



Attention all 3rd, 4th and 5th grade Sarah Adams students! Do you wish to help our school and our community, all while having a lot of fun? The ***Strongest Link*** is for you! ***Strongest Link*** offers the opportunity to teach our children about volunteering and connecting ourselves to our community. We have many exciting community service projects planned for this year along with various in school volunteer opportunities.

Our meetings will be held in the art room, one Thursday a month from 2:50-4:15p. Our first meeting is October 8, 2009. Bring your best attitude, a small “peanut free” snack and be prepared to proudly proclaim, “I am the Strongest Link!”

We look forward to a rewarding and exciting year helping others!
Your Strongest Link Parent Leaders,

Kathy Keenan (847)438-1336, Beth Mumbower (847)540-1112 & Julie Snyder (847) 726-5866

***Strongest Link Club membership is limited. Permission slips will be accepted on a first come/first serve basis until capacity is met. Please don't delay, turn in your application TODAY!**

***All future schedules and communications for Strongest Link will be sent via e-mail. Look for your “Welcome email” to confirm enrollment. Please be sure to inform us of any changes you make during the year to your current e-mail address.**

Please complete and return this permission slip to your classroom by September 18, 2009

****We are happy to report Strongest Link members will have a club t-shirt to proudly wear during service events and on club meeting days! To help offset the cost of the T's we are requesting a **\$5 club fee** (due at the first meeting. Cash or check made out to Sarah Adams PTO). Please specify below (circle) the size shirt your child will need.**

Youth M L Adult S M L

My child _____ is in the _____ grade in _____ class and would like to be a member of the Strongest Link. The club will meet on one Thursday of each month from 2:50 - 4:15p with additional service opportunities TBD. I give permission for my child to participate in this club and understand that if my child does not abide by D95 behavior policies, he/she could be asked to withdrawal from the program. I also understand that I am responsible for his/her transportation home after meetings.

Parent Signature Home # and Cell #

******I would like to be contacted regarding parent volunteer opportunities (please check one) yes _____ no _____ If “Yes” best time to call _____**

*Parent e-mail address _____ (required for communications)

Emergency Contact: _____ Phone# _____ Relationship: _____