

# KIDZ BAKE

Grades 2-5

Lisa Robichaud, HES Staff



Tuesdays, starts November 27, 2018

Registration Deadline November 5 or until full

Let's make some tasty treats and learn the science of baking! Cookies, brownies, cupcakes, and muffins! Best of all we get to eat what we bake!

Tuesday, November 27, December 4, 11, 18 2018      4 classes  
3:15-4:45      Maximum: 10  
HES Staff Lounge      Fee: \$69

(includes supplies)



Class size is limited. Registration is on a first-come first served basis. Late pick-up may result in a \$1.00 per minute fee payable immediately to the instructor.

**REFUND POLICY:** No refunds for withdrawal. Check will be returned only if a class is canceled.

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, 978-456-4118

[jcavanaugh@psharvard.org](mailto:jcavanaugh@psharvard.org)

Harvard Community Education

978-456-4118

SPECTRUM REGISTRATION FORM - KIDZ BAKE 2018

Use this form or register online at [www.psharvard.org](http://www.psharvard.org)

Name \_\_\_\_\_ Gr \_\_\_\_\_ Tchr \_\_\_\_\_

Allergies \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

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

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 payment is made online, please email the payment confirmation number or a copy of the receipt to: [jcavanaugh@psharvard.org](mailto:jcavanaugh@psharvard.org).*

KIDZ BAKE, GRADES 2-5

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      [jcavanaugh@psharvard.org](mailto:jcavanaugh@psharvard.org)

