

THE FRIDAY NOTES

Lloyd Harbor School • October 4, 2013

QUOTE OF THE WEEK: "By prevailing over all obstacles and distractions, one may unfailingly arrive at his chosen goal or destination." *By Christopher Columbus*

UPCOMING LHTV REPORTERS: Julia Bavaro & Steven Samuels – 6B

LHTV MUSICIAN: Chris Barrick, Ben Nordemann and Zachary Wu

Monday 10/7	After-School Chess Club Begins
Tuesday 10/8	Grade 2 Field Trip to Schmitt Farm After-School Activity Clubs Begins Board of Education Meeting – 8PM
Wednesday 10/9	
Thursday 10/10	LHSPTG Meeting – 9:15AM Grade 6 – DNA After School Science Club Begins
Friday 10/11	After-School Bricks4kidz Begins

FROM THE SCHOOL

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BOARD OF EDUCATION

The next regular Board of Education meeting will be held on **Tuesday, October 8th** at 8pm at the DO.

MORNING ACTIVITIES DROP-OFFS

Only those children who have a scheduled morning activity may be dropped off before the 8:30AM start of school. We do not have the personnel to monitor students left here before this time.

AFTERNOON ACTIVITIES - DISMISSAL

All students attending an after-school activity will be picked up at the back circle. Please follow the traffic pattern of the PM dismissal (reverse traffic flow). As always, the safety of our children is paramount. Children are not permitted to cross between cars or through the parking lots.

AFTERNOON BUILDING ACCESS

Please note there will be no access into the school after 4:15pm unless it has been previously arranged or approved.

FROM THE LHS/PTG

LLOYD HARBOR UNITES - WE NEED YOUR HELP!!

If you haven't already done so, PLEASE BUY A TICKET/S - there are only three weeks left! We need this event to be a huge success. We are now up to 47.5% so we are getting there but still have A LONG WAY TO GO. You know what to do; either go online to lhsptg.org you have to click on the DONATE button in order to purchase raffle tickets. Please indicate your eldest child's name, teacher and grade and RSVP to the cocktail party on the "special instructions to seller" option, (the second page after your credit card information). Tickets are \$150 for 1 raffle, \$250 for 2 or \$100 each for 3 or more. Grand prize \$3,500, 2nd prize \$1,000 and 3rd prize \$500.

LHS*PTG Meeting

The next meeting will be on Thursday October 10th at 9:15am in the Little Theater. Come and join the PTG and pick up your School Directory and green transportation pad. You can also get your LHU ticket/s at the meeting so bring your checkbook!

A few thank you's from the PTG; a huge thank you to our Photo Chairs Erica Giarraputo and Alex Maiorino for organizing the children for Photo Day. All of which would not have been possible without their helpers; Dawn O'Rourke, Sharon Siegel, Michelle Masciello, Gina Fiscella and Daneel Berlinghof. Also a huge thank you to Joley Hetherington and Kathy DiMaio for helping out at Back-to-School Night.

Parents Play

Thank you very much to all the parents who attended the overview and signed up for this year's Parents Play! A big thank you to the parents who came to play with the children on our first Friday! If you want to sign up for Parents Play, please come to the next overview meeting, which will be held immediately following the LHS*PTG meeting on Thursday, October 10th. If you already attended the overview, you are ready to sign up as many times as you like. Please contact RandiSolis@me.com for any questions.

Save the Date - Fun Run Sunday November 3rd.

FOCUS Presents

Dr. Rona Novick, 10/17/13 at 10am at the PAC at CSH High School - Raising Socially Responsible Children in a Media Challenged World. Dr. Novick is a clinical child psychologist and University Professor in Education. Hope to see you all there.

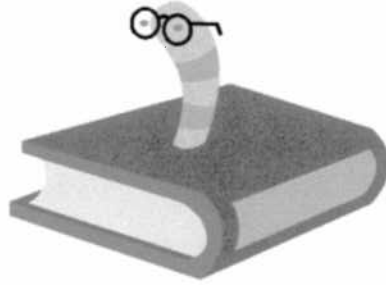
Lost and Found

Please remember to label all outerwear - items will be donated on a regular basis.

Attention Class Parents

Get your pictures in the yearbook! The Yearbook Staff invites students and parents to submit photos for the yearbook. If you've got great photos of school events, please get them in early. We need; baby photos, 2nd grade portrait, 2nd to 6th grade field days, Halloween, class trips, Symbols of America, colonial day, Philadelphia trip, immigration day, classroom events, little apple fun run, science fair, winter and spring concerts, etc. - all Lloyd Harbor School events. Help us get as many photos as possible to create a terrific book everyone will want to have. Here is how you can submit photos online:

Go to: <https://images.schoolannualonline.com/login> If it does not automatically log you into the site, enter username: 400263980 and password: Lloyd Harbor



Scholastic Book Fair

Wednesday, October 16th

Thursday, October 17th

Friday, October 18th

Little Theatre
Lloyd Harbor School

9:00 a.m – 2:00 p.m.

We hope to see you there!

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

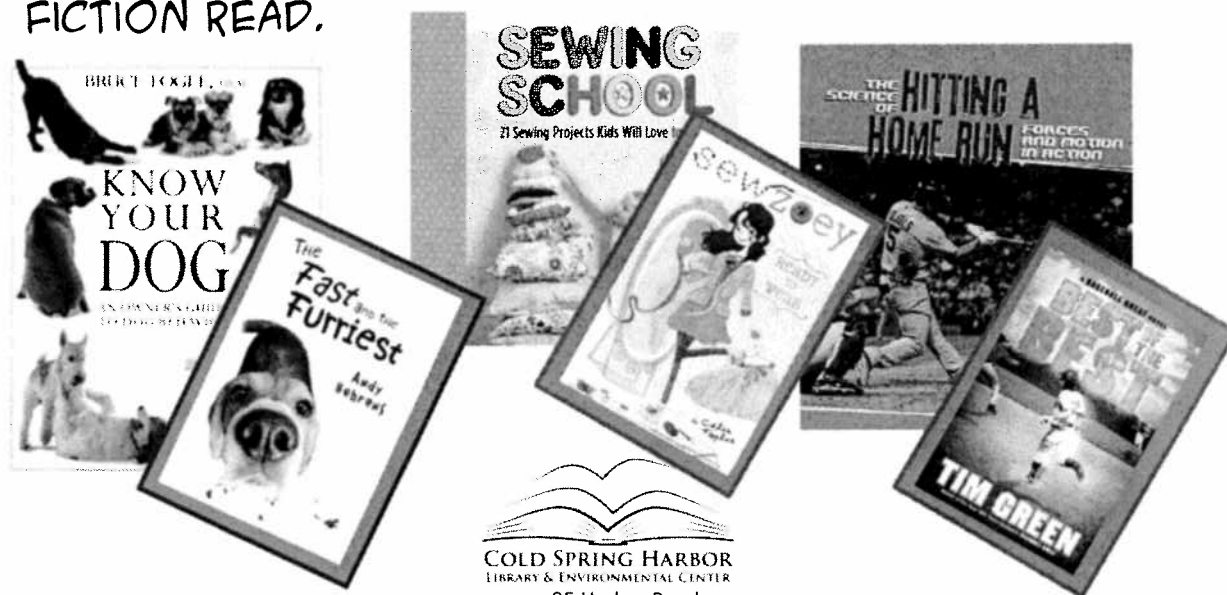
MADE FOR EACH OTHER

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

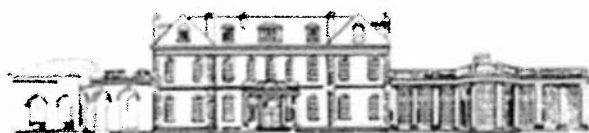
**For Families! *Programs & Services from the Cold Spring Harbor
Library's Information Services Department***

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**



- ♦ 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.

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 _____

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 HHHYBL, 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)