

CUBBY'S CORNER

MAPLE AVENUE ELEMENTARY SCHOOL
WEEKLY NEWSLETTER
THURSDAY, APRIL 11, 2024

SUZANNE PYSZKA, PRINCIPAL



LISA JOHNSON, ASSISTANT PRINCIPAL

JILL RIOUX, DEAN OF STUDENTS

ECLIPSE EXCITEMENT

On Monday, April 8th, students were able to witness an amazing event, the solar eclipse. Equipped with glasses provided by the PFT, students and staff took some time just before dismissal to watch the moon slowly cover up the sun. It was a truly special experience for us all.



Students from Mrs. Magoon's third grade class created a model of the solar eclipse.



IN THIS ISSUE

- SOLAR ECLIPSE
- WALL OF HEROES
- PFT NEWS
- SAVE THE DATE

WALL OF HEROES



Each spring we honor those who have served or are currently serving in the military by creating a “Wall of Heroes”. We are inviting families to submit photos of family members who are currently serving or have served in the armed forces. If you are interested in having your family hero displayed, please complete the attached form and submit via email to lauren.pruneau@sau19.org no later than May 7th.

PFT NEWS



Donating Solar Eclipse Glasses: We hope your students enjoyed their glasses! Please consider donating your gently used Solar Eclipse glasses. Goffstown Library is collecting glasses to be sent to South America for eclipse-viewing in October. There is a collection bin at the Goffstown Library and at Maple Avenue near the Kindness Tree in the gym foyer. ***Please send your donated glasses in by April 30th.***

PFT Monthly Meeting is on Thursday, April 11 at 7pm via Zoom at <https://us02web.zoom.us/j/850312906>. Next year's budget, updated bylaws, and Board elections will all be discussed.

Family Night at Chucky Cheese! Friday, April 19. Mention Maple Avenue when you check in and 20% of the proceeds will come back to the PFT! See the attached flyer for coupons!

Boys Night Out: Information will be coming soon!

Spring Spirit Wear ordering is now open. Order your Goffstown and Maple Avenue gear at: <https://www.browngraphics.com/maple-ave-spring-spiritwear-.html>

SAVE THE DATE

4/12-4/16/24	State Testing in reading and math (Grade 3 and 4)
4/13/24	PFT Little Miss Dance at MVMS, 6-9 pm
4/17/24	Show Chorus performance at GHS (Grade 4)
4/18/24	End of Testing Party (Grade 3 and 4) teachers will share more information
4/22-4/26/24	April Vacation

Wall of Heroes

Our school needs your help in creating a Wall of Heroes at Maple Avenue. If you have family members that you would like to have recognized, please fill out this form and send in a photo for our display. The photo can be a photograph (that will be returned), or a printed image of a photograph. Once the wall is done, we will be taking pictures of it for our virtual version of the wall that will be shared with families through our weekly newsletter and school website.

Name of family member: _____

Military Branch: _____ Years served: _____

Relationship to student: _____

_____ Yes, you may display our family member digitally

Name of Student: _____

Teacher: _____

Please attach a hard copy photograph or print out to this form and send back to your child's teacher no later than May 7th. If you have any questions, please reach out to Ms. Pruneau at lauren.pruneau@sau19.org

CHUCK E. CHEESE® FUNdraising

Turning Fun into Funds™



**CHUCK E. CHEESE
DONATES
20%
ON THE SALE**

generated from this event
to your child's school.

Friends and family members are
encouraged to help support this event.

**Mention your school when ordering!
Bring this flyer to Chuck E. Cheese.**

EVENT INFORMATION

LOCATION: **CHUCK E. CHEESE®**

TIME: 11 am to 9 pm

SCHOOL: Maple Avenue

EVENT DATE: Friday, April 19

EVENT ADDRESS:

1525 South Willow Street

Manchester, NH

To find out more, check out **chuckecheese.com**

**120 PLAY
POINTS
FOR \$30**

FR Panel #8166
**CHUCK E.
CHEESE®**

EXPIRES 12/31/24

Limit one per check. Valid with coupon and only on night of Fundraising Event.
Only at participating locations. Play card or band activation not included.
Dine-in only. © 2023 CEC Ent. Conc. LP. All rights reserved.

\$29⁹⁹

**1 Large (1 Topping) Pizza
4 Drinks**

EXPIRES 12/31/24

Limit one per check. Valid with coupon and only on night of Fundraising Event.
Only at participating locations. Dine-in only.
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FR Panel #5996
**CHUCK E.
CHEESE®**

**DOWNLOAD THE
NEW APP
GET 500 FREE
E-TICKETS!**



EXPIRES 12/31/24

One time offer. Valid with first time registration.
See chuckecheese.com for more details.
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Sales include all food and merchandise purchased at the registers. Delivery & Carryout Orders placed directly at ChuckE Cheese.com now also apply towards your fundraiser. You must add the item "School or Organization Fundraiser" to your cart before check-out and order from the location noted at right.

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MAES SPRING SPIRITWEAR

Deadline to order is Sunday, April 21 at Midnight



<https://www.browngraphix.com/maple-ave-spring-spiritwear-.html>



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



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REGISTER HERE



2024

Fall **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



***You're
Invited!***



AGOGGE

WRESTLING CLUB

FREE

Introduction to Wrestling Class

for brand new wrestlers aged 4 to 18

Monday, April 22nd 5-6pm

or

Wednesday, April 24th 5-6pm

Register Today

www.agogewrestlingclub.com





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:	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone
E-mail:	
EMERGENCY CONTACT INFORMATION	
<input type="checkbox"/> Same as Guardian/Parent	Relationship:
First Name:	Last Name:
Phone:	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Home Phone
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: