



JOHN M. MARSHALL ¿QUÉ PASA?

Septiembre 29, 2017
Edición #4

Don't
just fly,
soar.



SPIRIT WEEK Octubre 10 - 13



martes: día de pijama
miércoles: día de deportes
jueves: ropa descoordinada
viernes: marrón y gris

Noche de Matemáticas de Kindergarten

lunes, 2 de Octubre

6:30 p.m.

encuéntrenos en el área de kindergarten



The Little Mermaid, Jr.



Horario de Ensayo

**POR FAVOR DE LEER TODO EL HORARIO
DE ENSAYOS,**

**NO TODOS LOS ESTUDIANTES VIENEN AL ENSAYO!!!
TODOS LOS ESTUDIANTES SE TIENEN QUE RECOGER A
NO MAS TARDAR DE LAS 5:00pm**

MARTES, 10/3

ENSAYO VOCAL - TODO EL ELENCO
ESTO QUIERE DECIR TODOS LOS ESTUDIANTES
RECOGER AL FRENTE DE LA ESCUELA A LAS 5:00PM

MIÉRCOLES, 10/4

PRINCIPE ERIC, GRIMSBY, REY TRITON, SEBASTIAN,
FLOUNDER, ARIEL, URSULA, SCUTTLE, FLOTSAM, JETSAM
ENCUENTRENOS EN EL GYMNASIO
RECOGER AL FRENTE DE LA ESCUELA A LAS 5:00PM

MARTES, 10/10

ENSAYO VOCAL

PRINCIPE ERIC, GRIMSBY, REY TRITON, SEBASTIAN,
FLOUNDER, ARIEL, URSULA, SCUTTLE, FLOTSAM, JETSAM,
CHEF LOUIS, MERSISTERS
(ATINA, AQUATA, ALLANA, ARISTA, ANDRINA, ADELLA)
RECOGER AL FRENTE DE LA ESCUELA A LAS 5:00PM

MIÉRCOLES 10/11

PRINCIPE ERIC, GRIMSBY, REY TRITON, SEBASTIAN,
FLOUNDER, ARIEL, URSULA, SCUTTLE, FLOTSAM, JETSAM,
CHEF LOUIS, MERSISTERS
(ATINA, AQUATA, ALLANA, ARISTA, ANDRINA, ADELLA)
ENCUENTRENOS EN EL GYMNASIO
RECOGER AL FRENTE DE LA ESCUELA A LAS 5:00PM

JUEVES, 10/12

PRINCIPE ERIC, GRIMSBY, REY TRITON, SEBASTIAN,
FLOUNDER, ARIEL, URSULA, SCUTTLE, FLOTSAM, JETSAM,
CHEF LOUIS, MERSISTERS
(ATINA, AQUATA, ALLANA, ARISTA, ANDRINA, ADELLA)
ENCUENTRENOS EN EL GYMNASIO
RECOGER AL FRENTE DE LA ESCUELA A LAS 5:00PM

DIA DE FOTOGRAFIAS DE LA PTA



lunes,

16 de Octubre 2017

**asegúrese de traer
su sonrisa!**



Sue Van Dyke, R.N.
Phone: 631-329-4159
Fax: 631-329-4216

Estimados padres de familia,
Las leyes de educación del estado de Nueva York requieren que cada estudiante que esté matriculado en la escuela reciba un examen físico en Kinder, Segundo, Cuarto, Séptimo y Décimo grados, además de todos los entrantes nuevos. Lo ideal sería que todos los exámenes físicos sean hechos por el medico familiar no más de 12 meses antes del comienzo de clases. Es la responsabilidad del los padres de familia traer una copia del examen físico que les da su medico familiar. Los exámenes hechos entre 9/7/16 y 9/7/17 serán aceptados y se pueden enviar por fax al (631)329-4216. Si no fue hecho entre esa fecha, por favor llame a la enfermería y aviseles cuando su hijo(a) tiene cita para su exámen físico.

Gracias!

NO HAY ESCUELA
Lunes, 9 de octubre
COLUMBUS DAY



REUNION DE LA PTA
Miércoles, 18 de Octubre
Biblioteca de JMMES
5:30 p.m.

Por favor envíe un refrigerio
saludable para su hijo(a)
todos los días.





TOWN OF EAST HAMPTON

159 Pantigo Road
East Hampton, New York 11937
Office: (631)324-2417
Fax: (631)324-3085

John Rooney
Superintendent of Recreation

2017 Basketball Clinic

Who: Grades K – 6

When: Thursdays, September 21st – October 19th

Time: 4pm – 5pm (Grades K – 3rd), 5pm – 6pm (Grades 4th – 6th)

Where: Amagansett Youth Park

Fee: Free

Register: Parks and Recreation Department or Montauk Playhouse

www.ehamptonny.gov





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Clinics at Sportime Arena Starts September 25th (8 weeks)

Basketball:

Ages: 5-12 years old
When: Wednesdays, 5pm-6pm

Inline Skating Clinic: Equipment Required: Bike helmet, wrist guards, elbow pads, knee pads and inline skates.

Ages: 4-9 years old
When: Tuesdays, 5pm-6pm

Roller Hockey Clinic: Equipment Required: Full helmet including cage, hockey gloves, elbow pads, shin guards and inline skates.

