

# W.B. Patterson Elementary School

"Excellence is the Expectation"



## Weekly Parent Update

October 7 - October 11, 2019

Volume 8, Bulletin 7

### Monday, October 7, 2019

- Regular School Day
- Afterschool Programming, 3:15pm - 6:00pm
- APTT Grade Level Meetings

### Tuesday, October 8, 2019

- Regular School Day
- Afterschool Programming, 3:15pm - 6:00pm
- APTT Grade Level Meetings
- Preschool and Pre-Kindergarten (Only) Parent Meeting @2:45pm in the library
- Joyful Food Market @ 3:30pm

### Wednesday, October 9, 2019

- Regular School Day
- Afterschool Programming, 3:15pm - 6:00pm
- APTT Grade Level Meetings

### Thursday, October 10, 2019

- Regular School Day
- September Perfect Attendance Ice Cream Social
- Sock Hop Dance @ 2:00pm
- Afterschool Programming, 3:15pm - 6:00pm
- APTT Grade Level Meetings

### Friday, October 11, 2019

- School is Closed for Students
- APTT Grade Level Meetings

### Monday, October 14, 2019

- Columbus Day Holiday: School is closed for staff, students and teachers

Breakfast begins promptly at 8:10 and ends at 8:35! Please make sure you are on time to receive breakfast in the cafeteria for grades K-5. The cafeteria doors WILL CLOSE PROMPTLY at 8:35 a.m. Preschool and Pre-Kindergarten students eat breakfast and lunch in their classrooms.



### Principal and Assistant Principal Office Hours Monday - Friday

7:30 a.m. - 8:00 a.m. or 3:30 p.m. - 4:30 p.m.  
Please schedule an appointment with Ms. Angela Wright or Ms. Monica Bibbs in the main office either in person or by phone at 202-939-5280 to conference with Dr. Thomas and/or Mrs. Johnson-Avery.

### Instructional Start Time:

**8:45 a.m.**

**Please ensure your child is here on time to receive valuable instruction!**

### School Dismissal Time:

**3:15 p.m.**

The staff at Patterson wants to ensure the safety of your child(ren), so we ask that you not send your child(ren) to school prior to the

**8:10 a.m. door opening time.** No staff will be available to provide supervision until then. Thank you!!!

### Attention

**Afterschool Programming is for registered students ONLY!**

**3:15 p.m. - 6:00 p.m.**

**Please ensure your child is picked up on time or before 6:00 p.m.**

# "NO CELL PHONE POLICY"



This year, Patterson will be instituting a "No Cell Phone Policy" while students are in school. Students will be required to:



1. Turn in their cell phones when they arrive to school. Phones will be signed by the student, stored and locked up in the main office by a school administrator.
2. Phones will be returned to students prior to their leaving at the end of the school day.
3. Should a student need to contact their parent, they may utilize the phone in the main office.

If a student is found to have a cell phone in their possession during the school day, it will be:

1. Confiscated by an adult and turned in to a school administrator.
2. Cell phones will not be returned to the student.
3. Cell phones can **ONLY** be picked up by the parent. Family members (e.g. Older Siblings, Aunts, Uncles, Cousins, etc...) **WILL NOT** be permitted to pick up a students' phone on behalf of the parent.

Students caught videotaping fights, etc..., in accordance with the DCPS Chapter 25 Discipline Policy, will be suspended from school for their actions.

OR

Parents, you may elect for your child NOT to bring a cell phone to school at all.

Please remember not to send balls, toys, games, cellphones or personal items with students. Staff WILL NOT be responsible for any loss, stolen or broken items!!!



### **Breakfast in the Cafeteria from 8:10 am-8:35 am!**

Grades Kindergarten-5 will be served breakfast in the cafeteria.

Pre-School, Pre-Kindergarten will be served breakfast in the classrooms.

Please do not send students prior to 8:10 a.m.

Breakfast will end promptly at 8:35 a.m.!! Kitchen doors CLOSE at 8:35 a.m.



### **Attendance Matters at Patterson!!**

Please make sure your child is present and accounted for each day!!  
If your child is late or going to be absent, please provide a note to excuse your child for the day.

