



North Prairie Winter Formal

Friday February 21, 2020

6:00PM ~ 7:30 PM

\$7 to Enter

*Students must be - Passing ALL Classes & have Zero Administrative
Detentions/Suspensions to attend*

5 Cyclone cash for the VTB room

Students must be passing ALL classes & have Zero detentions to enter the VTB room



Smarty
pants

presents

THE BIG

BALLOON

SHOW



CENSUS2020
RSVP
FOR THE FUTURE
BE COUNTED

Funding provided by the
Reaching Across Illinois Library System
through a grant from
Illinois Department of Human Services

The Big Balloon Show!

Schlader Center, Winthrop Harbor Sat Feb 22 3:30PM - 4:30PM



ZION-BENTON PUBLIC LIBRARY

2400 Gabriel Ave. Zion, IL 60099 | 847-872-4680 | zblibrary.info

HAPPY POKEMON DAY!

POKEBALL TERRARIUM

GRADES 4-12

Kids in GRADES 4 & 5 must be with an adult



THURS FEB. 27
4PM-5PM
SANDBOX



zlibrary
2400 Gabriel Ave.
Zion, IL 60099
847-872-4680
zlibrary.info

Dear Parents,

Students have been working on improving their reading skills and I'm excited to announce that Westfield School is participating in their fourth annual Vocabulary Parade. These parades are a wonderful way to celebrate words and reading, as well as provide a fun time of dressing up. Students interested in participating will need to have created their costume and vocabulary word card for the Wednesday, March 18th, 8:00, morning meeting in the gym.

Parents, you are asked to get involved with this parade by assisting your child in choosing an UNUSUAL word they can teach others and then create a visual depiction of the word. Please keep in mind that our school district does not allow the depiction of weapons or violence on school property. We hope to see you there too! If you have any questions please do not hesitate to contact me.

Happy Reading,
Mrs. Mahoney
hmahoney@sta.whsd1.org

Student's Name: _____

Classroom Teacher: _____

Yes, my child will be participating in the parade on Wednesday,
March 18, 2020

My child's unusual word they can teach others is:

Yes, I will be attending the parade on March 18, 2020 at 8:00 a.m.

Parent Signature: _____

The Vocabulary Parade is Coming!

When is it?

Wednesday, March 18th at
8:00 in the WF gym

Questions?

Contact Mrs. Mahoney
hmahoney@sta.whsd1.org

What is it all about?

Vocabulary parades have become a popular event throughout the country. It all began with the book, *Miss Alaineus A Vocabulary Disaster*, a delightful story about words and definitions. The character in the book participates in her school's annual vocabulary costume parade.



How Do We Get Ready?

- 1. Plan**
 - . Think of a word that would have a fun, interesting costume design. This is a great time to bring vocabulary words to life!
 - . It's also fun to think of an unusual word that you can teach to your classmate
- 2. Create**

There are many things you can find to decorate and use as part of your costume: t-shirts, boxes, hats, paper bags, fabric...etc. Please make sure you can see and walk safely with your costume on!
- 3. Make a Vocabulary Card**

Remember to make a large card with your word on it, so we can know which vocabulary word you represent. You can carry it, make it into a headband, or have it as part of your costume.

Form on Back

Due:

Wednesday, March 4th

Need Ideas?

Search "Vocabulary Parade" in Google Images

OR

Search "Vocab Parade Costumes" on Pinterest



THE DENTIST IS COMING TO SCHOOL!

In-school dental care at **NO COST*** to you.

* For patients covered by Medicaid or All Kids

SAVE TIME!
Sign up online
www.MySchoolDentist.com

Taking care of your child's teeth is important to keep them healthy.

EASY & CONVENIENT - A state licensed dentist will regularly check your child's mouth & teeth, as well as provide a cleaning, fluoride treatment and apply sealants, as needed. A dental report card will be sent home with your child. Includes initial dental care and follow-up visits.
SIGN AND RETURN TO YOUR SCHOOL TODAY!

PLEASE COMPLETE

| | | | |
|----------------------|---------|-----------------------|--|
| Child's Legal Name | | Birth Date | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Address | City | State | Zip |
| School | Teacher | | Grade |
| Parent/Guardian Name | | Phone () | |
| Email | | Alt Phone () | |

IMPORTANT HEALTH QUESTION

Does your child have any past or present medical or dental conditions or disabilities? This may include heart issues, breathing problems, brain/seizure disorders, allergies (including drug allergies), diabetes, bleeding problems, communicable diseases or immune disorders etc. If Yes, explain below (attach additional pages as needed). IF NO, LEAVE BLANK.

