



# WILLOW WEEKLY

[www.willowsschool.org](http://www.willowsschool.org)

November 15, 2021

## **NEXT WEEK AT A GLANCE/PLEASE MARK YOUR CALENDAR!**

**IVY LEAGUE KIDS Before & Afterschool Care 630AM-6:00PM \* [ivyleaguekids.org](http://ivyleaguekids.org)**

**7:15am bus PICK UP in Sterling Estates is for BAND STUDENTS ONLY**

**Monday, November 15**– Concert Band (Woodwinds) 7:30am

Access Club 3:1-4:13pm

Jr. High Cheer 3:30-5:00pm

Boys Basketball vs Park Red -AWAY

**Tuesday, November 16**- Beginning Band (woodwinds) 7:30am

Access Club 3:1-4:13pm

Jr. High Cheer 3:30-5:00pm

Boys Basketball Practice 3:30-5:00pm

2<sup>nd</sup> Grade Cheer Practice 3:13-4:13pm

**Wednesday, November 17**- Concert Band (Brass Percussion) 7:30am

Access Club 3:1-4:13pm

Jr. High Cheer 3:30-5:00pm

Boys Basketball Practice 3:30-5:00pm

4<sup>th</sup> Grade Art Club 3:13-4:13pm

**Thursday, November 18**- Beginning Band (Brass/Percussion) 7:30am

Fall theme – Wear fall colors

Access Club 3:1-4:13pm

Jr. High Cheer 3:30-5:00pm

Boys Basketball vs Pleasantdale -AWAY

2<sup>nd</sup> Grade Cheer Practice 3:13-4:13pm

5<sup>th</sup> Grade Art Club 3:13-4:13pm

**Friday, November 19**- Concert Band (all members) 7:30am

Spirit Day-Wear Blue and Gold

8<sup>th</sup> Grade Cap and Gown Pictures

Jr. High Cheer 3:30-5:00pm

Boys Basketball Practice 3:30-5:00pm

*Coming up: Wed, Nov 24, Thurs, Nov 25 and Fri, November 26- Thanksgiving break- No School*

*Sunday, Nov 28-Online Spirit Wear Store orders close at 11:59pm (CST)*

*Friday, December 3- 2<sup>nd</sup> Quarter MidTerm*

*Monday, December 6-School Improvement Day Early Dismissal 11:30am*

*Friday, December 10-2<sup>nd</sup> Quarter MidTerm Reports Go Home*

*Friday, December 17-School Improvement Day Early Dismissal 11:30am*

*Monday, December 20 to Friday, December 31- Winter Break- No School*

Monday-Cheese Hot Pocket

Tuesday-Turkey Sandwich

Wednesday-Mini Corn Dogs

Thursday- Beef Hot Dog

Friday- Chicken Sandwich

**Free Meals  
for Students!**





WILLOW SPRINGS SCHOOL  
**WOLVERINES**

**SPIRIT**  
**STORE**

**OPEN NOW!**

SCAN QR CODE

Store closes November 28th at Midnight



# WINTER WEATHER

A friendly reminder to parents to bundle up their student(s) for school

## 8:10am Morning Supervision, Is it indoor or outdoor?

**Indoors:** The temperature is 19 degrees or lower or its raining. K-8 Students will walk directly to their class starting at 8:10am

**Outdoors:** The temperature is 20 degrees and above. All K-8 students will remain outside until the bell rings.

**Recess:** The temperature is 20 degrees and above. Students **will** go outdoors for recess/ mask breaks

Staff supervision begins at 8:10am. Do **NOT** leave your child unattended prior to that time. If you are in need of child care, please call Ivy League Kids at (815) 464-1265 or visit the web page at: <https://ivyleaguekids.org/>





# TeacherEase

Welcome to Willow Springs School online student information database, **Teacherease**. Here as parents, you have access to your student's(s'):

- Registration information (for edit and updating contact info)
- Grades
- Attendance
- School meal tracking and billing
- Discipline reports
- Current grades in his or her classes, missing assignments

We hope you will follow the instructions below and begin the important task of keeping track of your student's grades, attendance, school communications and school fees throughout the year.

1. Go to the App store and search : TeacherEase
2. It is free to download. Click GET
3. Type in your email address and password (this will be sent to your e-mail address) If you do not have a password please call Ms.Flores at 708-839- 6828 or email at [cflores@willowspringsschool.org](mailto:cflores@willowspringsschool.org) . A link will be sent to your email address on file.

Please **OPT IN** to stay up to date on important messages or calls from Willow Springs School.

