

Windom PTO News

OCTOBER 2021

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October 2021

Dear Parents and Families:

Halloween is fast approaching and we encourage all members of the Windom community to partake in the traditions of the season – costumes, treats, and good times! With Halloween falling on a Sunday this year, we will hold any Halloween celebrations on Friday, October 29th.

Here are some guidelines we ask all families to follow in order to ensure Halloween at Windom is safe and enjoyable for all.

Costumes

Students are encouraged to wear costumes but please keep in mind:

- No costumes that are violent or gory in nature.
- No weapons, even toy weapons, are allowed.
- Costume masks should be kept at home to ensure appropriate face masks can be worn. Costume masks are not an acceptable substitute for cloth face coverings.
- Face painting is strongly discouraged.

Classroom Celebrations

- Each homeroom teacher will communicate if they are hosting celebrations - some do, many do not.
- Each homeroom teacher will determine and communicate if parent volunteers are needed.

Snacks, Treats, & Candy

- No homemade treats are allowed.
- Pre-packaged, store-bought, individual snacks and treats may be passed out based on homeroom teacher plans.

It is important that families communicate with their homeroom teachers if they have questions about costumes, celebrations, and snacks prior to Halloween.

Happy Halloween!

Phil Johnson, Principal

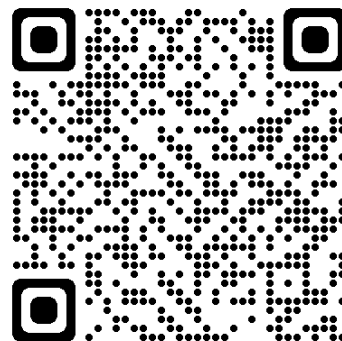
Windom Calendar of Upcoming Events:

10/11 – Columbus Day/ Indigenous Peoples
Day, and International Day of the Girl Child
10/12 – Board of Education Meeting, 7pm
10/22/2021 – Bus Driver Appreciation Breakfast
10/29/2021 – Halloween Event
11/1 – Elementary & Middle School Half Day
11/4 – Windom PTO Meeting
11/11 – Veteran's Day, No School
11/12 – WE Picture Day Make-Ups

PTO Meetings:

9/16/2021
10/7/2021
11/4/2021
1/6/2022
2/3/2022
3/3/2022
4/7/2022
5/5/2022
6/2/2022

If you would like to volunteer at Windom for your child's class, as part of the PTO, or for both, please complete the district required volunteer training found at:
<https://www.opschools.org/Page/201>
or using this QR code.



Please have submissions to for future Windom newsletters to
lindsayj_wright@hotmail.com
by the 1st of each month.
Word or jpeg format is preferred.
Thank you!

A festive Halloween-themed illustration. In the center, a large, pale full moon is partially obscured by a large orange balloon. To the left, a white ghost floats near a small black house. To the right, a white crescent moon with a face is near a black owl. A string of orange and black triangular bunting hangs across the middle. In the foreground, five children in costumes are dancing: a witch, a mummy, a jack-o'-lantern, Frankenstein's monster, and Little Red Riding Hood. In the bottom left, a black cat sits next to a jack-o'-lantern. The background features stylized grey trees.

WINDOM HALLOWEEN EVENT COMING SOON!

FRIDAY, OCTOBER 29, 2021
4:30 – 6:30

JOIN the
WE PTO

Welcome Windom Families!

Our PTO subscribes to **Membership Toolkit** for our family and faculty directories, online store, volunteer signups and email communications. It's secure, easy to use, and free to families. (All Orchard Park schools participate in this service.)

Visit windompto.membershiptoolkit.com and click the **Register/Login** button in the center of the page. As a New User, click the "Create Account" button and follow the instructions. You will be asked to verify your email – *please do so in a timely manner as the link expires after 2 hours*. Follow the prompts to setup your account.

Questions? Please contact Jen Spoto at spotoje@gmail.com.

Membership form
on the next page!

Install the Free app!

After you get your login information, download the app by searching for *Membership Toolkit* in the iTunes App Store or Google Play.



CO-PRESIDENTS

Mel Chandler, 560-1914, mel.chandler@live.com
Brooke Smith, 807-4914, Brookeandkevinsmith@yahoo.com

TREASURER

Joanne Juliano, 262-4498, julianoconsulting@gmail.com

SECRETARY

Lindsay Wright, 830-4030, lindsayj_wright@hotmail.com



Find us on Facebook:
Windom PTO

Windom Elementary PTO Membership Form 2021-2022



PLEASE SHARE OUR COMMITMENT TO WINDOM STUDENTS!

YOUR MEMBERSHIP HELPS FINANCE PTO EVENTS AND MATERIALS FOR YOUR CHILDREN.

The PTO facilitates and coordinates financial support for student activities, academic programs, and resources. This school year our Windom community is facing many changes and challenges and we continue to support our teachers and students in a variety of ways, e.g. emergency bags, educational equipment, and support outdoor learning spaces such as tents for shade.

REGISTER TODAY FOR THE MEMBERSHIP TOOLKIT ONLINE DIRECTORY!

Visit windompto.membershiptoolkit.com and click the **Register/Login** button in the center of the page. Follow the prompts to create your account and add/edit your profile. You can choose what is viewable to other PTO members. For more info, please see the Membership Toolkit document included in the 2020-21 Welcome Back Packet.

Parent/Guardian Name(s)	
Family new to Windom? (circle one)	YES NO
Primary Contact Phone	
Primary Email Address (please print)	
Name of Youngest Child at Windom	

☐ **Yes, I want to receive e-mail blasts from Windom PTO**

We encourage you to check yes to this box, so you receive reminders about school events and activities.

