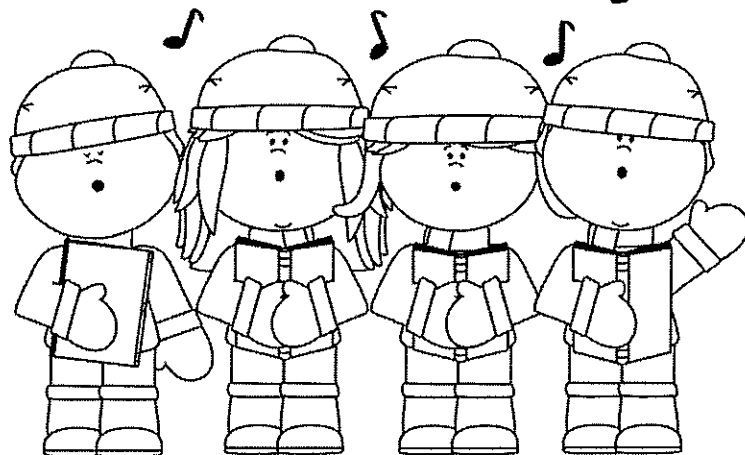


# Fern's Annual Holiday Program



**Fern students are excited to share their holiday performances with you!**

Please note the dates and times that each grade level will perform:

Wednesday, November 30<sup>th</sup>

9:15am: TK and Kindergarten

6:00pm: Fourth and Fifth Grade

Thursday, December 1<sup>st</sup>

9:15am: First Grade

Friday, December 2<sup>nd</sup>

9:15am: Second Grade

6:00pm: Third Grade

**We look forward to wonderful performances by our talented Fern Falcons!**



# FERN Healthy Ever After Snack Opt-Out Letter

Dear Parent/Guardian:

On **Monday, December 12, 2016**, the students at FERN school will be offered a special snack as part of the Healthy Ever After Nutrition Lesson #2. The healthy snack will include Organic, Gluten Free, Whole Grain, Low Sodium, Blue Corn Tortilla Chips with Guacamole. Please review the ingredients lists below and return this completed form and indicate if you **do not** want your child to eat the snack. Thank you.

## Ingredients

**Organic, Gluten Free, Whole Grain, Low Sodium, Blue Corn Tortilla Chips:**  
Stone ground corn, sunflower and/or safflower oil, sea salt, trace of lime.

**Guacamole:** Hass avocado, red bell pepper, serrano pepper, sugar, onion powder, salt, garlic, ascorbic acid, xanthan gum, lime juice, jalapeno pepper, citric acid, and cilantro.

**Total Carbohydrates:** 6.25 grams/serving  
*4.75 grams – 2 to 3 Blue Tortilla Chips*  
*1.5 grams – 1 Tbsp of Guacamole*

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My child **DOES NOT** have permission to participate in the Healthy Ever After Snack on December 12, 2016. Please sign and return to your teacher.

\_\_\_\_\_  
(Student Name)

\_\_\_\_\_  
(Parent/Guardian Name)

\_\_\_\_\_  
(Teacher Name/Rm #)

\_\_\_\_\_  
(Parent/Guardian Signature)



# Torrance Area Parent Night TAP

## Supporting Students with Special Needs

### Meet & Greet in the Cafeteria:

- **Browse resources at community tables**

### Choose Break-out Sessions to attend:

- **The IEP Process & Parent Rights**
- **Fostering Positive Behavior**
- **Sensory Strategies**



**November 30, 2016**

**Where: Levy Adult Education Center  
3420 W. 229th Place  
Torrance, Ca. 90505**

**Time: 6:30 pm ~ 8:00 pm**



**RSVP for Child Care at No Charge by Monday, November 28**

**Child Care will be provided at the YMCA for elementary age students and younger siblings who are toilet trained**

**Please check-in your children at the Levy YMCA at 6:15 p.m.  
Entrance to the YMCA is on Madison just south of 230th Street**

RSVP To: Special Education Office, 2335 Plaza Del Amo Torrance, CA 90509  
Attention: Mayra Pasillas (310) 972-6110 or pasillas.mayra@tusd.org  
Re: Torrance Area Parent (TAP) Night Child Care, November 30, 2016, 6:15-8:15 p.m.

I (we), \_\_\_\_\_, will attend and need child care for my children.  
Parent Name(s) \_\_\_\_\_  
Parent phone number: \_\_\_\_\_

Childrens' names and school attending in TUSD: \_\_\_\_\_



# Sculpt it Cute

# Watch Me™ SCULPT

After-School  
Art Lessons

# OR SCULPT THEM GROSS

Please recycle

Fern Avenue Elementary School session dates:

11/7/16	11/28/16
11/14/16	12/5/16
11/21/16	12/12/16

Kindergarten class will be Mondays from 1:55 to 2:55

Grades 1-5 will be Mondays from 3:15 to 4:15.

\$72 for the 6-week session. (ALL SUPPLIES INCLUDED)

Watch Me Sculpt will meet at the outdoor lunch tables.

Minimum Days: Class to be held right after school.

Registration due 11/7/2016.

# you DECIDE

You decide if you sculpt it cute, or sculpt it gross. We use the same clay as animation studios and professional sculptors!!

\* All new projects! \* Lessons designed by professional artists. \* Students complete a project each week! \* Increases fine motor coordination. \*

Register at [www.WatchMeSculpt.com](http://www.WatchMeSculpt.com) or return form and check to the school office made payable to Oh, Rio! Productions.

For more info: [watchmesculpt.com](http://watchmesculpt.com), 310.532.5992 or [alex@ohrio.com](mailto:alex@ohrio.com).

Student(s) Name \_\_\_\_\_ Grade \_\_\_\_\_ Birthday \_\_\_\_\_ Sex: M / F

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Alt. Daytime # \_\_\_\_\_ Email Address \_\_\_\_\_

Parent's Name / Signature \_\_\_\_\_ Date \_\_\_\_\_

I waive any right to claim against Oh, Rio! Productions teachers, staff or owner in the event of an accident, injury or loss of personal items.

Health concerns (if any) \_\_\_\_\_  Cash / check # \_\_\_\_\_ Amount \_\_\_\_\_

Check if applicable:  Pick my child up from onsite school care - Room #: \_\_\_\_\_  Drop my child off at onsite school care - Room #: \_\_\_\_\_



Fern Avenue Elementary School

