

# RUBIK'S CUBE CLUB

*Karen Hurley, HES teacher*

## GRADES 3-5

*Space is limited! Register quickly!*



Have you ever watched someone solve the Rubik's Cube and wondered how in the world they do that? Join our Rubik's Cube Club to practice your skills, learn and share tips and tricks to get farther, maybe even learn to solve it OR get faster if you already know how!

Bring your Rubik's Cube and let's get started! We will have a few to borrow if you don't have one.

### GRADES 3-5

**Friday mornings Oct. 11, 18, 25, Nov. 1, 8, 15, 2019**      **6 weeks**

**7:40-8:40 a.m.    Maximum: 10 students      Fee: \$69/session**

**HES Room 230**

Class size is limited. Registration is on a first-come, first-served basis. If the class is full your check will be returned by mail. **Transportation will not be provided.**

Late pick-up may result in a \$1.00 per minute fee payable immediately to the instructor.

**REFUND POLICY:** Tuition is non-refundable. Check will be returned only if a class is cancelled.

Please know that it is the policy of the Harvard Public Schools not to discriminate on the basis of race, color, sex, gender identity, religion, national origin, age, disability, or sexual orientation in its educational programs, activities or employment policies as required by Title IX of the 1972 Educational Amendments, Chapter 199, and Section 504 of the Rehabilitation Act of 1973. The district compliance coordinator is Marie Harrington, Director of Pupil Services, 978-456-4143.

Harvard Community Education, 39 Massachusetts Ave., Harvard, MA 01451  
978-456-418    jcavanaugh@psharvard.org

**SPECTRUM REGISTRATION - Rubik's Cube Club**  
Use this form or register ONLINE at  
[www.psharvard.org](http://www.psharvard.org) "Departments" Community Education



Name \_\_\_\_\_ GR/Teacher \_\_\_\_\_

Address \_\_\_\_\_ BUS # \_\_\_\_\_ N/A \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent(s) \_\_\_\_\_ Work Phone \_\_\_\_\_

Allergies \_\_\_\_\_

e-mail \_\_\_\_\_

**PLEASE PRINT    Confirmation is done via e-mail.**

Emergency Contact & Phone \_\_\_\_\_

**(Other than parent, in case parent cannot be reached)**

Make check payable to: Town of Harvard, 39 Mass. Ave., Harvard, MA 01451  
\*Non Residents (does not include School Choice) please add \$10 non-resident fee

Or pay online at [www.psharvard.org](http://www.psharvard.org) Online Payment Center (if paying online, you must email the Payment Confirmation number to: [jcavanaugh@psharvard.org](mailto:jcavanaugh@psharvard.org)). If a class is cancelled due to under-enrollment, online payments will be refunded by check, processed through the Town Warrant.

**I, the undersigned, attest I am the parent or legal guardian of the above named child who attends the SPECTRUM program and agree to allow him/her to participate in the above listed SPECTRUM class. I further agree to indemnify and hold harmless the staff, administrators, and official assistants and to absolve them from any and all liability arising from my child's participation in this activity.**

**I have read and am fully aware of the Refund Policy of Harvard Community Education and the SPECTRUM Program.**



\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE