

Goodwin Elementary Announcements & Events

Notices for 10/21/16

- ***Mansfield Public Library presents
Halloween All Day! Saturday,
October 29th 9:00am – 3:00pm***
- ***Goodwin PTO's Harvest Festival
Sunday, October 30th 1:00pm-
3:00pm***

- ***Husky Community Initiative
presents SAAC-o'-LANTERN
Monday, October 31st 6:30pm-
8:00pm***
- ***Goodwin's Thanksgiving Dinner
Information***
- ***Recreation Rescue Tuesday,
November 8th 7:30am-5:30pm
Registration Information***



HALLOWEEN ALL DAY

at Mansfield Public Library!

Saturday, October 29

9:00 AM - 3:00 PM

Drop in to the Library for a ton of Halloween fun both inside and outside. Explore the Spooky Children's Garden, try the Mystery Graveyard Quiz, do some crafts, play Feed the Monster and Creature Fishing, visit the Story Nook and more!



**Activities are ongoing from 9:00-3:00.
Come when it's most convenient for you!**

Feel free to wear your costume!



Mansfield Public Library
54 Warrenville Rd
Mansfield, CT 06250
860 423-2501
www.mansfieldpubliclibraryct



Goodwin PTO's

HARVEST FESTIVAL

Sunday, October 30
1:00pm-3:00pm

Come in your Halloween costumes and trick-or-treat to each classroom!

Don't miss out on the games, prizes, popcorn, haunted hallway and more!!

NEEDED:

Candy donations

Door decorator(s) from each classroom

Contact Meghan Silliman,
meghan.silliman@gmail.com
if you can help!!

SAC-O'-LANTERN

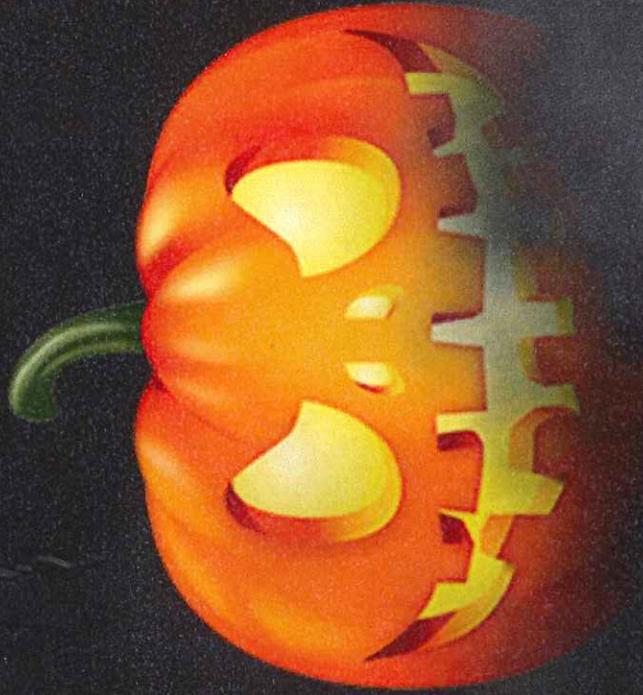
6:30-8 PM
(KICKOFF AT 7PM)

ALL ELEMENTARY
SCHOOL CHILDREN
WELCOME!

GAMPEL
PAVILION

HUSKY COMMUNITY
INITIATIVE

BREAST CANCER
AWARENESS
FUNDRAISER-
\$1 FOR QUESTS &
FAMILIES



TRICK
-OR-
TREATING,
GAMES, &
ACTIVITIES

FEATURING UCONN
STUDENT ATHLETES

STUDENT
ATHLETES-
PLEASE WEAR
PINK!



OCTOBER
31ST

GOODWIN SCHOOL LUNCH PROGRAM
321 Hunting Lodge Road
Storrs, CT 06268

October 21, 2016



Dear Goodwin Families,

Goodwin School is celebrating Thanksgiving dinner on Friday, November 18th. The dinner is a school-wide activity between students and staff. The meal will be sit-down and family-style. We invite every child to join us for this Thanksgiving dinner. The menu is turkey and gravy, stuffing, potatoes, carrots, applesauce, cranberry sauce, rolls, dessert and milk.

In order to provide this type of service for all our students, we will need a meal count by Friday, November 4th. Please complete the form below and return it to your child's teacher. If your child has prepaid for lunch or participates in the free/reduced lunch program, please return the form and put a check in the part marked "I have already paid for lunch." Other children may pre-pay for the luncheon by sending the form with \$2.25 to their teacher by Friday, November 4th, 2016.

If your child selects not to eat the school lunch, please send a lunch so he/she may participate with the rest of the students.

We look forward to a festive dinner for the whole school.

PLEASE CONTACT SCANLJE@hotmail.com your PTO president to volunteer.

(Return to classroom teacher by Friday, November 4th.)

Student's Name: _____

Teacher's Name: _____

Please check off all that apply:

- _____ I will be eating Thanksgiving dinner- there is money on my child's account
- _____ I will be eating Thanksgiving dinner - my \$2.25 is enclosed with this form.
- _____ My \$.40 for reduced lunch is enclosed with this form.
- _____ I will bring my lunch from home on that day

If you have any questions please call Linda Spencer at 429-9082 X-3.

