

CUBBY'S CORNER

MAPLE AVENUE ELEMENTARY SCHOOL
WEEKLY NEWSLETTER
THURSDAY, MARCH 14, 2024

SUZANNE PYSZKA, PRINCIPAL



LISA JOHNSON, ASSISTANT PRINCIPAL

JILL RIOUX, DEAN OF STUDENTS

YEARBOOK ORDER TIME!

Our student photographers have been busy capturing Maple Avenue memories to include in our 2023-2024 Yearbook. Pictured below are some of the 4th grade student photographers with one of our yearbook advisors, Ms. Pruneau.

The yearbook is on sale until April 5th. Order online at www.treering.com and enter the passcode 101444670442868. Order your copy now!

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PFT NEWS

PFT Monthly Meeting is on Thursday, March 14 at 7pm via Zoom at <https://us02web.zoom.us/j/850312906>

Penny Wars is Monday, March 18 through 12pm Friday, March 23. See the flyer for details.

Little Miss Dance, will be Saturday, April 13. 6 to 9pm at the Hill Top Cafe at Mountain View Middle School. More Information at: <https://www.mapleavenuepft.com/little-miss-dance>

PFT Board Positions: We are looking for people interested in serving as Vice President or Vice President of Communications on next year's board. If interested, please email us at mapleavenuepft@gmail.com.

SAVE THE DATE

- | | |
|--------------|---|
| 3/14/24 | PFT meeting via Zoom, 7:00 pm |
| 3/18-3/22/24 | PFT Penny Wars |
| 3/18/24 | 3rd grade field trip to Capitol Center |
| 3/19/24 | 4th grade field trip to State House/History Museum (Mordecai/Assetta/Fox) |
| 3/20/24 | 4th grade field trip to State House/History Museum (Pruneau/Reddington) |
| 3/21/24 | Second Trimester report cards go home with students |

Maple Avenue Elementary

2023-2024

Online Yearbook Sale



We are proud to announce the Maple Avenue Elementary School
2023-2024 online yearbook sale.

Our yearbook will include:

- ✓ A yearbook filled with color that vibrantly captures school memories
- ✓ Sturdy softcover with a protective coating to preserve your keepsake, with an option to upgrade to a hardcover for an additional charge
- ✓ School name and year on the cover
- ✓ Two free pages for your family to personalize for your own child's yearbook

YEARBOOKS ON SALE NOW! ONLINE ORDERS ONLY

- Yearbook pricing:
 - Softcover is \$18.65
 - Hardcover is \$24.90
- All orders will be shipped to **Maple Avenue Elementary School**
- Order online at www.treering.com and enter the passcode **101444670442868**
- Deadline for all yearbook sales and personalizations is **April 5, 2024**

***Every family has 2 free pages to personalize for their child. All personalizations must be considered school appropriate. Maple Avenue Elementary School reserves the right to edit or remove any content at anytime.

After you submit your order at www.treering.com, you will be able to customize two pages with your own photos and messages. Each child will only receive their personalized pages in their own yearbook. All personalizations must be completed and submitted for review by **April 5th** to have it included in the yearbook. Unfortunately, no personalization will be accepted after this date.

In partnership with *Trees for the Future*,
TreeRing will plant a tree for every yearbook ordered.



Look under couch cushions, check the junk drawer because...



1, 2, 3, 4...



Maple Avenue PFT Declares a

PENNY WAR!

A friendly competition between classrooms
Monday March 18 to 12 pm Friday March 22, 2024



**Add pennies and bills to your classroom jar,
sabotage other classrooms with silver coins!**



Points

Adding

Pennies	+1 point
\$1 Bill	+100 points
\$5 Bill	+500 points
\$10 Bill	+1000 points
\$20 Bill	+2000 points

Subtracting

Nickels	-5 points
Dimes	-10 points
Quarters	-25 points

Rolled coins? Add (or Subtract) 50 points


Winning classroom keeps the money from their bucket to spend how they choose!

