



Hazelwood Announcements for Monday, May 16, 2022

- ★ 7th graders: Turn in permission slips for Finance Park before next week.
- ★ Students, please make sure you check the fliers at the end of the announcements for several summer opportunities!
- ★ Awards Ceremony Days:
 - 6/1 AM - 5th grade @ 9:30am
 - PM - 6th grade @ 1:00pm
 - 6/2 AM - 8th grade @ 9:30am
 - PM - 7th grade @ 1:00pm
- ★ Join us for Fellowship of Christian Athletes on Thursday mornings before school starts! We will be meeting at 8:40 in Mrs. Woodruff's room (room m282).
- ★ Student council is hosting a spirit week next week for our last full week of school and well wishes to kick off summer with a bang! The days are as follows;
 - Monday May 23 - PJ Day
 - Tuesday May 24 - Red, White and Blue Day
 - Wednesday May 25 - Jersey Day
 - Thursday May 26 - Decades Day
 - Friday May 27 - Pirate Day
- ★ If you would like to purchase a yearbook, there are 25 still available. The cost is \$30. Bring your money to Mr. Hess in room A-154 before they are gone.
- ★ The library is now closed for the school year. Students may return books either in the library or in the book drop outside the library. Students may also come in to pay for lost books. All books are due by May 20 to avoid a letter home to parents.
- ★ HAZELWOOD PTO's ZESTO Restaurant Day is Thursday, May 26th. 20% of all proceeds come back to our school! Take the flier at the

end of the announcements with you to dinner or for some yummy ice cream to help support Hazelwood's PTO!!

- ★ Any 5th or 6th Grade students interested in Summer Theater Camp can pick up the flier on the ledge outside of the office.
- ★ LifeSprings Health Clinic is located in the building at NAHS next to the main office. Physicals are FREE but athletes must have the following attached LifeSprings paperwork to receive a physical. The LifeSpring Health Clinic offers free sports physicals any school day from 7 AM - 3:30 PM. Student-athletes have the ability to go before school, at lunch and/or after school. Student-athletes MUST HAVE THE LIFESPRING FORM COMPLETED WITH PARENT SIGNATURE (the form is at the bottom of the announcements, and will also be available in the front office at Hazelwood). The clinic closes for the summer on June 7th at 4PM. LifeSpring will host a two day summer sports physical clinic on June 6th and 7th from 12PM-4PM, however, athletes must have the LifeSprings form and IHSAA forms signed by a parent/guardian. Great opportunity for incoming freshmen for fall sports. Reminder: Student-athletes can beat the lines on June 6th and 7th by going any school day before classes start, during their lunch or after school (7AM - 3:30 PM).
- ★ High school is right around the corner! As a middle schooler, college might seem a long way off, but there are still things you can do to prepare for this important time in your life right now. You can enroll as a 21st Century Scholar from the time you enter 7th grade to June 30th of your 8th grade year, and if you keep your grades up and meet a few eligibility requirements, you may be eligible to earn up to a **full tuition scholarship to an Indiana College or University**.
 - The application process doesn't take long, but you will need the following information to complete:
 - Student Social Security Number, DOB, address
 - Parent or guardian's Social Security Number
 - Previous year gross income amounts for all members of the household (Example: if you are applying after December 31, 2020, use 2020 amounts).

Is my child eligible to be a 21st Century Scholar?

- We encourage all parents to visit the link below to review the eligibility requirements.

<https://learnmoreindiana.org/scholars/enroll/>

After School Tutoring Available:

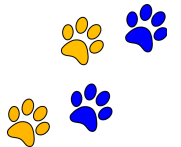
- When: Tuesdays & Thursdays
- Time: 3:45-5:15
- Where: Library
- What: Tutoring for Math and English

★ Update:

- Masks are now optional within the building effective 2/21/2022.