Remember to choose your preferred method of contact. You can choose phone calls, email, text messaging or chose all of them. Our automated number is **1-833-712-2713**

**\*\*Please add this phone number to your mobile phone as NOT SCAM OR SCAM LIKELY**

WILLOW SPRINGS PUBLIC SCHOOL

DISTRICT 108 • COOK COUNTY

SUPERINTENDENT • STEVE BAHN  
PRINCIPAL • ALEXANDRA ORELUK

8345 ARCHER AVENUE  
WILLOW SPRINGS, ILLINOIS 60480-1499  
PHONE (708) 839-6828 • FAX (708) 839-8399  
[www.willowsschool.org](http://www.willowsschool.org)



Ageless Eye Care will be offering **FREE** eye exams and eye glasses to those that qualify.

Please return the attached form to secure your spot  
**ASAP**

**Date to be Determined!**

**Questions??? Contact the school nurse!**

Lisa Perea BSN, RN, IL PEL-SN, NCSN  
[lperea@willowsschool.org](mailto:lperea@willowsschool.org)  
708-467-3511



WILLOW SPRINGS SCHOOL, WHERE A LOVE OF LEARNING GROWS.



Dear Parent/Guardian,

Good vision is important for success in school. We are pleased that Ageless Eye Care will be serving our School District this year!

Ageless Eye Care will provide eye exams and glasses (if needed) at **NO COST** to your child. If the student does not have insurance, the vision exam and eyeglasses are provided at no cost to the family. If available, health insurance will be billed.

**Below are reasons why your child may need an eye exam:**

- My child is entering kindergarten
- My child is entering Illinois schools for the first time at any grade level
- My child failed the vision screening
- My child has an IEP
- My child's teacher recommended they receive an eye exam
- My child experiences any of the following:
  - Squinting
  - Tilting the head
  - Sitting too close to the television
  - Losing place while reading
  - Rubbing eyes
  - Excessive tearing or headaches

A completed and signed consent form is required to give your child an eye exam. Please read the attached consent and ask about anything that you do not understand. We will be happy to explain it.

Please remember to:

- **Sign the signature line.**
- Complete the last page with your child's medical history.
- Return the form to your child's school **as soon as possible** – Your child must have a signed consent form to receive services.

After the eye exam, if your child requires glasses, an optician will help your child select frames. Glasses will be delivered within 4 weeks to the school. If further eye care is indicated, a referral will be provided.

If you have questions, please contact \_\_\_\_\_

Sincerely,



# Ageless Eye Care Vision Services Consent Form

Your child has failed a vision screening test performed at school or was recommended for a comprehensive eye exam to determine if he/she needs prescription eyeglasses or other treatment by a vision care professional. Please fill out this consent for your child to receive the eye exam.

### Patient Information

Child's FULL Legal Name _____			
_____	_____	_____	_____
	First Name	Middle Name	Last Name
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age _____	Birth Date _____	
Parent/Guardian's Name _____			
Address _____			
_____	_____	_____	_____
Street	City	State	Zip
Home Phone _____	Cell Phone _____	Work Phone _____	
Does your child have Medicaid?		Does your child have any of the following insurance plans?	
[ ] Yes [ ] No		[ ] BlueCross [ ] County Care [ ] Harmony [ ] Illinicare [ ] Meridian [ ] Molina [ ] NextLevel [ ] Other	
Medicaid ID: _____		Member ID: _____	

As part of your child's eye exam, eye drops will be used for the purpose of dilating his/her eyes. These drops are an important part of an eye exam because they widen the pupil so the doctor can check the health of the eye. Temporary effects of these eye drops may include blurred vision and sensitivity to light, both of which could restrict your child's mobility, making it unsafe for him/her to travel unassisted or to operate a vehicle for the rest of the day.

I hereby give my consent for my child to be examined by the doctors of Ageless Eye Care for an eye exam and prescription eyeglasses. This consent does not authorize any treatments or service beyond what is stated. I understand that the Provider will bill the Illinois Medicaid or any other currently applicable insurance (including Managed Care Organizations) for any reimbursable services and/or materials. I understand my consent will be valid for one year from the date of signature. I have read the above information and have had the opportunity to have my questions answered.

<b>Parent/Guardian Signature:</b> _____	<b>Date:</b> _____
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If you do NOT want your child to receive the following services, please check the appropriate box. Please note services will be performed unless indicated otherwise.

