

Wellness can be described as a state of “mental and physical health and well-being.”  
~Microsoft Encarta Dictionary

**YOUR FAMILY IS CORDIALLY INVITED**

**DATE:** Friday, February 26, 2010  
**TIME:** 6:30-8:30 PM (Sign in begins at 6:15)  
**PLACE:** West Elementary School

West Elementary is thrilled to invite you to our first **Family Wellness Night**. Throughout the evening, families will have the opportunity to participate in many physical activities including bowling, the Presidential Fitness Challenge, snowshoeing (weather permitting)\*, swimming\*\*, juggling, the Runner’s Club, ping pong, and many other fun and challenging events! Other demonstrations that your family is encouraged to participate in are: Zumba, Tae Kwon Do, self defense, and dance. In addition, representatives from the following organizations will be on hand to share information on wellness and the programs they offer: the YMCA, Catholic Health Systems (performing blood pressure checks), the Food Bank of WNY (presenting a puppet show), the Kiwanis Youth Center, Clean Out the Pantry (allergy awareness), and Ann Marie Ralph (Head of West Seneca Schools Food Service). Information on Little Loop Football, cheerleading and rugby will be provided as well as take home child-friendly materials from the Cornell Cooperative. Families will also have an opportunity to make their own trail mix as a healthier alternative to other snacks. In addition, a representative from the Buffalo Bills will be leading a discussion on wellness.

We look forward to a **FUN-FILLED** informative evening with your family. To ensure that this evening focuses on family wellness, we ask that you stay with your children at all times. Space and time will be limited for certain activities; this will ensure that families can participate in a variety of events. Don’t forget to wear comfortable clothing! Please **RSVP by Friday, February 5<sup>th</sup> if you plan on attending this event.**

\*Snowshoes will be provided to children. \*\*Please bring bathing suits and towels if you plan to swim.

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Please complete and return form to your classroom teacher by **Fri., February 5th.**  
(Only **one** response form is necessary per family).

**Yes**, we can’t wait to attend Family Wellness Night!

Family Name: \_\_\_\_\_

\_\_\_\_\_ Total number of **adults** attending

\_\_\_\_\_ Total number of **children** attending

We are planning on swimming. (Swimmers will be assigned a pool time).