☐ No thank you, I do not want any emails.

Parent Signature

By signing, I understand that it is my responsibility to add/update my information and permissions in the online directory. I understand that if I was in the directory last year my information and permissions will remain the same until I change them. I understand that my signature authorizes the PTO to send email updates if I checked yes to the box on this form.

Please return this completed form to school with your family membership donation, in an envelope marked "Windom PTO Membership."

- Contributions over \$5.00 gratefully accepted!
- Acceptable forms of payment are cash or check.
- Checks made payable to Windom Elementary PTO.

☐ \$5.00 ☐ Other \$ _____

Membership Drive Ends 9/30/2021

For PTO Use Only:

Processed By: _____ Date: _____ Check No.: _____



MEMBERSHIP FORM

The Orchard Park Visual Arts Boosters is a non-profit organization of dedicated parents, teachers and community members who value and support visual art opportunities for the youth of our community.

The goal and objectives for the boosters are:

- Provide additional learning opportunities for students.
- Fund events and field trips that expose our youth to art and artists.
- Support the efforts of our students through art displays and exhibitions.

Please help support the visual arts boosters by becoming a member. A membership covers all members of your household. Membership for the school year is \$10.00.

THANK YOU FOR YOUR SUPPORT!

PLEASE CUT HERE

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

List additional members of your household (first, last name and grade if applicable):

* Please return completed form and checks payable to:
Orchard Park Visual Arts Boosters.
Orchard Park Middle School
c/o Art Department
60 South Lincoln Ave.
Orchard Park, NY 14127



PARENTING IS HARD. EPIC CAN HELP.



PROGRAM TOPICS:

- Dealing with Disobedience
- Managing Fighting & Aggression
- Developing Good Bedtime Routines
- Hassle-Free Shopping with Children

WHEN & WHERE:

- **Mondays at 6pm:**
October 18 - November 15
- **Tuesdays at 10am:**
November 23 - December 21
- **Wednesdays at 6pm:**
January 12 - February 9, 2022
- **Saturdays at 10am:**
January 22 - February 19, 2022

All courses held on Zoom

REGISTER: 716-332-4126 or PerryR@epicforchildren.org



PARENTING IS HARD. EPIC CAN HELP.



PROGRAM TOPICS:

- Dealing with Disobedience
- Managing Fighting & Aggression
- Developing Good Bedtime Routines
- Hassle-Free Shopping with Children

WHEN & WHERE:

- **Wednesdays at 1pm:**
October 20 - November 17
- **Fridays at 10am:**
January 7 - February 4, 2022
- **Mondays at 1pm:**
March 7 - April 4, 2022

All courses held on Zoom

REGISTER: 716-332-4126 or Perry.R@epicforchildren.org



EPIC – TRIPLE P PROGRAM PARTICIPANT REGISTRATION



Directions: Please complete the following information. * means required

Note: This information will be used for data collection purposes and will be kept confidential.

*Participant Name		*Phone (w/area code)	*Address (w/City)	*Zip
*How do you prefer we contact you?		Date of Birth	*Email Address	
(Email / Phone)		(mm/dd/yyyy)		
Sexual Orientation	*Gender	*Race/Ethnicity	*Highest Level of School	Currently in paid employment?
		Are you Hispanic? (Y / N)	<input type="checkbox"/> Less than high school <input type="checkbox"/> High School graduate/GED <input type="checkbox"/> Some college <input type="checkbox"/> Associate/2yr Degree <input type="checkbox"/> Bachelors/4yr Degree <input type="checkbox"/> Post-Degree graduate (Masters, PhD, Doctorate)	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> No
*Relationship/Marital Status		<input type="checkbox"/> Black/African American <input type="checkbox"/> Native American/Alaska Native <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other _____	*What best describes the household where the child lives?	
*Annual Household Income			<input type="checkbox"/> Biological or Adoptive Family with extended family <input type="checkbox"/> Single Parent <input type="checkbox"/> Single Parent, living with extended family <input type="checkbox"/> Step Family <input type="checkbox"/> Foster Family <input type="checkbox"/> Other	
Child(ren)'s Name		*Child(ren)'s Date of Birth	*Child(ren)'s Gender	
*Relationship to Child		*How many people including the child live in the household?	Is this a blended family?	*Language most spoken at home
Does the family have a child who receives free or reduced lunch at school?			Does the family receive WIC, SNAP, or other benefits?	
*How did you learn about this workshop/training?			Why did you decide to attend this workshop/training?	
<input type="checkbox"/> Friend or family member <input type="checkbox"/> Community Paper <input type="checkbox"/> Newspaper <input type="checkbox"/> EPIC Website/Online <input type="checkbox"/> Mailing <input type="checkbox"/> Flyer <input type="checkbox"/> Courts			<input type="checkbox"/> Referral <input type="checkbox"/> Brochure <input type="checkbox"/> Magazine <input type="checkbox"/> Radio Talk Show <input type="checkbox"/> Television <input type="checkbox"/> Other (describe):	
			<input type="checkbox"/> Need guidance or help with a specific issue(s) <input type="checkbox"/> Need refresher on parenting skills <input type="checkbox"/> Free education <input type="checkbox"/> Interest in specific topic (list): <input type="checkbox"/> It was a requirement <input type="checkbox"/> Other (describe):	

Participant Signature _____ Date _____

FOR OFFICE USE ONLY:			
Program Name:		One Shot <input type="checkbox"/>	Series <input type="checkbox"/>
Facilitator(s) and/or Trainer(s):		# of Hours:	
Date:	Time:	Site/Address:	ZIP
Program Code:	Funding Code:	Location Code:	