Spencer Crossing Fall Walking Club

With Mrs. Mihalovich

This club may go to a lottery. It is capped at 24 participants.

Who: Open to 4th and 5th graders at Spencer Crossing

Why: A club for 4th and 5th graders who enjoy exercise by walking or running, fresh air, and chatting with friends. We will set individual goals and work towards achieving them! We hope to walk outside the building each day, but will be walking through the halls if the weather does not permit.

When: The following dates:

Wednesday, September 9th
Monday, September 14th
Wednesday, September 16th
Monday, September 21st
Wednesday, September 23rd
Monday, September 28th
Wednesday, September 30th
Monday, October 5th

Time: 2:00 - 3:10pm

Please note:

- Permission Slips are due by Friday - September 4th
- Please pick up at the Crossing Side - Main Office **no later 3:10 PM**. We may come out a few minutes early if there are other clubs dismissing at the same time. Three late pickups will result in removal from the club. Thank you for understanding.
- Attendance is taken, and the club sponsor **must** be notified if your child cannot attend any given day. Please email bmihalovich@nlsd122.org.
- You will be informed on Tuesday, September 8th if you were selected to be in the club.
- A club picture will be taken on September 9th.

New Lenox School District

Extra-Curricular Activity Parent Permission Slip

School Name: Spencer Crossing

Activity/Club/Sport: 4th and 5th Grade Walking Club

Activity Description: A club for 4th and 5th graders who enjoy exercise by walking or running, fresh air, and chatting with friends. We will set individual goals and work towards achieving them!

Sponsor/Coach: Mrs. Mihalovich

Start Date: Sept. 9th End Date: Oct. 5th

Meeting Dates: Sept. 9th, Sept. 14th, Sept. 16th, Sept. 21st, Sept. 23rd, Sept. 28th, Sept. 30th, October 5th

Start Time: 2:00 End Time: 3:10

Cost: None Pick-up Location: Main office doors

Parent: Please complete & return this form to your child's teacher.

I, _____, give permission for my child _____ to
(Print Parent Name) *(Print Student Name)*

participate in _____ at _____ School during the
(Sport/Club/Activity)

2026-2027 school year.

My child will be picked up by _____. My child has permission to walk home _____.
(Y/N)

Parent Phone Number: _____ Emergency Phone Number: _____

_____ _____
(Parent Signature) *(Date)*

Homeroom/Grade:_____ 4th Block Teacher:_____

Students must have a completed and signed permission slip and sports physical (if applicable) before they will be permitted to participate in the above activity, club, or sport. Students without permission slips (and sports physicals, if applicable) will not be allowed to participate. ***No exceptions will be made.***