Classroom tallies will be posted every other day on the PFT Facebook page

Find more information at: <https://www.mapleavenuepft.com/penny-wars>

Proceeds benefit the Maple Avenue PFT



A vibrant tropical border surrounds the text, featuring large green monstera leaves, pink hibiscus flowers, and orange-red hibiscus flowers.

You and an adult guest of your choosing
are invited to the

Little Miss

Luau Dance

Saturday, April 13, 2024

6 to 9 pm

**Mountain View Middle School
Hill Top Cafe**

\$32 per party

More Information and Registration at
www.mapleavenuepft.com/little-miss-dance

Registration closes April 6, 2024

Girls on the Run provides

POWER, PURPOSE, AND POTENTIAL

Girls in 3rd, 4th, and 5th grade



Wednesdays and Fridays
from 3:30pm-5:00pm

Starts: Week of April 1st

Ends: June 1st



Registration Opens February 23rd

Location: Maple Avenue School

5K Celebration Event: June 1st (Concord, NH)

Girls on the Run is a girl-empowerment organization that inspires participants to be joyful, healthy, and confident using evidence-based lessons that combine relationship building, community strengthening, and goal setting with physical movement.

To learn more about Girls on the Run, registration or financial assistance, please visit our website:

www.girlsontherunnh.org

Program lottery will run on **March 8, 2024.**

No girl will be turned away for financial reasons.



GOFFSTOWN PARKS AND RECREATION

2024 SPRING

GIRLS AND BOYS LACROSSE

REGISTRATION OPEN NOW!

8U INSTRUCTIONAL



10U, 12U, AND 14U
TRAVEL

SEE WEBSITE BELOW FOR
MORE DETAIL



OR CONTACT
ERIN.TRNKA@GOFFSTOWNNH.GOV

GOFFSTOWNNH.GOV
GOFFSTOWN.RECDESK.COM

CRISPIN'S HOUSE COALITION FOR YOUTH

3-ON-3 BASKETBALL

Double Elimination Tournament

Saturday, March 23, 2024

Sponsored by:

Goffstown High School Gym
27 Wallace Road, Goffstown NH



High School, Middle School, Elementary School and Adult Divisions

Players of ALL abilities are WELCOME!

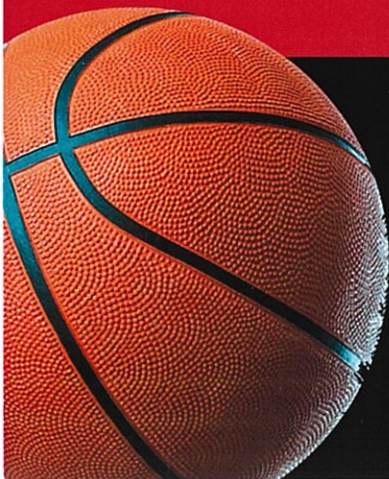
Register on or before March 15th to receive a free team T-Shirt!

REGISTRATION FEES: Up to March 15: \$20 per student player
\$30 per adult player
After March 15: \$25 per student player
\$35 per adult player

Silent Auction! Raffle! Food! Fun!

Register online at:

www.crispinhouse.org





REGISTER HERE



Fall

2024

Registration



EARLY BIRD

\$100 W/CAMP* - SHOES AND BLOOMERS INCLUDED

\$185- SHOES AND BLOOMERS INCLUDED

Register by 5/15/24

Registered after 5/15/24

\$140 W/CAMP* - SHOES AND BLOOMERS INCLUDED

\$225- SHOES AND BLOOMERS INCLUDED

- Tiny Mites- 5-7
 - D8 - 7-8
 - D10 - 9-10
 - D12 - 11-12
 - D14 - 13-14
 - D16 - 15-16

*w/camp=UCA overnight camp payment \$285 or commuter \$220



SPECIAL GUEST: THE EASTER BUNNY!

