Wrap Around Staff Email

Understanding: We are sorry for any confusion.

With regards, Wrap Around will no longer be open on snow days due to lack of interest for the past few years. Thank you for your

Parent Signature:

I understand that I **MUST** provide a **LUNCH** AND **AFTERNON** snack.

Please Print

Child(s) Name:

Teacher's Name(s):

[ ] You **MUST** provide a **LUNCH** AND **AFTERNOON SNACK**

[ ] I will attend Wrap Around on Tuesday, September 24 for the Half Day - Dismissal is at 11:40 (Grades K-5)

[ ] Please fill out the form below and return it to the red folder so we can have a count of students attending.

<table>
<thead>
<tr>
<th>3 or more children: $60.00</th>
<th>2 children: $40.00</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 child: $20.00</td>
<td></td>
</tr>
</tbody>
</table>

[ ] Cost for Half Day:

[ ] DISMISSAL TIME FOR GRADES K-5 IS AT 11:40.

[ ] Please provide a **LUNCH** and a **SNACK** for the afternoon.

Tuesday, September 24, 2019 Half Day of School.

**LITTLEVILLE ELEMENTARY WRAP-AROUND**
The red folder will be posted here. The red folder on the next school day of the following week, items sent home in red folders. On schools, then click on Littleville. This year, you can even find a virtual click on schools. Remember to send them with a lunch and an afternoon snack as school lunches will NOT be served on Tuesday, September 24. Don’t forget: you can keep up with what is happening at www.goldsboro.org and please send in a note in the morning if you need to change after school plans for your child(ren). If you child(ren) are going to wrap around, please

Please send in a note in the morning if you need to change after school plans.

At 11:40, students in grades K-5 will be dismissed.

is a half day of school.
Tuesday, September 24.
<table>
<thead>
<tr>
<th>Q. Have your child ever had Guillain-Barré Syndrome (a type of encephalopathy)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q. Do you think your child may have an allergy to gentamicin, neomycin, polymyxin, or gelatin?</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q. Have your child ever had a serious allergic reaction after getting a flu vaccine?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q. Have your child ever had a serious reaction to a flu vaccine in the past?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. No</td>
</tr>
</tbody>
</table>

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**Signature**

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*Policy Number*

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*SS# Date of Birth*

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*Secondary Health Insurance:*

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*Policy ID Number:*

---

*SS# Date of Birth*

---

*Primary Health Insurance:*

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*Health Insurance Information:*

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*Primary Care Physician Name:*

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*Date of Birth Patient Name:*

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*Parents Information:*

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*Return this form only if you/your child would like to receive the vaccine.*

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*Don't eat the Flu!*

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**Gateway School Based Health Center**

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**Hilchow Community Health Center**

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