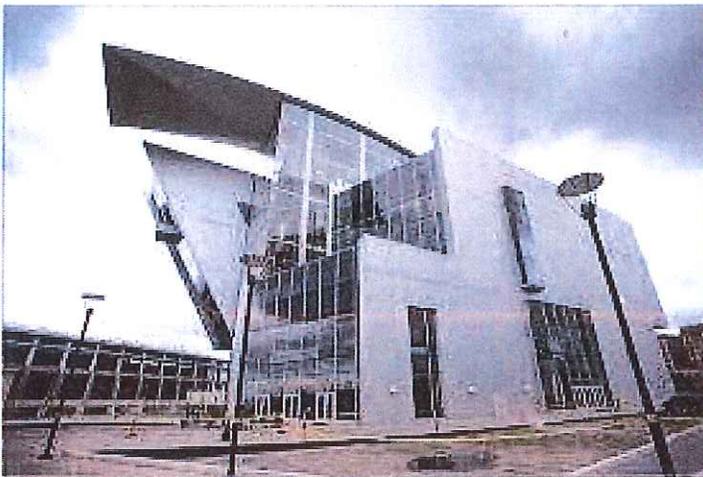
*office/events

Recreation Rescue

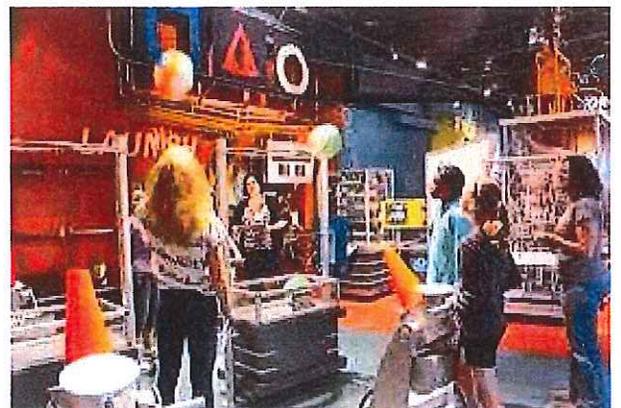
Date: 11/8/16 Time: 7:30am-5:30pm

Location: Mansfield Middle School

Fee: \$47 residents \$57 non-residents



No School, No Problem! Come join us on Tuesday, November 8, 2016. Pick up and drop off is at the Mansfield Middle School, 205 Spring Hill Road. Please pack a lunch and a snack that does not require refrigeration. Rec Rescues are for children in grades K-8. There is a field trip to the CT Science Center. The kids will also participate in a variety of games and arts and craft projects at the school. Pick up and drop off is in the gym and a parent or guardian **MUST** come in to sign their child in and out.



VISIT WWW.MANSFIELDCC.COM

OR CALL 860.429.3015, EXT. 0

FOR MORE INFORMATION

MANSFIELD COMMUNITY CENTER 10 S. EAGLEVILLE RD, STORRS, CT 06268

ACTIVITY REGISTRATION FORM

PLEASE CHECK REGISTRATION DATES. PLEASE PRINT CLEARLY!

REGISTRATION CAN BE DONE
ONLINE AT: MANSFIELDCC.COM

MAIL TO: Mansfield Parks & Recreation Department
10 South Eagleville Road, Storrs/Mansfield CT 06268

Primary Household Contact/Parent/Guardian | Secondary Contact (include address if different)

Name:		Name:	
Address:		Address:	
Town:	Zip	Town:	Zip
Phone: (H)	(W)	Phone: (H)	(W)
(Cell)		(Cell)	
Email Address:		Email Address:	

LOCAL Emergency Contact (Other than parent/guardian, i.e., grandparent, neighbor, etc.)

Name:	Phone:
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Activity # /Letters	Activity Name	Participant's Last Name	First Name	Birth Date	Sex	Fee
Contribution to Scholarship Fund						
TOTAL:						

Please Check here if you have purchased a Community Center Membership.

Some Mansfield residents may be eligible for low-income fee reductions. Check with the Parks & Recreation Office for more information and an application

Also fill details below for each participant:

	Grade (if child)	School (if child)	Physician	Allergies, Special Asst., Meds, Other Info:
1				
2				
3				
4				

PAYMENT INFORMATION: Please make checks payable to: Town of Mansfield

Payment method: Check ___ Cash (in office only) ___ AMEX/DS/MC/Visa (in office only) ___

(separate checks required for each program)

CREDIT CARDS PAYMENTS ACCEPTED ONLINE OR IN-PERSON ONLY

Signature _____

Date _____

WAIVER OF PARTICIPANT BY PARENT OR SFLF: I hereby agree to release, discharge, and hold harmless the Town of Mansfield, its directors, officers, employees, agents, contractors, and/or volunteers from any and all liability that may occur during either my participation or the participation of my minor child in the above listed recreational activities. I understand that participation in any recreational or sport activity involves risk, and I grant permission to the Town of Mansfield to utilize any medical emergency services it deems necessary to treat any injuries that I or my minor child may incur. I further understand that the Town of Mansfield does not provide insurance for recreational program participants. PHOTO RELEASE: I understand that for promotional purposes the Town videotapes and/or takes photographs of participants enrolled in recreation activities, classes or programs. I hereby release and permit the Town of Mansfield to utilize for said promotional purposes any photographs and /or videotapes of me or my minor child engages in the above listed recreational activities.

Signature _____

Date _____