Sponsored by

Pinardville Lions Club and Goffstown Lions Club

Saturday, March 23, 2024

(Rain date: Saturday, March 30)

Location – Roy Park

Times:

9:00 am Ages 1 to 3

9:45 am Ages 4 to 6

10:30 am Ages 7 to 9

11:15 am Ages 10 to 12

Parking is limited so we ask for cooperation with timing.

LIONS - Together we serve!





Saturday, April 13th from 10 - 4

Saint Anselm College

120+ Vendors and Crafters

Offering product demonstrations, free samples, discount coupons, and homemade goods



Dedicated Kids Zone

* Additional charges will apply

Enjoy bounce houses, slides, glitter tattoos, face painting, games and more

Food Court

Meals, snacks, and drinks

Prizes

Door prizes, raffles, and a silent auction

And a visit from Fungo and a WZID Morning Host



Scan the QR code for discounted ticket sales or vendor information


www.goffstowncitizenscommittee.ticketspice.com



Brought to you by the Goffstown Citizens' Committee.



Proudly supporting Goffstown Scouts BSA for over 100 years.

 Goffstown Citizens Committee



Sponsored by





Special Olympics
Young Athletes

WE ARE HOSTING A SPRING TERM OF YOUNG ATHLETES

Young Athletes is an innovative sports play program for children **with and without disabilities ages 2-7.**

Designed to provide opportunities for young children to be active, have fun, and learn foundational sports skills. The program supports physical, cognitive and social development.

SATURDAYS

4/13, 4/20, 4/27, 5/11, 5/25, 6/1, 6/8, 6/15

9:30 AM-10:30 AM

**GOFFSTOWN PARKS & REC
155 S. MAST ST.
GOFFSTOWN, NH**

**THE PROGRAM WILL BE LIMITED TO
15 CHILDREN MAXIMUM
THERE IS NO COST TO YOUR FAMILY
FOR PARTICIPATING**

**YOU MUST PRE-REGISTER BY COMPLETING THE ATTACHED APPLICATION
AND RETURN IT TO:**

**COACH KAELYN GAGNON
GYMKAEO320@GMAIL.COM
603.493.6198**

YOUNG ATHLETE APPLICATION



Local Program: _____

Are you new to Special Olympics or re-registering? New Re-Registering

YOUNG ATHLETE INFORMATION	
First Name:	Middle Name:
Last Name:	Preferred Name:
Date of Birth:	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other Gender Identity
Has an Intellectual or Developmental Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Race/Ethnicity (Optional): <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian American <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> More than one Race <input type="checkbox"/> White or Caucasian <input type="checkbox"/> Hispanic or Latinx	
Language(s) Spoken in Young Athlete's Home (Optional): Check all that apply: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list):	
Shirt Size:	<input type="checkbox"/> Youth Small <input type="checkbox"/> Youth Medium <input type="checkbox"/> Youth Large
Requires Wheelchair Accessible Locations	<input type="checkbox"/> Yes <input type="checkbox"/> No
Language Needs:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other (please list)
<input type="checkbox"/> Medical Conditions: (please list)	
<input type="checkbox"/> Special Diet: (please list)	
<input type="checkbox"/> Other Needs: (please list)	
PARENT / GUARDIAN INFORMATION	
First Name:	Last Name:
Relationship:	
Home Address:	City:
State:	Postal Code:
Phone: Phone	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home
E-mail:	
EMERGENCY CONTACT INFORMATION	
<input type="checkbox"/> Same as Guardian/Parent	Relationship:
First Name:	Last Name:
Phone: Phone	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home
E-mail:	

YOUNG ATHLETE RELEASE FORM



I am the Parent or Guardian of the Young Athletes participant named below and agree to the following:

- 1. Able to Participate.** The Young Athlete is physically able to take part in Special Olympics.
- 2. Likeness Release.** I give permission to Special Olympics, Inc., Special Olympics games organizing committees, and Special Olympics accredited Programs (collectively "Special Olympics") to use the Young Athlete's likeness, photo, video, name, voice, words, and biographical information to promote Special Olympics and raise funds for Special Olympics.
- 3. Risk of Concussion and Other Injury.** I know there is a risk of injury. I understand the risk of continuing to participate with or after a concussion or other injury. The Young Athlete may have to get medical care if there is a suspected concussion or other injury. The Young Athlete also may have to wait 7 days or more and get permission from a doctor before playing sports again.