Guidance for when your child is sick:

- ☐ If your child has a fever, vomiting or diarrhea, please keep him/her home until he/she is symptom free for 24 hrs. Please call the Attendance Hotline at 812-542-3301 to report your child's absence.



- ☐ If your child was a close contact to someone that tested positive for Covid, has Covid symptoms, or has tested positive for Covid, please call 812-542-2270.

-
- ☐ Riverside Aquatic Club is offering summer swim lessons at Highland Hills Middle School!

Session 1: June 6, 7, 8, 9, 13, 14, 15, 16

Session 2: June 20, 21, 22, 23, 27, 28, 29, 30

Session 3: July 11, 12, 13, 14, 18, 19, 20, 21

Times:

9:30 am – 10:15 am

10:30 am – 11:15 am

11:30 am – 12:15 pm

12:30 pm – 1:15 pm

To register, please visit the Riverside Aquatic Club website at www.riversideaquaticclub.com and click on "Swim Lessons".

For more information contact Ashley Manger

amanger@nafcs.org

(502) 649 - 1672

Or visit our website www.riversideaquaticclub.com

Kick off To Summer Spirit week!

May 23-27, 2022

Monday May 23

PJ Day

Tuesday May 24

Red, White and Blue Day

Wednesday May 25

Jersey Day

Thursday May 26

Decades Day

Friday May 27

Pirate Day





**HAZELWOOD PTO's
ZESTO Restaurant Day
is Thursday, May 26**



20% of all proceeds come back to our school! Take
this flyer with you to dinner or for some yummy ice
cream to help support Hazelwood's PTO!!





New Albany Theatre Arts Proudly Presents...

JUNE 6 TO 10, 2022

BROADWAY
Bound!

Summer Theatre Camp

Current 1st to 6th Graders

9:00AM-12:10PM

NEW ALBANY HIGH SCHOOL

AUDITORIUM Door #2

\$80 for the week

Acting • Dance • Singing • Audition Technique • Stage Combat and More!

Join New Albany's Theatre Director, Amy Miller, students and professional staff for this exciting week of imagination, creativity, and performance!

Current 1st through 6th graders will experience a daily rotation of music, dance, acting, theatre games, tech, and more with a final performance on **Friday, June 10 at 11:45AM.**

ALL STUDENTS will get to work on materials from our upcoming fall production that will feature an ensemble of kids! Show soon to be announced in APRIL!

Whether you have experience or just want to try it out, this week will be fun for all!

REGISTER BY EMAILING AMILLER3@NAFCS.ORG OR DOWNLOAD THE FORM AT NEWALBANYTHEATREARTS.ORG



**Kids Ages
7-12**

Nature's playground

Science & Nature Camp

Fun & creative Outdoor Activities

June 6 – 10, 1:00 – 4:00, \$150, ages 7-12

June 13 – 17, options 9:00 – 12:00 or 1:00 – 4:00, at \$150 or 9:00 – 4:00 ages 7-12 at \$300

**Whole &
Half-Day
Sessions.
Limited Spaces Available
Sign Up Today!**



Hiking



**Outdoor
Activities**



Science

Come join us and experience these and other amazing things about nature while celebrating our different abilities, playing, building and exploring together at Nature's Playground this Summer!

- Nature hikes around the 400 wooded acres
- Chance to build your own small hot air balloon, parachute or helicopter to experiment with air
- Learn about vultures who scavenge for food

www.mountsaintfrancis.org/natures-playground

101 St. Anthony Blvd. - Mt. St. Francis, Indiana 47146

**Questions?
Contact Us
812-923-8817**



Prosser Fire Rescue Summer Camp 2021

June 7-11 0900-1300

4202 Charlestown Rd. New Albany

Open To Prosser Sending Schools 7-9th Grades

Come spend a week experiencing the career of a firefighter!

Campers Will Learn About:

How To Use A Fire Extinguisher

How To Survive A Home Emergency

First Aid & CPR Certification

The Science Of Fire

Are You Fit Enough To Be A Firefighter?

