys/Girls Evening Intramural Leagues
Instructional • Private Training

BASKETBALL IN HOUSE REGISTRATION
@ West Hollow Middle School

Monday	April 7, 2014	6 PM – 9 PM
Thursday	April 10, 2014	6 PM – 9 PM

Open to students entering grades K-12th & beyond in September, 2014.

Also, the highly successful, adult leagues
where players compete at higher levels (A, B or C).

DON'T GET SHUT OUT OR DELAY, REGISTER NOW!!

Fees: **Registration: (11/1/13 thru 4/30/14 postmarked):**
 1st child: **\$200;** each add'l child **\$175**
 Late Registration: (after 4/30/14 postmarked)
 1st child: **\$225;** each add'l child **\$200 NO EXCEPTIONS!**

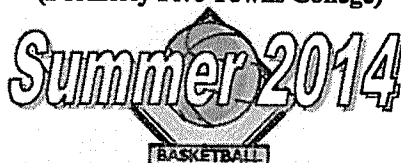
If your child participated in the 2013 summer program, he/she has already been rated. If not, please have them, and their friends, dress in proper athletic attire. If you can not attend registration and wish to avoid a late fee, please send a completed registration form on or before April 30, 2014, with applicable fee, to HHYBL, P.O. Box 227, Huntington Station, N.Y. 11746. New registrants will be evaluated later. If you require additional information on the youth basketball program, the new adult men's league (different levels) and/or private training, e-mail Dennis: @ cmish11746@aol.com.

"This notice is distributed to students solely as a community service by the school district. This distribution should not be considered an endorsement or approval by the district of either the sponsor or the activity".

Please make checks payable to "HHHYBL" (a nonprofit 501C3 entity)

www.hillsbasketball.com (application on reverse)

HHHYBL - SUMMER
(Formerly Five Towns College)



Youth Basketball Program
Application

All applications must be accompanied by payment in full based on the following:

Registration: Thru April 30, 2014, \$200 1st child, additional children: \$175.

After April 30, 2014, \$225 1st child, additional children \$200. No refunds. No exceptions!!

Please make all checks payable to "HHHYBL" Send to: HHHYBL, P.O. Box 227, Huntington Station, N.Y. 11746

Print clearly

Last Name _____ First _____ HEIGHT _____ WEIGHT _____

D.O.B. _____ Sex: ____M ____F E-Mail address: _____

Address : _____
House No. Street City Apt. Zip

Telephone No.(_____) _____ Grade entering in September, 2014? _____

Name of Mother: _____ Father: _____ Play Last Summer? Y ____ N ____

Guardian's Work Phone:(_____) _____ Where did you get application? _____

Mother Cell Phone: (_____) _____ Father Cell Phone(_____) _____

Mother's Occupation _____ Father's Occupation _____

Emergency Contact No:(_____) _____ School attending in 9/14? _____

Planned Vacation Dates: _____ ALL PLAYERS 9-12 GRADE MUST CARRY ID

Reliable volunteers are needed to insure the continued success of this program.

I am interested in serving as: Coach Y ____ N ____ Ass't Coach Y ____ N ____

Children entering kindergarten, first or second grade in Sept. 2014 will play in an instructional program, unless moved up. All children entering the third grade or higher will participate in league play & must be rated, if not rated in prior year. All children may request placement with friends, subject to availability. If your child has a friend he or she wishes to be placed with, please indicate their name(s) here:

Friend(s): _____

I, the undersigned, give my child permission to participate in the HHHYBL program. I certify that my child is physically fit to participate in strenuous athletic activity and I have obtained clearance from a physician before permitting my child to participate. I agree to hold HHHYBL, its' employees and agents harmless for any liability resulting from injury or illness. I hereby authorize HHHYBL to act for me according to their best judgment in in any emergency requiring medical attention. I understand that I am solely responsible for the payment of any such medical expenses.

Signature of Parent or Legal Guardian: _____ Date: _____

Insurance company providing coverage for your child: _____ Policy Number: _____

For Office Use Only: Ratings

Player Number					Payment Method	ck	cash	other	Check No.	Amt
Dribbling	A	B	C	D	Lay-ups		A	B	C	D
Shooting	A	B	C	D	Rebounding		A	B	C	D
Aggressive	A	B	C	D	Size					

Overall Rating _____

(Over)

**COLD SPRING HARBOR
YOUTH LACROSSE**



**REGISTRATION NOW OPEN
FOR SPRING 2014**

Boys 2nd-6th Grade Travel

Girls 3rd-6th Grade Travel

***Registration Closing
OCTOBER 31st**

Register TODAY!!

