

## Update November 10, 2009

Vol. 11, Issue 2

Wednesday	11/11	Veteran's Day – No School	
Thursday	11/12	School Council	3:45pm
Friday	11/13	1 <sup>st</sup> Quarter Grades 7-12 distributed	
Friday	11/13	Ski Club forms are due and will NOT be accepted past this date.  Any parents that are interested in chaperoning Ski-Club and skiing for free, please contact Heather Fredette at	

#### **HEALTH OFFICE**

The flu season is upon us, please remember to:

- Keep your child home if ill with cough, runny nose, sneezing, body aches or chills
- Do not send your child to school with a temperature of 100.0 or above
- Notify health office if your child is diagnosis with the Flu or has Flu-like symptoms.
- Students must be fever- free for 24 hours without fever reducing medication before returning to school
- Remind your child to WASH HANDS frequently through out the day.
- Contact your child's doctor for information on receiving the H1N1 vaccine.
- MASSACHUSSETTS toll-free phone # for H1 N1 information 211(no area code)

Flu Symptom Checklist for Families and Schools					
The main symptoms of influenza (flu) include fever and cough and/or sore throat. Some people also have a runny nose, body aches, headache, chills, and feel tired. Some people also have diarrhea and vomiting. The most important thing that you can do to keep flu from spreading in the community is to keep your sick child at home when they are sick.					
SHOULD I KEEP MY CHILD HOME?					
YesNo Has your child had a fever of 100.4 degrees or more in the past 24 hours?					

If you answered <u>YES</u> to <u>both questions</u> above, keep your child home. Your Child has an influenza-like illness.

# Yes \_\_\_\_\_No Has your child had a fever of 100.4 degrees or more in the past 24 hours? Yes \_\_\_\_\_No Has your child had acetaminophen (Tylenol) or ibuprofen (Motrin or Advil) in the past 24 hours?

If you answered NO to both questions above, your child can return to school.

Yes \_\_\_\_\_No Does your child have a cough OR a sore throat?

If you answered <u>YES</u> to one of the questions about, your child <u>CANNOT</u> return to school.

Keep your child home for at least another day to observe for additional symptoms. Then use the checklist questions again to decide whether you should continue to keep your child home.

#### WHERE CAN I FIND MORE INFORMATION ABOUT INFLUENZA?

- 1. Call the Massachusetts Department of Public Health information line: 211
- 2. Go to Massachusetts Department of Public Health influenza website: www.mass.gov/flu

WEEKLY UPDATES ARE EMAILED AND POSTED ON OUR WEBSITE AT <u>WWW.SSCPS.ORG</u> EVERY WEDNESDAY – TO RECEIVE A PAPER COPY PLEASE CONTACT PAM ALGERA EXT. 103 OR EMAIL PALGERA@SSCPS.ORG

#### Lunch Menu – November, 2009

Monday	Tuesday	Wednesday	Thursday	Friday
2	3	4	5	6
Chicken Salad	Cheese Pizza	BLT	Cheese Pizza	Tuna Salad
With lettuce and tomato		Bacon, Lettuce and tomato with mayo		With lettuce and tomato
9	10	11	12	13
Turkey and American Cheese	Cheese Pizza	Veterans Day NO SCHOOL	Cheese Pizza	Tossed Salad With Italian dressing and pita bread
With lettuce, tomato and mayo				
16	17	18	19	20
Italian Cold Cuts	Cheese Pizza	BLT	Cheese Pizza	Tuna Salad
With Provolone cheese, lettuce, tomato, pickle and oil		Bacon, Lettuce and tomato with mayo		With lettuce and tomato
23	24	25	26	27
Ham With American cheese and mustard	Cheese Pizza	Early Release  No Lunch	Thanksgiving	No School
30 Roast Beef	12/1 Cheese Pizza	12/2 B L T	12/3 Cheese Pizza	12/4 Greek Salad
With American cheese and mustard		Bacon, Lettuce and tomato with mayo		With Greek dressing and pita bread

<sup>2 %</sup> milk, chocolate milk, strawberry milk or orange juice is included with the purchase of lunch or may be purchased for 25 cents.

Please note: If your child has forgotten a lunch, yogurt, a fruit bar and Milk will be provided at the cost of \$1.75. For **Level I** and **II a Lunchable and Milk will be provided for the cost of 2.75**. A note from the office will go home that week for reimbursement.

## Lunch Order Form Lunch for the Month of November, 2009 <u>Due to the office by 3:00 pm, Thursday, November 12, 2009</u>

Student Name					
Pod Teacher/Advi	sor			Grade	
Please CHECK o	ff the day lunch w	ill be orde	ered and <u>CIRCLE</u> y	your selection.	
Week of [] 11/16 – 11/20	Monday [] Sub ½ sub Wheat	Tuesday Pizza #			-
Week of [] 11/23 – 11/27	Monday [] Sub ½ sub Wheat	•	<del>-</del>	[X] Thursday Ase No School	
Week of [] 11/30 – 12/4	Monday [] Sub ½ sub Wheat	Tuesday Pizza #	<del>-</del>	[ ] Thursday Pizza #	[ ] Friday Salad
Number of Subs/V Number of ½ subs Number of Pizza S Number of Salads Less credit	s ordered Slices ordered ordered	_	X X X X X	\$5.00 \$3.00 \$1.75 \$3.00	_
Total An Cash or Checks m	nount Enclosed			\$	_
Cash of Checks III	ay be made out to	SSCIS.			

Choice of 2% milk, chocolate milk, strawberry milk or orange juice is included with the purchase of a meal or can be purchased separately for 25 cents.

Please note: If your child has forgotten lunch, a lunch of a yogurt, a fruit bar and Milk will be provided at the cost of \$1.75. **For Level I and II a Lunchable will be provided at the cost of \$2.75**. A note from the office will go home that afternoon for reimbursement.





### Every Friday 6:30-9:30 pm

11/6	Definitions	6:30 - 7:30	Studio 3
	Yoga	7:30 - 8:15	Studio 3
	Karaoke	8:00 - 9:15	Lounge
	Indoor Cycling	7:30 - 8:15	Cycling Room
11/13	Zumba	6:30 - 7:30	Studio 3
	YArt	7:00 - 9:00	Art Room
	Yoga	7:30 - 8:15	Studio 3
	Rock Band	8:00 - 9:15	Lounge
	Indoor Cycling	7:30 - 8:15	Cycling Room
	Tennis Challenge*	8:30 - 9:30	Tennis Courts
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\* Racquets available. MUST wear non-scuffing sneakers.

6:30 - 7:30 Studio 3

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Every Friday:				
Open Gym, Swim & Cardio	6:30 - 9:30			
Cardio & Weights Training	6:30 - 8:30			
Gym Games	6:45 - 9:00			
Mixed Martial Arts	7:30 - 9:30			

Teen Friday is included with membership and just \$7 for non-members. Participants must be 11-17 years old. Participants register upon arrival and receive a wristband. When participants leave, wristbands are removed with no re-entry. Every 10 times you come get a prize. Activities are subject to change. WEAR WORK-OUT GEAR TO BE ACTIVE.

Contact Karen Hirsh & Caitlin Cavanagh @ 781-829-8585 x335

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