Questions? Please see the main office.

### **Student Safety Matters at Patterson!!**

Please note that no student will be released to an adult for pick-up who is not listed on the SY 2019-2020 Annual Enrollment Form. Please update your child's annual enrollment form if there are any changes pertaining to phone numbers, parental contacts and emergency contacts. Parents **MUST** come into the school add names of person approved to pick up child to emergency form.

Questions? Please see the main office.



## MEDICATION AND MEDICAL NEEDS!

- Many of our students for various reasons (e.g. asthma, allergies, etc...) may require the School Nurse to administer medication during the school day; as a result, it is **VERY IMPORTANT** that we not only have the necessary completed Doctor's Order on file, but also the medication that can be administered to your child.
- If your child requires an inhaler for asthma, has food allergies and requires an epipen, etc... please make sure that the School Nurse is made aware of this.
- **Please note that students CAN NOT self-medicate while they are in school.**
- **We want to ensure their medical wellbeing and MUST have the necessary documents and medication on file in order for the School Nurse to administer the medication.**
- **Please note that if we DO NOT have the necessary documents and medication on file and it has been determined that your child requires IMMEDIATE medical attention outside of the local school, we will call 911 and have your child transported to the nearest medical facility.**
- Please contact the school nurse to secure the forms that your child's doctor will need to complete, as well as, if you have questions or concerns.
- **ALL medication MUST be brought in by the parent and given DIRECTLY to the School Nurse.**

### Parents

**Patterson is going green! You may access the Parent Weekly Bulletin online using the link below.**

**Patterson's School Website: [pattersons elementary online](http://pattersons elementary online)**



**WE NEED  
YOUR HELP**

Parents and guardians we are asking your assistance with minimizing the disruption of instruction during the school day. As a result, students will not be dismissed from school during the instructional block after 2:45 pm but will be available for pick-up during the normal dismissal time of 3:15 pm. Thanking everyone in advance for your cooperation with this matter.



## ATTENTION FIELD TRIP CHAPERONE PROCESS



Patterson Parents, did you know that DCPS has a policy as it relates to anyone wanting to volunteer in the school, as well as, accompanying their child on a trip? All persons that wish to volunteer in the school or go on field trips with students, MUST complete and clear the volunteer application process. Please know that we want you to join in and support ALL of our school-wide efforts, so we ask that you take the time to complete the Volunteer Application Process. Should you have any questions or concerns, please contact Ms. Monica Bibbs at 202-939-5280. Thank you!

Please go to this link to complete your chaperone application:

<https://octo.quickbase.com/db/bq37a864v?a=dbpage&pageID=26>

or [dcps.dc.gov](https://dcps.dc.gov) (About DCPS > Human Resources > Fingerprinting & ID Badges).



**October 7 - 10, 2019    APTT Parent Grade Level Meetings**

**October 8, 2019                    Preschool and Pre-Kindergarten Parent (Only) Meeting  
in the Library, 2:45pm - 3:30pm**

**October 10, 2019                  September Student Perfect Attendance  
Ice Cream Social  
Sock Hop Dance**

**October 11, 2019                  School is Closed for Students**

**October 14, 2019                  Holiday: Columbus Day - School is Closed**

#### **Before-School Drop-Off Request**

**We are noticing that a number of students are playing on the playground unattended before school opens at 8:10am. To ensure the safety of our students, we are asking parents assistance to make sure that students are under their supervision up to 8:10am when school opens and Patterson staff members are in place to receive their students.**

**Thank you!**

#### **Kids Ride Free Program SY19-20**



Students who are District residents and who attend a District public, public charter or private school, between the ages of 5 and 21, or a ward of DC through the foster care system can enroll in the Kids Ride Free program. Each student requesting to participate in Kids Ride Free **will be assigned one SmarTrip card with a unique serial number.** Students who lose their card will be responsible for paying their fare until they receive a replacement KRF SmarTrip card.

