 Ray Middle School

7650 Van Buren Road

Baldwinsville NY, 13027

Dear Parent/Guardian,

Your child is starting a ten week program for seventh graders in Family and Consumer Sciences called FACS 7 at Ray. You will find that the Foods and Nutrition portion of the middle level program provides opportunities for learning new information and skills, practice time management and decision making in a hands on class setting, and with other students to accomplish tasks.

This quarter we will be exploring food choices, including MyPlate, shopping for food, reading recipes, kitchen safety, planning meals, and using basic food preparation skills to make a variety of foods. There is a lot of learning packed into this ten week course. There are more advanced classes available for the students to take as a high school elective. I hope you will encourage your child to take these classes that provide “skills for life”.

Eating the food prepared in class is one of the many benefits of this program. I will always encourage, but never force, a child to eat the food we prepare. Please help your child complete and sign the attached “Student Information Sheet” and return to class.

It is important that the students come prepared for class each day. This means that they should be in class on time and have the materials needed: a two pocket folder (name and period clearly marked on the front) with loose leaf paper inside, agenda, and a pencil or a blue or black ink pen.

I am looking forward to a positive learning experience this quarter. Please encourage your child to work to the best of his/her ability. Following directions, completing assignments on time, and behaving appropriately will lead to positive outcomes for everyone.

If you have any questions, concerns, or comments, please feel free to contact me by email mosetek@bville.org, or phone 638-6106.

Sincerely,

Ms. Megan Osetek

Student Information Sheet

Period: \_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name you like to go by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Food Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Emergency Contact Information:

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

Work Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please return completed sheet by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_