Emergency Care. If a parent or guardian is unavailable to consent or make medical decisions in an emergency, I authorize Special Olympics to seek medical care for the Young Athlete, unless I mark one of these boxes:

- I have a religious or other objection to receiving medical treatment. (Not common.)
- I do not consent to blood transfusions. (Not common.)

(If either box is marked, an EMERGENCY MEDICAL CARE REFUSAL FORM must be completed. Visit www.sonh.org to access the form).

- 4. Health Programs.** If the Young Athlete takes part in a Special Olympics health program, I consent to health activities, exams, and treatment for the Young Athlete. This should not replace regular health care. I can say no to treatment or anything else any time for the Young Athlete.
- 5. Personal Information.** I understand that Special Olympics will be collecting the Young Athlete's personal information as part of participation, including name, image, address, telephone number, health information, and other personally identifying and health related information provided to Special Olympics ("personal information").
 - I agree and consent to Special Olympics:
 - using the personal information in order to: confirm eligibility and safe participation; run trainings and events; share competition results (including on the Web and in news media); provide health treatment if the Young Athlete participates in a health program; analyze data for the purposes of improving programming and identifying and responding to the needs of Special Olympics participants; perform computer operations, quality assurance, testing, and other related activities; and provide event-related services.
 - using the personal information for communications and marketing purposes, including direct digital marketing through email, text message, and social media.
 - sharing personal information with (i) researchers, such as universities and public health agencies, that are studying intellectual disabilities and the impact of Special Olympics activities, (ii) medical professionals in an emergency, and (iii) government authorities for the purpose of assisting with any visas required for international travel to Special Olympics events and for any other purpose necessary to protect public safety, respond to government requests, and report information as required by law.
 - I have the right to ask to see the personal information or to be informed about the personal information that is processed. I have the right to ask to correct and delete the personal information, and to restrict the processing of personal information if it is inconsistent with this consent.
 - Privacy Policy.** Personal information may be used and shared consistent with this form and as further explained in the Special Olympics New Hampshire privacy policy at <https://www.sonh.org/privacy-policy/>.

Young Athlete Name:	
PARENT/GUARDIAN SIGNATURE	
I am a parent or guardian of the Young Athlete. I have read and understand this form. By signing, I agree to this form on my own behalf and on behalf of the Young Athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship:

YOUNG ATHLETE LIKENESS RELEASE FOR SPONSORS (OPTIONAL)



Special Olympics relies on sponsors and partners to help support our mission. We often use photos, videos and stories of our athletes to show the impact of support by companies that sponsor Special Olympics. If you wish to allow the Young Athlete's likeness to be used in this way, please read and sign below.

I agree to the following:

- I give permission to Special Olympics, Inc., Special Olympics Games Organizing Committees, and Special Olympics Accredited Programs (collectively, "Special Olympics") and their sponsors and partners to use the Young Athlete's likeness, photo, video, name, voice, and words ("Likeness") to acknowledge the sponsors' and partners' support for Special Olympics.
- Special Olympics and its sponsors and partners will not use the Young Athlete's Likeness to endorse commercial products or services.
- I understand neither the Young Athlete nor I will not be compensated for the use of the Young Athlete's Likeness.

Young Athlete Name:	
PARENT/GUARDIAN SIGNATURE	
I am a parent or guardian of the Young Athlete. I have read and understand this form. By signing, I agree to this form on my own behalf and on behalf of the Young Athlete.	
Parent/Guardian Signature:	Date:
Printed Name:	Relationship: