



Woody's Turtle Times

Glen Lake School
A Great Place to Start!
603-497-3550

March 8, 2024



Principal's Corner

Welcome to March! With March comes Daylight Savings Time, the end of the second trimester, and the beginning of spring!

Sunday, March 10th is the beginning of Daylight Savings Time! Don't forget to spring ahead one hour! Please remember that this Tuesday, March 12th is a Teacher Workshop Day. There are no classes for students that day. That is also Town Voting Day. Voting will take place at Bartlett Elementary School and Goffstown High School from 7:00 am - 7:00 pm. I encourage you to vote so your voice can be heard in the decisions made that will impact your student's education and your town.

The second trimester ends next week and report cards and IEP progress notes will go home Thursday, March 21. Look for an email to access your student's report card. If your student has an IEP you will get a hard copy of the IEP progress note.

Our online kindergarten registration system is up and running. If your child was born between October 1, 2018 and September 30, 2019, your child will be eligible to attend kindergarten next year. Please see our website for more information and registration links.

One more very important reminder, there is no parking in the drive-through lane during drop-off and pick-up. If you wish to walk your student up to the door or are walking up to the door to get them, please park in the parking lot. A reminder, our staff are caring and dedicated, and are out there to maintain and support the safety of all, including your student. Please respond accordingly. Thank you for your cooperation and support.

All the best,
Kathy Stoye, Principal



Nurse's Corner

Greetings from the health office!

I hope you all had a nice break and that you are enjoying the warmer weather. Last month we wrapped up a health lesson about hearts with the kindergarten students. The students learned about the purpose to their heart and where they could find their pulse. They also felt the change in their heart rate at rest compared to after exercise. It is always fun to see their faces when they learn something new about their bodies!

With the warmer weather, I hope you are getting outside more. Make sure to remember outdoor safety when riding bikes and that all family members should be wearing helmets! If anyone in your family needs a helmet, the helmet sales are wrapping up soon. Please send in the order form and a check written out to GLSP.

Be well,
Mrs. Winkfield, Glen Lake School Nurse



Upcoming Events

March

Sunday 3/10: Daylight Savings! "Spring Forward!"

Tuesday 3/12: Town Voting Day / Teacher Workshop Day (no school for students)

April

Monday 4/1-Friday 4/5: Scholastic Book Fair

Thursday 4/4: Family Fun Night 5:30-7pm

April 22-26 Spring Break (no school for students)



GLS Helmet Sale With ProRider

Certified CPSC approved bike and BMX/skate style helmets



Order by March 11th, 2024

Why a helmet sale?

01

Think spring! ProRider offers affordable helmets for all ages. We will take student orders and Mrs. Winkfield will deliver the helmets here at school. Take advantage of the prices and make sure to order before spring arrives!

How to order

02

Order forms will go home in your child's folder. Please choose a helmet style, size and color and then write a check to GLSP.

Why do you need a helmet?

03

A helmet decreases the risk of a head injury by 85% and the risk of a brain injury by almost 90%. Second, it is also the law!

Just riding in the neighborhood?

04

You and your child should still be wearing a helmet! Nearly half of the most serious injuries happen when riding in your own neighborhood. 75% of bicycle related fatalities can be prevented with a helmet.

What is the best helmet?

05

One that is worn and one that fits best! Please see the fit guide for helmet ordering.

Questions?

06

Call Mrs. Winkfield at 603-660-5952
E-mail: olivia.winkfield@sau19.org

Children-N-Safety Program 1-800-642-3123

A Division of ProRider, Inc.