Go to cshlax.com

***All late registrants for travel will be charged \$100 late fee.
K-1 Boys and K-2 Girls non-travel registration will remain open.**



Presents

Dr. Rona Novick, PhD

October 17th at the PAC

10:00am

Raising Socially Responsible Children in our Media Challenged World

Whether your child has entered kindergarten or is looking at colleges, we guarantee you will laugh and leave with practical tips and strategies that work.

Dr. Novick is a Clinical Child Psychologist and University Professor in Education

For questions contact:

Nicole Pultz at pultz3@optonline.net

Marie Strunk at 3mstrunk@optonline.net

**For Families! *Programs & Services from the Cold Spring Harbor
Library's Information Services Department***

Make a Memory!

Free Museum Passes at your Library

Library card holders can visit the following museums for free:

Old Westbury Gardens



NASSAU COUNTY MUSEUM OF ART

THE WHALING MUSEUM
& EDUCATION CENTER
OF COLD SPRING HARBOR
SEA | REFLECT | EXPLORE | PROTECT



INTREPID



**SEA, AIR & SPACE
MUSEUM COMPLEX**

**AMERICAN
MUSEUM OF
NATURAL
HISTORY**

- ♦ Passes are for use by Cold Spring Harbor card holders in good standing, 18 and older,
- ♦ Reserve up to three months in advance
- ♦ Passes are loaned out for three days, except if borrowed on Thursday; then they will be due on Monday.
- ♦ Late charges are \$10/day

For more information about any Adult Program, contact the Cold Spring Harbor Library Information Services Desk at 631-692-6820 or askref@cshlibrary.org.

FROM THE COLD SPRING HARBOR CHILDREN'S DEPARTMENT...

MADE FOR EACH OTHER

PERFECT MATCHES OF FICTION AND NON-FICTION FOR EVERY READER

GET THE TRUTH BEHIND YOUR FAVORITE STORY.



OR START WITH A TOPIC YOU LOVE AND FIND YOUR NEXT FICTION READ.



COLD SPRING HARBOR
LIBRARY & ENVIRONMENTAL CENTER
95 Harbor Road
Cold Spring Harbor, NY 11724
www.cshlibrary.org
631-692-6820

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COLD SPRING HARBOR **YOUTH BASKETBALL LEAGUE**

REGISTRATION FOR THE 2013 – 2014 SEASON

Please print out the application, fill it out completely & mail with your check, made out to “CSH Youth Basketball League” to:

Chris Northacker
1 Saw Mill Lane
Cold Spring Harbor, NY 11724

DEADLINE: Oct. 5, 2013

PLAYERS: All Boys and Girls in grades 3rd, 4th, 5th and 6th

FEE: \$135.00 (includes home/away jerseys & shorts, basketballs, referees, scorekeepers, insurance, facilities use fees and trophies)

Cash or check made out to “CSH Youth Basketball League”

- * League starts November 2013 thru February 2014
- * 8 to 10 games with referees and scorekeepers
- * 1 Practice a week plus 1 Game a week
- * Playoff games for every team
- * Trophies for every player

If you have any questions, please call Chris Northacker at 631-678-2772

PARENTS WE NEED VOLUNTEERS!! LET US KNOW ON THE APPLICATION IF YOU ARE INTERESTED IN COACHING.

COLD SPRING HARBOR YOUTH BASKETBALL LEAGUE

REGISTRATION FEE : \$135.00 (3rd, 4th, 5th, 6th grade players)

Make Check Payable to: **CSH YOUTH BASKETBALL LEAGUE**

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ DATE OF BIRTH _____

HOME PHONE _____ E-MAIL _____

SCHOOL _____ GRADE _____ BOY _____ GIRL _____

DID YOU PLAY IN THE CSH BASKETBALL LEAGUE LAST YEAR ? _____

WHO WAS YOUR COACH ? _____

MOTHER'S NAME _____ CELL # _____

FATHER'S NAME _____ CELL # _____

EMERGENCY CONTACT _____ PHONE # _____

DOCTOR'S NAME & PHONE # _____

MEDICAL CONDITIONS OR PROBLEMS _____

PARENTS SUPPORT: WE ASK FOR PARTICIPATION OF PARENTS IN OUR PROGRAM ! PLEASE CHECK THE APPROPRIATE BOXES

COACH _____ ASST. COACH _____

We expressly assume all risks & hazards, directly from, or incidental to, participation in the CSH Youth Basketball League and we do hereby hold harmless the organizers, supervisors, coaches & participants from any claim arising out of injury to our Son/Daughter except to the extent & in the amount covered by applicable accident or liability insurance. We as Parents/Guardians have medical insurance for our Son/Daughter in case of injury associated with the CSH Youth Basketball League & acknowledge that the CSH Youth Basketball League does not have any medical insurance.

SIGNATURE OF PARENT/GUARDIAN _____

Cash _____ Check # _____ Check Amount _____

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CSH YOUTH BASKETBALL LEAGUE

2013 – 2014 Season

Evaluations for ALL Players (3rd to 6th grades)

@ West Side School

Tuesday, Oct. 15th

6:30 to 7:45pm
8:00 to 9:15pm

3rd gr. Boys
5th gr. Boys

Wednesday, Oct. 16th

6:30 to 7:45pm
8:00 to 9:15pm

3/4th gr. Girls
6th gr. Boys

Thursday, Oct. 17th

6:30 to 7:45pm
8:00 to 9:15pm

4th gr. Boys
5/6th gr. Girls

- Please wear shorts & sneakers & be ready to play basketball. **BE ON TIME.**

*** Practices will start on Tuesday, Nov. 12, 2013

CSH YOUTH BASKETBALL LEAGUE

2013 – 2014 Season

I agree to make every effort to attend all practices and games for the 2013 - 14 Basketball season. I understand that I will be excused for illnesses & family obligations. I will call my coach as soon as I know I can't make a practice and/or a game. Basketball is a team sport & I understand that if I miss too many practices, I am letting my team down.

Player's Signature

As a family, we agree to follow the CSH Youth Basketball League's rules for Behavior during practices and games. There will be NO wandering the halls or classrooms and no school property will be touched. All siblings and/or friends who are brought to the games, will be supervised by an adult at all times. Everyone is to be in the gym watching the games. If any child needs to use the bathroom, they will be escorted there by an adult. We will cheer on all the players on the court & be respectful of the referees, scoreboarders and coaches. All **Custodians are to be treated with the utmost respect.** **Our program cannot run without them.**

Parent's Signature

Player's Signature

COLD SPRING HARBOR **YOUTH BASKETBALL CLINIC**

REGISTRATION FOR THE 2013 – 2014 SEASON

Please print out the application, fill it out completely & mail with your check, made out to **"CSH Youth Basketball League"** to:

Chris Northacker
1 Saw Mill Lane
Cold Spring Harbor, NY 11724

DEADLINE: Oct. 5, 2013

PLAYERS: All Boys and Girls in 1st and 2nd grade

FEE: \$85.00 (includes uniforms, basketballs, insurance, facilities use fees & trophies)
Cash or check made out to "CSH Youth Basketball League"

- * Separate clinic for boys and girls
- * Clinics to be held on Saturdays at Goosehill Primary School
- * Clinics run from December 2013 thru March 2014
- * 9 weeks of basketball
- * Trophies for every player

If you have any questions, please call Bridget Perlmutter at 631-367-1096

PARENTS WE NEED VOLUNTEERS!! LET US KNOW ON THE APPLICATION IF YOU ARE INTERESTED IN COACHING.

COLD SPRING HARBOR YOUTH BASKETBALL LEAGUE

REGISTRATION FEE : \$85.00 (1st and 2nd grade players)

Make Check Payable to: **CSH YOUTH BASKETBALL LEAGUE**

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ DATE OF BIRTH _____

HOME PHONE _____ E-MAIL _____

SCHOOL _____ GRADE _____ BOY _____ GIRL _____

DID YOU PLAY IN THE CSH BASKETBALL LEAGUE LAST YEAR ? _____

WHO WAS YOU COACH ? _____

MOTHER'S NAME _____ CELL # _____

FATHER'S NAME _____ CELL # _____

EMERGENCY CONTACT _____ PHONE # _____

DOCTOR'S NAME & PHONE # _____

MEDICAL CONDITIONS OR PROBLEMS _____

PARENTS SUPPORT: WE ASK FOR PARTICIPATION OF PARENTS IN OUR PROGRAM ! PLEASE CHECK THE APPROPRIATE BOXES

COACH _____ ASST. COACH _____

We expressly assume all risks & hazards, directly from, or incidental to, participation in the CSH Youth Basketball League and we do hereby hold harmless the organizers, supervisors, coaches & participants from any claim arising out of injury to our Son/Daughter except to the extent & in the amount covered by applicable accident or liability insurance. We as Parents/Guardians have medical insurance for our Son/Daughter in case of injury associated with the CSH Youth Basketball League & acknowledge that the CSH Youth Basketball League does not have any medical insurance.

SIGNATURE OF PARENT/GUARDIAN _____

Cash _____ Check # _____ Check Amount _____