

# Chill Out with Ms. Robichaud!

## December 30 & 31, 2019

Lisa Robichaud, HES Staff



### REGISTRATION DEADLINE:

December 17 2019

We must reach our minimum of 10 students per day on or before December 17 to run the program

As the end of Winter Break approaches, are you looking for something fun to do? Join Ms. Robichaud for great arts/craft projects and activities! Indoor and outdoor (weather permitting) games, cooking/baking projects and more! Let's ring in the New Year with a New Year's "Eve" party at Noon on the 31st!

Monday and Tuesday, December 31, 2019



8:30 a.m. -4 p.m.  
HES Rm 151

Minimum: 10  
Fee: \$75/day\*

Class size is limited. Registration is on a first-come first served basis as received in the Community Education office.

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

**REFUND POLICY:** No refunds will be issued. 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  
978-456-4118 jcvanaugh@psharvard.org

SPECTRUM REGISTRATION FORM - Chill Out! Grades K-5  
Use this form or register online at [www.psharvard.org](http://www.psharvard.org)

Name \_\_\_\_\_ Grade/Teacher \_\_\_\_\_

Allergies \_\_\_\_\_

Address \_\_\_\_\_

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

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

Parent Name \_\_\_\_\_

Parent Work Phone \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact & phone \_\_\_\_\_

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

\*Non Residents (does not include School Choice) please add \$10 non-resident fee

**Once we reach the minimum required to run the class, we will email parents and payment must be made at that time.**

\_\_\_\_\_ Monday, Dec. 30 \$75

\_\_\_\_\_ Tuesday, Dec 31 \$75

I, the undersigned, attest I am the parent or legal guardian of the above named child who attends the Community Education/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 policies (ie. late pick up, refunds etc.) of Harvard Community Education and the SPECTRUM Program.

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

\_\_\_\_\_  
DATE

Harvard Community Education, 39 Massachusetts Ave., Harvard, MA 01451  
978-456-4118 jcvanaugh@psharvard.org

