



Information

- Clubs will run from 2:45-4:00. Activity Permission Slip must be signed to participate in any club.
- Club sign up is first come, first served.
- Students must be picked up at 4:00 PM.
- As space is limited, students are expected to attend all sessions.

If you have any questions, please
feel free to contact
Paulee Davies 508-627-3316 x300.



EDGARTOWN SCHOOL

35 Robinson Road
Edgartown, MA 02539
Phone: 508-627-3316



CLUBS

Edgartown School

After School Activities

**Here is the
Spring 2010
listing of non-athletic after
school clubs being offered by
the Edgartown School.**

Cooking – Grades K-3

Learn to cook with our resident chef, Gina deBettencourt.

Taught by Mrs. Gina deBettencourt

The club will meet on the following TUESDAYS:
3/9, 3/16, 3/23, 3/30, 4/6, and 4/13

Maximum: 8 students

Meets in Cafeteria



Cooking – Grades 4-8

Learn to cook with our resident chef, Gina deBettencourt.

Taught by Mrs. Gina deBettencourt

The club will meet on the following WEDNESDAYS:
3/10, 3/24, 3/31, 4/7, and 4/14

Maximum: 8 students

Meets in Cafeteria

Gardening – Grades K-8

Learn about farm to table with Gina. Be prepared to dig in the dirt!

Taught by Mrs. Gina deBettencourt

The club will meet on the following THURSDAYS:
3/11, 3/18, 3/25, 4/1, 4/8, 4/15

Maximum: 8 students

Meets in Cafeteria

Computer Exploration – Grades K-1

Explore different educational software weekly.

Taught by Ms. Gail Gardner

The club will meet on the following THURSDAYS:
3/11, 3/18, 3/25, 4/1, 4/8, 4/15

Maximum: 10 students

Meets in the Computer Lab



Computer Exploration - Grades 2-4

Explore different educational software weekly.

Taught by Ms. Gail Gardner

The Club will meet on the following TUESDAYS:
3/9, 3/16, 3/23, 3/30, 4/6, and 4/13

Maximum: 10 students

Meets in the Computer Lab

CLUBS

Edgartown School

- Clubs will run from 2:45-4:00 with a light snack provided.
- An After School Activity Permission Slip must be signed to participate in any club.

**PLEASE SUBMIT IDEAS FOR
NEXT YEAR, AS THIS IS THE
LAST SESSION OF THE YEAR.**

If you have any ideas/suggestions for next year, please feel free to contact the school, as we would love your feedback.

We hope that you and your children have enjoyed this year's after school programs.

Sincerely,

Donna Lowell-Bettencourt
& Michelle Pikor

Edgartown Elementary School

AFTER SCHOOL ACTIVITIES/CLUBS REQUEST FORM AND PERMISSION SLIP

Name of Student _____ Homeroom _____

REQUEST:

1ST Choice _____

2ND Choice _____

3RD Choice _____

For the PARENT/GUARDIAN:

I give my permission for my son/daughter to participate in the activity named above. It is my responsibility to provide transportation home following the activity.

Date Print Parent/Guardian Name Parent/Guardian Signature

For the STUDENT:

I have read the Student Handbook and understand the following:

As an Edgartown student, I will behave according to the expectations described therein (Pages 22-29). The *School Rules* apply at all times during participation. If I choose to disregard any of these expectations, I know the resulting consequences of my actions.

Date Student Signature

MEDICAL and COMMUNICATIONS INFORMATION

Parent/Guardian Telephone (Home) _____
(Work) _____ (Cell) _____

Doctor's Name and Telephone _____

Allergies to medications:

My child has the following medical condition that I want the Activity Advisor to know about:

(For example - asthma, allergic to bee stings, old injuries, etc.)