# October is Breast Cancer Awareness Month

## which means it's time for mammograms!

On **Wednesday, October 9, 2019, from 9:30 am – 3:30 pm**, GW Medical Faculty Associates will be at MPD's Seventh District Station conducting mammogram screenings for women. You **must** pre-register by calling at (202) 741-3252. Walk-ins accepted the same day as long as referral is provided.

### Eligible Women:

- Are at least 40 years old
- Have not had a mammogram in the past 12 months
- Have not experienced breast symptoms
- Do not have breast implants
- Have not been treated previously for breast cancer
- Have a current Primary Care Physician or OB/GYN\*

\*\*Please have your PCP or OB/GYN's and insurance card information when calling. Screening mammograms have no co-payments or deductibles.

**WHEN:** Wednesday, October 9, 2019, 9:30 am – 3:30 pm  
**WHERE:** MPD's Seventh District Station  
2455 Alabama Avenue, SE  
Washington, DC, 20020

**WHY:** Screening Mammograms look for cancer before a woman has any symptoms. This can help find cancer at an early stage. When abnormal tissue or cancer is found early, it may be easier to treat.

Facebook Event Here: <https://www.facebook.com/events/931308540535545/>

"One stop can save your life!" - The Mammovan



SY 2019 - 2020 W. B. Patterson ES on  
November 14, 2019 and November 18, 2019  
**GORDON DENTAL ASSOCIATES, LTD**

**Presents**

**GDA 4KIDS**  
***“A Mobile Dental Program”***



**\*Please Register your child for In-School dental services\***

*Gordon Dental Associates has created a highly acclaimed School-Based Dental Sealant Program, focusing on making a positive change in oral health for school-aged children 1-19 nationwide.*

**Our Services Include:**

- Mobile Access to Care
- Needs Assessments
- Dental Exam
- Dental Cleaning
- Fluoride Treatment
- Dental Sealants
- Oral Health Education
- All Children will receive an exam, cleaning, fluoride treatment and sealants (as needed).
- Private PPO dental insurance is accepted.
- Students may receive free toothbrushes, pencils, erasers and stickers.
- Dental Home Referral Network Available

**\*We can provide follow up care if needed at our local office, or you can choose a dentist of your choice.**

**1-888-675-0668**

- Medicaid / CHIP covers 100% of our treatment.

**PLEASE SIGN ATTACHED CONSENT FORM**

**Community Health Administration**

Dear Parent or Guardian:

The District of Columbia Department of Health (DOH) is sponsoring preventive dental services at your child's school through the DOH School-Based Oral Health Program. Licensed dentists and their staff will provide exams ("checkups") and x-rays to students who have not seen a dentist in the last six (6) months. The services will include: dental cleanings, fluoride treatments, and sealants (as needed). Students that need services not offered at the visit (such as fillings, tooth removal, or braces) will be referred to community dentists. Services do not include drillings or shots. Information from your child's visit will be shared with the school nurse or other point of contact at the school and with the DOH School-Based Oral Health Program for the purposes of: billing, treatment and follow-up, and program monitoring.

PLEASE NOTE: Children should see their dentists every six (6) months. If a child has a regular dentist, the School-Based Oral Health Program services should NOT take the place of a visit to that dentist. If a child has been to the dentist in the last six (6) months, she or he may not need the school-based services. The dental providers will check for dental insurance coverage and the last dental visit for all children to be seen at the school and will bill insurance for any services provided.

\_\_\_\_\_  
(Student Name) \_\_\_\_\_ ☐ Female ☐ Male  
\_\_\_\_\_  
(Date of Birth)

\_\_\_\_\_  
(Home Street Address) \_\_\_\_\_ (Apt #) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ (School Grade)

School Name: \_\_\_\_\_ Teacher Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Health Insurance** – You must select one of the checkboxes and provide all related information in order for your child to receive services.