Information & Pricing



True Toddler
Bike Helmet

\$10.95 ea

CPSC Approved

Model: BM-5

For Ages 1 to 3 yrs

Colors: Blue, Green, Purple and Red

14 Vent Turn Style

\$15.95

Model: BG-TS14

CPSC Approved



Sizes: XS, S/M, L/XL

Colors: Black, Blue, Green, Red

Economy Bike Helmet



Model
BG-8 & BG-10
CPSC Approved

\$9.95

3 Sizes: XS, S/M, L/XL

Colors: Blue, Green and Red

Freestyle Jump Helmet **\$15.95 ea.**

CPSC Approved

*BMX
*Bicycling

Plus Shipping
*In-Line Skating
*Skate Boarding



Colors: Black, Blue, Red

Sizes: XS, S/M, L/XL

SIZE CHART

Approximate ages per size

XXS: 1 to 3 yrs, XS: 3 to 6 yrs, S/M: 6 to 11 yrs,
L/XL: 11 through most Adults

Bike Helmet with Black Foam

12 Vents for cooling

CPSC Approved

\$10.95



Sizes: XS, S/M, L/XL

Colors: Black, Blue
Green, Purple, Red

BM5, BG-8, BG-10,
& JG JUMP

XXS: 18 1/2" - 19 1/4"

XS: 20" - 21 1/4"

S/M: 21 1/2" - 22 1/2"

L/XL: 22 3/4" - 24 1/2"

14 VENT TURN
STYLE BG-TS14

S/M: 22 1/2" - 23 5/8"

L/XL: 23 5/8" - 25 3/4"

GLEN LAKE SCHOOL HELMET ORDER FORM

CNS Children-N-Safety Program A division of ProRider

STUDENT NAME _____

TEACHER _____

PARENT NAME _____

PHONE # _____

EMAIL ADDRESS _____

NOTES

Choose your helmet type and size
 Add \$2 for shipping for each helmet at the end
 Write a check to GLSP
 Return the order form and check by **Monday March 11th**

True Toddler Helmet BM-5

Blue	Green	Purple	Red

Total Qty: _____ X \$10.95 = _____

Bike Helmets w/White Foam
BG-8 & BG-10

Color	XS	S/M	L/XL
Blue			
Green			
Red			
Total			

Total Qty: _____ X \$9.95 = _____

12 Vent Black Foam Bike Bike Hel-
met BM-B/10 & BM-12

Color	XS	S/M	L/XL
Black			
Blue			
Green		N/A	
Purple			
Red			N/A
Total			

Total _____ X \$10.95 = _____

BMX Jump Helmet JGJump

Color	XS	S/M	L/XL
Black			
Blue	N/A		
Red			
Total			

Total Qty: _____ X \$15.95 = _____

14 Vent Turn Style Bike Helmets
BG-TS14

Color	XS	S/M	L/XL
Black			
Blue			N/A
Green		N/A	
Red			
Total			

Total Qty: _____ X \$15.95 = _____

Subtotal: _____

Shipping
(\$2 per helmet): _____

Total Due: _____

Make Checks payable
to GLSP

Helmets are expected
by early April



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

xfinity



REGISTRATION IS NOW OPEN FOR OUR 2024 SPRING SEASON!

Tee Ball ages 4-6 \$125 per player

Farm (coach and player pitch) ages 6-8 \$125 per player

Minors ages 8-10 \$160 per player

Majors ages 10-12 \$160 per player

Intermediate age 13 \$170 per player

Juniors age 14 \$170 per player

Seniors ages 14-16 \$170 per player

Challenger (adaptive league) ages 4 and up- no age limit \$50 per player

Go to www.GoffstownJrBaseball.com to register!

2024 T-Mobile Call Up Grant to cover registration fees available for a limited time.

www.littleleague.org/call-up-grant-program

Player pitch at any level - registration deadline is 2-29-24.

Player pitch evaluation date will be at MVMS on Sunday AM 3-3-24.

All other divisions close end of March.

Late registrations could be subject to unavailability or a late fee.

Please email GJBBoard@GoffstownJrBaseball.com with any questions.

See you on the field!



Our primary goal is for kids to have fun learning to play baseball, while also teaching the fundamentals of life, fair play, and good sportsmanship.



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:



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