Ages: 6-12 year olds
When: Tuesdays, 6pm-7pm

Volleyball:

Ages: 10-14 year olds
When: Mondays 6pm-7pm

Soccer Clinic:

Ages: 5-10 year olds
When: Saturdays 9:00am-10am

Register: @ Sportime, 320 Abrahams Path, Amagansett 11930

Fee: \$125 per class

www.ehamptonny.gov

Town Of East Hampton

Waiver of Liability

PLEASE FILL IN ALL INFORMATION BELOW!!!!!!

As parent/guardian for _____
(name(s) of child/children enrolling)

I hereby grant permission for his/her participation in the "EAST HAMPTON Program" sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my child/children's participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability resulting from, my child/children's participation in the program.

Names of children:

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Grade: _____	Grade: _____	Grade: _____	Grade: _____
Age: _____	Age: _____	Age: _____	Age: _____

Address: _____ Program: _____

Telephone #: _____ Cell Phone: _____

Child's School: _____ Parent's E-mail: _____

Date: _____ Parent/Guardian Signature: _____

Parent/Guardian Name PRINTED: _____



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Golf Clinics 2017

1 Hour Golf Clinics

Who & When: Sundays – October 1, 8, 15, 22 & 29
Grades K-2 9am, 10:45am and 12:30pm
Grades 3-6 Call 631-668-1100

****Please check the session or sessions you are enrolling in.****

*****There is a limit of 6 juniors per session*****

*****Additional dates & sessions can be set-up with a minimum of 4 juniors*****

Where: Montauk Downs State Park

Fee: \$125 Per Person for 5 Weeks

Register: Montauk Downs State Park ONLY

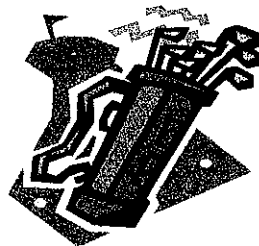
****Sign – up prior to start date*****

****Make all Checks Payable to: "Tee to Green"**

****BRING YOUR CHILD TO THE PRO SHOP AT MONTAUK DOWNS FOR A
COMPLEMENTARY GOLF CLUB.****

****REGISTRATION IN THE CLINIC IS NOT REQUIRED****

www.ehamptonny.gov





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Superintendent of Recreation

Pre-K Exploration / Free Play

Who: For Toddlers and Children ages 18 months – 4 years

When: Tuesdays & Thursdays, starting September 19, 2017

Time: 11:30 – 1:00

Where: Montauk Playhouse

Fee: \$5.00

Register: Parks and Recreation Department or Montauk Playhouse

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Names of children:

Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Grade: _____	Grade: _____	Grade: _____	Grade: _____
Age: _____	Age: _____	Age: _____	Age: _____

Address: _____ Program: _____
Telephone #: _____ Cell Phone: _____
Child's School: _____ Parent's E-mail: _____
Date: _____ Parent/Guardian Signature: _____
Parent/Guardian Name PRINTED: _____



TOWN OF EAST HAMPTON

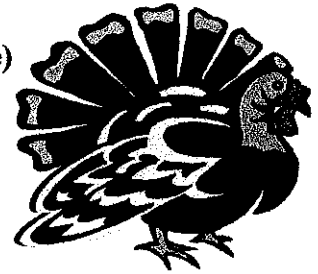
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Superintendent of Recreation

MONTAUK'S 41st ANNUAL "RUN FOR FUN" TURKEY DAY 3 & 6 MILE RUN/WALK

Race will Run: RAIN, SHINE, or SNOW!
(Please complete registration information on reverse side)

Turkey "Run for Fun" History – On Thanksgiving morning 1976, John Keshan got together with some friends to engage in a morning run from the Village Green, to the Lighthouse, and then back again. This developed into a yearly tradition, which eventually became the annual event that is now under the direction of the East Hampton Town, Recreation Department. Proceeds from the race benefit the Montauk Food Pantry.



DATE: Thanksgiving Day, November 23rd, 2017

PLACE: Montauk Circle (Racers must check in 8 Am -9:30 Am)

Starting Time: 3 Mile Race - 10 AM
6 Mile Race - 10 AM



DISCOUNT FOR PRE-REGISTRATION: \$10.00
PRE-REGISTRATION ENDS NOVEMBER 22, 2017 @ 12pm
Parks & Recreation Dept., 159 Pantigo Road, East Hampton
Or
Montauk Playhouse on 240 Edgemere St.

REGISTRATION THE DAY OF RACE: \$15.00
Montauk Chamber of Commerce, 8 AM – 9:30 AM (No Later)

Divisions:

3 Miles

10 & Under
11-13
14-19
20-29
30-39
40-49
50-59
60-69
70 & Over
Walkers

6 Miles

39 & Under
40-49
50-59
60 & Over

****Water Table- Provided by Montauk Beer & Soda****

TOWN OF EAST HAMPTON WAIVER OF LIABILITY

I am participating in the **TOWN OF EAST HAMPTON'S Montauk's Turkey Run**, a program sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in participating in this program, I agree to hold the Town of East Hampton, its employees, volunteers assisting with the program, as well as its elected and appointed officials, harmless from liability resulting from my participation in this program.

FIRST NAME: _____

LAST NAME: _____

EMAIL: _____

RACE: 3 OR 6 MILE

****RUNNERS WHO FAIL TO RUN DISTANCE THEY
SIGNED UP FOR WILL AUTOMATICALLY BE
DISQUALIFIED****

GENDER: MALE OR FEMALE

AGE: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

TELEPHONE: () _____ CELL PHONE: ()

SIGNATURE: _____
PARENT/GUARDIAN'S SIGNATURE IF PARTICIPANT IS UNDER 18