**This child has the following Medicaid/Healthy Families insurance plan:**

☐ DC Healthy Families ☐ DC Medicaid ☐ AmeriHealth Caritas ☐ Amerigroup D.C. ☐ Trusted Health  
Other: \_\_\_\_\_  
Medicaid/DC Healthy Families #: \_\_\_\_\_

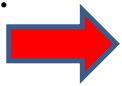
☐ **This child has private dental insurance:**

Insurance Company Name: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_  
Employer Name: \_\_\_\_\_ Employer Phone: \_\_\_\_\_  
Name of Insured Adult: \_\_\_\_\_ Birthdate of Insured Adult: \_\_\_\_\_  
Member ID/Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

☐ **This child does not have any dental insurance.**

**Last Dental Visit:** ☐ 1-3 months ☐ 4-6 months ☐ More than 6 months ☐ Not Sure ☐ Never seen a dentist

**I have read the notice on the back of this page and understand and agree to its terms. By signing, I give my informed consent for my child to receive services through the DOH School-Based Oral Health Program.**

**Parent/Guardian Signature** \_\_\_\_\_**Date** \_\_\_\_\_  
Please complete important  
health information on the back

**Community Health Administration**

As the parent/guardian of the above-named student, I consent for him/her to receive dental services through the DOH School-Based Oral Health Program. I understand that consent to my child's participation provides consent for the following:

- The dental provider to verify insurance before services are provided;
- The dental provider to bill & collect payment from any Medicaid, private insurance, or other payer.
- If I have private dental insurance, the dental provider to bill the family for any deductibles and/or copays.
- The dental provider to confidentially share my child's clinical information with the Department of Health, Department of Health Care Finance, Medicaid Managed Care Organizations (MCO), and/or other clinical providers involved in my child's health care.

Further, I agree to discharge, indemnify, and hold harmless the District of Columbia and any agency, employee, officer, agent or representative of the District of Columbia from all claims, demands, actions, or judgments which I or my heirs, executors, administrators, or assigns may have for any and all injuries and damages, known or unknown, caused by or arising from the activities listed above. **I understand that if I fail to sign this consent form, my child will not receive any services offered under this program.**

I understand I may revoke this consent at any time by providing written notice to Justice Armattoe at the DC Department of Health (899 N. Capitol St. NE, 3<sup>rd</sup> Floor, Washington, DC 20002). I further understand that until this revocation is made, the consent for services shall remain in effect for one calendar year from the date it is signed, and my child's information will continue to be accessible by the parties listed above for the specific purposes described.

**Please provide the following information to help the dental provider best serve your child:**

**Student Name:** \_\_\_\_\_

**MEDICAL INFORMATION - Check each condition that applies to your child and explain in the space provided.**

- ☐ Dental problems: \_\_\_\_\_
- ☐ Heart problems/valve replacements/shunts: \_\_\_\_\_
- ☐ Asthma/breathing problems: \_\_\_\_\_
- ☐ Epilepsy/seizures: \_\_\_\_\_
- ☐ Allergies: \_\_\_\_\_
- ☐ Latex allergy: \_\_\_\_\_
- ☐ Pine Nut allergy: \_\_\_\_\_
- ☐ Acrylic allergy: \_\_\_\_\_
- ☐ Current medications: \_\_\_\_\_
- ☐ Antibiotic premedication required? \_\_\_\_\_
- ☐ Other health problems (i.e., diabetes, bleeding problems, communicable diseases, etc.): \_\_\_\_\_
- \_\_\_\_\_
- ☐ Does your child have a usual dentist? If yes, please give dentist's or dental practice's name: \_\_\_\_\_
- \_\_\_\_\_
- ☐ Does your child have a usual medical/primary care doctor? If yes, please give doctor or medical practice's name: \_\_\_\_\_
- \_\_\_\_\_

*3<sup>rd</sup> – 5<sup>th</sup> Grades*

# Early Bird

Blended Learning Math Program

**7:30am – 8:00am**

Tuesday - Thursday

In the Computer Lab

**iReady Lessons/ST Math**

8 Week Session: October 22<sup>nd</sup> – December 19<sup>th</sup>

**PARCC Prep**

7 Week Session: February 25, 2020 – April 9, 2020

Please see Ms. Donahue, Ms. Nicks, or Ms. C. Robinson for more details

**\*\*Young siblings may report to Ms. C. Robinson's class for educational math videos or ST Math\***

