



Woody's Turtle Times

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

Solar Eclipse Edition
April 4, 2024



Principal's Corner



Hello!

Happy snow-covered spring! It's a marshmallow world out there today! May it melt quickly so we can get back to some springtime fun!

We are so sad to have to reschedule our Family Fun Night that was to take place tonight. We are working to try to reschedule it. We should have a decision by tomorrow. Watch your email for details.

The Book Fair ends tomorrow, Friday, April 5th, at 12:30 PM. It will be open through the afternoon drop-off time. Many thanks to Mrs. Flegal for organizing this event for us!

This Monday, April 8th, is the day of the solar eclipse! This landmark event will coincide with dismissal time for our afternoon students. If your child will be out or if you will be dismissing your student early, please remember to fill out the online form at the link sent out by Superintendent Balke on Tuesday. How will Glen Lake handle the event for students who are in school? Eclipse glasses are being provided to all students and staff that day. Learning resources have

been provided to kindergarten and preschool teachers. Teachers will be selecting resources and activities appropriate to meet the developmental needs of each individual age group and class. As is the case every day, safety is our number one priority, and all activities will be carried out with that in mind.

Please check the Calendar section of this issue for important information about upcoming school events!

All the best,
Kathy Stoye, Principal



Harold

(Glen Lake's Therapy Dog-in-Training)

is ready for the eclipse!

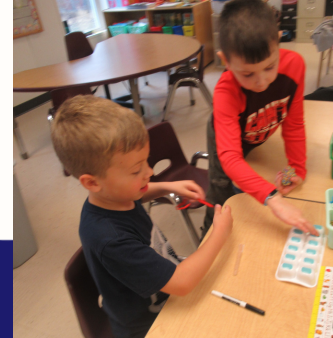
Nurse's Corner

April is here! Unfortunately, there is some snow coming here as well. Don't forget to dress your child for different temperatures that they will experience during the school day.

At the end of March and in early April, we are discussing dental health. Last week, I met with Mrs. Rankins and Mr. Tisbert's class. This week, I will continue with Mrs. White and Mrs. Ek's class. The students learned about the importance of brushing twice daily for two minutes, flossing and going to the dentist. The activity included using ice cube trays as pretend teeth. First, they colored on the teeth to make bacteria and then spent two minutes brushing the teeth with a pretend toothbrush. Two minutes can feel like a long time! After they finished brushing, they added a modeling foam in between the "teeth," and this acted as the "food" that gets stuck. The students then used a pipe cleaner as their flosser and made the teeth good as new!

One way that can make brushing teeth more enjoyable is to have a fun timer. You can check out different applications such as the Disney Magic Timer or the Philips Sonic Care for Kids.

Be well,
Mrs. Winkfield, Glen Lake School Nurse



Upcoming Events

April

March 27-April 10: Ecosmith Clothing Drive (see attached flyer)

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

Saturday 4/13: GLSP Bike Rodeo 10-11:30AM (see attached flyer)

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

May

Monday, May 27: Memorial Day (no school for students)



GLSP UPDATE

The Glen Lake School Partnership has 2 positions open for the 24-25 school year: **Vice President & Volunteer Coordinator**. Email kate.l.russ@gmail.com if you are interested in helping out.



There is still time to register for the 1st Annual Bike Rodeo on Saturday, April 13. See the attached flyer for details.

The clothing drive trailer is at Glen Lake School until April 10. Just open the door and throw your bags in. See the attached flyer for details.



-Kate Russ, GLSP President



BOOK
FAIR

Around the SCHOOL



BIKE RODEO FUNDRAISER FOR GLEN LAKE SCHOOL



April 13th 10AM-11:30AM Rain Date 5/4

Where? Glen Lake School playground!

<https://app.99pledges.com/fund/glspbikero>

Sign up now- use link or QR code!



Ride an obstacle course



Bring your bike and have it
checked over by Brett's Bike Shop

Race your friends!

Bikes available to borrow



**SEACOAST
SCIENCE
CENTER**

“Thanks to generous donations, we are pleased to renew your organization’s complimentary passes to Seacoast Science Center courtesy of the Wendy Tefft Social Service Fund.

The Wendy Tefft Social Service Fund was founded in 2017 to honor Goffstown teacher, Wendy A. Tefft, whose life was tragically lost at the age of 38. The fund was created in her memory to allow families and students from schools and social service agencies in NH to come and explore. The Seacoast Science Center is a place Wendy and her son enjoyed together.

Wendy Tefft Fund Pass Holders receive complimentary free admission to the Seacoast Science Center.”

Please contact the Glen Lake School Main Office for more details on how to access this wonderful NH resource.

Glen Lake School Partnership Fundraiser



Ecosmith Recyclers Inc. and Glen Lake School are proud to partner in hosting a fundraising clothing and shoe drive.

Help raise funds to support the Glen Lake School Partnership by donating new or used articles of clothing, pairs of shoes, and household textiles.

**Glen Lake
School**

251 Elm Street
Goffstown, NH 03045



CLOTHING & SHOE DRIVE

WHAT TO DONATE

- Shirts
- Jeans
- Pants
- Shorts
- Sweaters
- Jackets
- Socks
- Dresses
- Skirts
- Bed linen
- Purses
- Backpacks
- Hats
- Scarves
- Belts
- Sneakers
- Sandals
- Dress Shoes
- Boots
- Towels

PLEASE BAG SHOES AND CLOTHING
SEPARATELY

WHEN

March 27th through April 10th

WHERE

Glen Lake School
251 Elm St, Goffstown, NH

CONTACT

Kate Russ
kate.l.russ@gmail.com

All collected material is destined for export to less advantaged persons in developing nations around the world.



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:



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



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.