List current medications _____ List any dental concerns _____

IF CHILD HAS MEDICAID/ALL KIDS

Circle one of the following: BCBS, County Care, Harmony, IlliniCare, Meridian, Molina, NextLevel

Enter Child's Medicaid
Recipient ID Number HERE: →

OR Child's Social Security # (if available)

| | | | | | | | | | | |
|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

IF CHILD HAS PRIVATE DENTAL INSURANCE

Ins. Company name (other than Medicaid) _____ Ins. Phone _____

Group # _____ Employer name _____ Co. phone _____

Name of Insured Adult _____ BIRTH DATE of Insured Adult _____

Member ID/Policy # _____ Social Security # of insured adult _____

IF CHILD HAS NO DENTAL INSURANCE

I will pay the reduced fee of **\$70.00** for a dental cleaning, screening, fluoride & sealants per visit. Staple check or money order to this form & make payable to: Smile Illinois.

If your child sees a dentist regularly, and you want to continue care with that dentist, you should do so.

READ & SIGN BELOW

I understand and authorize Elliot P. Schlang, D.D.S. P.C. (Provider), its affiliated dentists or dental hygienists, to provide dental services at school to the above named child for whom I am the custodial parent or legal guardian, including an exam, cleaning, fluoride, sealants and the application of Silver Diamine Fluoride as needed. (The use of Silver Diamine Fluoride may discolor any cavities to a brown or black color.) This also gives permission for IDPH quality assurance audits to be performed & providers to return to my child's school to recheck my child's sealants. I have read the IMPORTANT HEALTH QUESTION above and will report any significant changes in my child's health to 855-481-8639. I have read the IMPORTANT NOTICE AND CONSENT ON THE BACK OF THIS FORM and understand and agree to its terms.

SIGN & DATE HERE

This consent authorizes the initial and future dental visits.

DATE

QUESTIONS: 1-855-481-8639 FAX: 1-888-330-4331 Visit us at: mobiiledentists.com

For your privacy, please fold & secure.

ESPAÑOL AL REVERSO



Elliot P. Schlang, D.D.S. P.C., General Dentist & Dental Director
8770 W. Bryn Mawr Ave., Suite 1300, Chicago, IL 60631
© Elliot P. Schlang, D.D.S. P.C., 2019

IL-PREVE-012V1 6/19





¡EL DENTISTA VENDRÁ A LA ESCUELA!
Cuidado dental dentro de la escuela
SIN COSTO* para usted.

* Para pacientes con convertura Medicaid o All Kids

¡AHORRE TIEMPO!
 Regístrese en línea
www.MySchoolDentist.com

Cuidar de los dientes de su niño es importante para mantenerlos sanos.

FÁCIL Y CONVENIENTE - Dentistas licenciados en el estado periódicamente revisará la boca y dientes de su hijo, así como proporcionar una limpieza, tratamiento de fluoruro y aplicar sellantes, según sea necesario. Un reporte dental será enviado a casa con su hijo. Incluye tratamiento recibido y requerido.

¡FIRME Y REGRESE A LA ESCUELA HOY!

LLENE POR FAVOR

| | | | |
|-----------------------|---------------------------|---------------------|---|
| Nombre Legal del Niño | | Fecha de Nacimiento | <input type="checkbox"/> Hombre <input type="checkbox"/> Mujer |
| Dirección | Ciudad | Estado | Código Postal |
| Escuela | Maestro | | Grado |
| Padre/Tutor Legal | Teléfono () | | |
| Correo electrónico | Teléfono Alt. () | | |

PREGUNTA DE SALUD IMPORTANTE

¿Su hijo tiene alguna discapacidad o condiciones médicas o dentales en el pasado o presente? Puede incluir problemas del corazón, problemas de respiración, trastorno del cerebro/convulsiones, alergias (incluye alergia a medicamentos), diabetes, problemas de sangrado, enfermedades transmisibles o desorden inmunitario, etc. Si es así, por favor explique abajo (adjunte hojas adicionales si es necesario). Si No, deje el espacio abajo en blanco.

Anote los medicamentos que este tomando _____ Anote cualquier problemas dental _____

NIÑO TIENE MEDICAID/ALL KIDS

Circule uno de los siguientes: BCBS, County Care, Harmony, IlliniCare, Meridian, Molina, NextLevel

Llene los de Medicaid del Niño AQUÍ: →

Q Número de seguro social del niño (si está disponible) - -

NIÑO TIENE SEGURO DENTAL PRIVADO

Nombre de la Comp. de Seguro (aparte de Medicaid) _____ Tel. del Seg. _____

Grupo _____ Empleador _____ Tel. del Empleador _____

Nombre del Adulto Asegurado _____ FECHA DE NACIMIENTO del adulto Asegurado _____

Póliza/ID _____ Seguro Social del Adulto Asegurado _____

NIÑO NO TIENE SEGURO DENTAL

Pagaré la tarifa reducida de \$70.00 por una limpieza dental, cribido, fluoruro & sellantes, por visita. Engrape su cheque o giro postal a este formulario y haga a nombre de: Smile Illinois

Si su hijo ve a un dentista con regularidad y gustaría continuar tratamiento con él, debería seguir con su dentista.

LEA Y FIRME ABAJO

Entiendo y autorizo a Elliot P. Schlang, D.D.S. P.C. (Proveedor), y a sus dentistas afiliados o higienistas dental, a proveer servicios dentales en la escuela al niño mencionado anteriormente de quien soy el padre custodio o tutor legal, incluyendo un examen dental, limpieza, fluoruro, sellantes y la aplicación de Fluoruro Diamino de Plata según sea necesario. (El uso de Fluoruro Diamino de Plata puede decolorar cualquier caries a un color marrón o negro.) Este formulario también da permiso a realizar auditorías de garantía de calidad por IDPH y que nuestros proveedores vuelvan a la escuela de su niño para revisar sus sellantes. He leído la PREGUNTA IMPORTANTE DE SALUD al anterior y les informaré de cualquier cambio significativo del salud de mi hijo a 855-481-8639. He leído la ADVERTENCIA IMPORTANTE Y CONSENTIMIENTO EN LA PARTE POSTERIOR DE ESTA PAGINA, entiendo y estoy de acuerdo con sus términos.

FIRME Y FECHA AQUÍ

Este consentimiento autoriza las visitas dentales iniciales y futuras.

FECHA

PREGUNTAS: 1-855-481-8639 FAX: 1-888-330-4331 Visítenos en: mobiledentists.com

Elliot P. Schlang, D.D.S. P.C., General Dentist & Dental Director
 8770 W. Bryn Mawr Ave., Suite 1300, Chicago, IL 60631
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Para su privacidad doble y asegure.



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Team Work

In class, girls learn social skills necessary to function as a team. They complete different challenges together, create choreography, and perform together.



FUN and FITNESS

Girls learn fitness through dance and other fitness activities. We use music to create a fun, fitness party atmosphere.

Mentorship

All of the coaches in RHYTHM serve as mentors to the girls involved in the program. Girls have active role models who are leaders in the community that can help support them as they develop into young ladies.



Testimony

"RHYTHM is a safe place for me to share my emotions and reveal who I am without being judged". -RHYTHM Girl



DANCE EMPOWERMENT PROGRAM FOR GIRLS

AGES 7-15

SERENITY LIFE FITNESS
INC.
...
4527 IL ROUTE 173, SUITE
114 ZION, IL 60099
...
(224) 412-0125
...
serenitylifefitness@gmail.com
...
Serenitylifefitness.com

Mission

Our mission is to use dance and other activities to build confidence, self-awareness, social emotional skills, and boldness in the lives of young adolescent and teenage girls.



Core Values

- Respect for all
- Live Honest Lives
- Have Empathy for Others
- Be the Best Version of You
- Practice Self Care

Teach them to be BOLD

We work on building self confidence in our girls by incorporating activities to develop self-awareness. Through our program, girls learn their strengths, talents, and gifts. They also learn what they need to work on in order to be the best version of themselves.

Bringing RHYTHM to you!

We offer RHYTHM classes at Serenity Life Fitness in Zion, IL. We also host sessions at various public and private schools in our area. To learn more about bringing RHYTHM to you, please contact Natotia Franklin at (224) 412-0125.



HEALTHY FRIENDSHIPS

Our girls learn how to build strong, long lasting friendships with others and how to avoid toxic relationships.



“Empower girls and tell them they are special. If they don't believe you, prove them wrong!”-Natotia Franklin, RHYTHM Coach