At this time I DO NOT consent for my child's eyes to be dilated

**\*\*\*Please sign and date the signature line. Complete the medical history on reverse side of this form. \*\***



## Student Medical History Form

*Please Print:*

Student's Name: \_\_\_\_\_ School Name: \_\_\_\_\_

Student's Date of last Eye Exam: \_\_\_\_\_ Does your child currently wear glasses or contacts?  Yes  No

Does your child have any of the following conditions: (Check all that apply)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Behavioral problems   | <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Glaucoma                 |
| <input type="checkbox"/> Neurological problems | <input type="checkbox"/> Endocrine problems    | <input type="checkbox"/> High Blood Pressure        | <input type="checkbox"/> Musculoskeletal problems |
| <input type="checkbox"/> Heart Disease         | <input type="checkbox"/> Mental Health illness | <input type="checkbox"/> Gastrointestinal problems  | <input type="checkbox"/> Genitourinary problems   |
| <input type="checkbox"/> Hearing/Ear problems  | <input type="checkbox"/> Diabetes              | <input type="checkbox"/> Other Condition _____      |   |

Is your child taking any medications?  No  Yes  
List medications: \_\_\_\_\_

\_\_\_\_\_

Does your child have allergies?  No  Yes  
List allergies: \_\_\_\_\_

\_\_\_\_\_

Does your child use eye drops?  No  Yes  
List eye drops: \_\_\_\_\_

\_\_\_\_\_

Has your child ever had eye surgery?  No  Yes  
If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Has s/he had any of the following?

- |                           |  |                   |  |                             |  |
|---------------------------|--|-------------------|--|-----------------------------|--|
| Vision Therapy            | <input type="checkbox"/> No <input type="checkbox"/> Yes | Eye Injury        | <input type="checkbox"/> No <input type="checkbox"/> Yes | Trouble finishing work      | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Eye patch                 | <input type="checkbox"/> No <input type="checkbox"/> Yes | Eye Infection     | <input type="checkbox"/> No <input type="checkbox"/> Yes | Lack of confidence          | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Eye Surgery               | <input type="checkbox"/> No <input type="checkbox"/> Yes | Itching/Burning   | <input type="checkbox"/> No <input type="checkbox"/> Yes | Difficulty sitting still    | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Pain in eyes              | <input type="checkbox"/> No <input type="checkbox"/> Yes | Eye Discharge     | <input type="checkbox"/> No <input type="checkbox"/> Yes | Avoids reading/writing      | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Difficulty Tracking       | <input type="checkbox"/> No <input type="checkbox"/> Yes | Tearing/Watering  | <input type="checkbox"/> No <input type="checkbox"/> Yes | Difficulty paying attention | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Lazy/Wandering Eye        | <input type="checkbox"/> No <input type="checkbox"/> Yes | Light sensitivity | <input type="checkbox"/> No <input type="checkbox"/> Yes | Reads below grade level     | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Blurred/Double Vision     | <input type="checkbox"/> No <input type="checkbox"/> Yes | Redness           | <input type="checkbox"/> No <input type="checkbox"/> Yes | Poor handwriting            | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Loses place while reading | <input type="checkbox"/> No <input type="checkbox"/> Yes | Drooping Lid      | <input type="checkbox"/> No <input type="checkbox"/> Yes | Frustrates easily           | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Other _____               |  |                   |  |                             |  |

Does your child have an IEP (Individualized Education Plan)?  No  Yes

Is the child performing at:  above grade level  grade level  below grade level

If below grade level, please select the class (Check all that apply)

Reading  Writing  Math  Social Studies  Other \_\_\_\_\_

Is the child currently receiving any of the **services** below? (Check all that apply)

Special Education  Tutoring  Speech Therapy  Occupational Therapy (OT)  Physical Therapy (PT)

List any of your child's Hobbies or Special Interests: \_\_\_\_\_

Is there anything else you would like us to know about your child? \_\_\_\_\_

\_\_\_\_\_

Does your child's immediate family member have any of the following? (Check all that apply and list the relationship to child)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Wears glasses       | <input type="checkbox"/> Wandering Eye        | <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Cardiovascular problems |
| <input type="checkbox"/> Glaucoma            | <input type="checkbox"/> Blindness            | <input type="checkbox"/> Musculoskeletal problems | <input type="checkbox"/> Neurological problems   |
| <input type="checkbox"/> Lazy eye            | <input type="checkbox"/> Macular Degeneration | <input type="checkbox"/> Heart Disease            | <input type="checkbox"/> Mental Health illness   |
| <input type="checkbox"/> High Blood Pressure |   |   |  |



**WALKER PARK REC CENTER**

# **GIRLS BASKETBALL LEAGUE 2022**



**Pleasant Dale  
Park District**

**JANUARY 17-MARCH 12**

**1ST GRADE-8TH GRADE**

**\$92R/\$120NR**

**REGISTRATION  
DEADLINE  
NOVEMBER  
24TH!!**

**FOR MORE INFORMATION VISIT [PDPARKS.ORG](http://PDPARKS.ORG)  
OR CALL (630) 662-6220**

# Willow Springs School District #108

## 2021-2022 School Calendar

July						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

August						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

January						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

February						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28					

March						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

April						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

May						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

June						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

- No School
- Early Dismissal 11:30
- Early Dismissal 1:30
- Parent Teacher Conference

- Midterm Reports Go Home
- Report Card Go Home
- First Day of School
- Last Day of School