



PARKLAND SCHOOL DISTRICT

"Where Challenges Are Met Through Education and Innovation"

Troxell Building

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January 2012

Dear Fifth Grade Parents/Guardians:

The Weller Health Center is one of the region's primary health education resources for schools and organizations. The mission of the Weller Center is to measurably improve children's lives by giving students the tools they need to make informed and healthy life choices. The Weller Health Center will visit your child's elementary school to present "**Life Begins**" to the fifth graders. The program supports and supplements the health curriculum. "**Life Begins**" presents an explanation of the reproductive systems, conception, and the birth process. Aligned with Pennsylvania State Standards, this program comes highly recommended by our 5th grade teachers.

The Weller Health Center will visit Schnecksville Elementary School on May 25th.

For additional information on this program and/or the Weller Center, please visit the Center's website at www.wellercenter.org. While online, you may visit the comprehensive health resource libraries for parents, teens, and kids. You are encouraged to talk with your child about this program, and feel free to contact the Weller Center at 610-258-8500 ext. 10 with any questions.

On **Thursday, February 2, 2012 (snow date Thursday, February 9 at 6:00 PM)**, a parent workshop will be offered for all Parkland's 5th grade parents/guardians to preview "**Life Begins.**" This presentation will be in **Cetronia Elementary School's gymnasium at 6:00 PM and will last approximately 1 hour.**

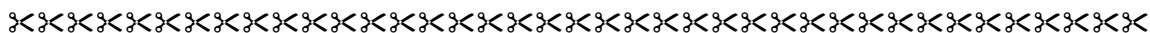
If you plan to attend this parent workshop, please complete the attached flyer and return it to your student's classroom teacher no later than Thursday, January 26, 2012.

Please contact me at **(610) 351-5540** with any questions regarding "Life Begins."

Sincerely,

Diane M. Neikam

Diane M. Neikam
Supervisor of Elementary Curriculum and Instruction



If you DO NOT want your child to participate in "Life Begins," complete this bottom portion and return it to your child's classroom teacher prior to the date of their visit.

Student Name: _____ **Elementary School:** _____

Parent/Guardian Signature: _____ **Date:** _____