**Campers Will Have The Opportunity To Meet Area
Firefighters And Use The Tools They Use To Save Lives.**

**We will get wet and dirty so bring a towel and change of clothes daily!
A water bottle and sunscreen is recommended. Snacks will be provided.**

Sign up at:

<https://forms.gle/bKtJNo6tHDpS7Zbi9>

Spots Are Limited!

Questions? mkidd@nafcs.org



Automotive Summer Camp

June 6th-9th
8:00 am. to
1:00 pm

Limited spots: first come, first served

FOR ANY STUDENT IN 7TH & 8TH GRADES

Location: Prosser Transportation Center

Presented by Prosser Automotive
Technologies & Collision Repair
& their business partners

- Learn about basic car maintenance
- Build a model engine to take home
- Learn wash & wax techniques
- Learn about safety checks
- Explore career opportunities
- Hands-on learning with guest speakers

*Lunch provided!

**Hosted by
Mr. Dethy & Mr. Walker**



Link to register:

<https://forms.gle/cCxcQHWe6TcjKpz48>

*Deadline to register is May 31st

*Free camp (no cost to families!)

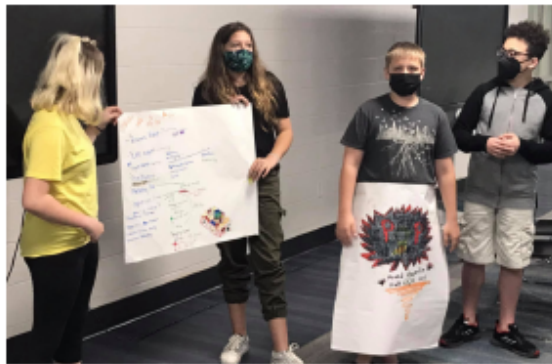
*In registering your child for this camp, permission is automatically granted for a photo, press, audio, and electronic media release for minors. For additional information or questions, please call Prosser Career Education Center at 812-542-8508

Career Awareness and Exploration Camp



6th-8th Graders

Prosser Career Education Center
Business & Marketing Program



Link to Register:

<https://docs.google.com/forms/d/1fqx5ENc2LqvOpRvQnwuvyyZLhM6fIhD55Fr-kxnjbU/edit>



JUNE 13-16

8:30 AM - 1:30 PM

Open to Prosser Sending
Schools/Region 45

ACTIVITIES

- Daily Guest Speakers
- Relationship Building
- Communication Skills
- Problem Solving
- Creativity
- Design Thinking
- Learning from Mistakes
- Personal Branding
- Entrepreneurship
- Creating a New Product
- Pitching a New Product

**Snacks & Lunch
provided!!!!**

Prosser Criminal Justice Summer Camp 2022

June 6-9, 2022 8:30am to 1:30pm

4202 Charlestown Road New Albany

Open to Prosser sending schools 7th-9th grade

Instructors: Mac Spainhour and Don York

**Learn what it takes to
pursue a career
in Law Enforcement:**

- Job Requirements**
- Physical Requirements**
- Specialized Units**
- Arrest Techniques**
- Defensive Tactics**
- Different Agencies**



Campers Will Learn How To:

- Take and lift fingerprints**
- Take cast impressions**
- Make arrests**
- Interview**
- Pass the fitness standards**

Sign up at:

<https://forms.gle/YMdV2EHaPrboy8HF6>

Ask Questions at dyork@nafcs.org

LIMITED SPOTS, APPLY A.S.A.P



Ivy Tech's Kids College Summer Enrichment Program is **back, in-person!**
[Registration is now open!](#)

Classes will be held in Ogle Hall on the main Ivy Tech campus in Sellersburg on **June 15th and 16th**. The program is geared toward all children in grades K-5. Your child will be engaged in high-interest, educationally appropriate activities promoting critical thinking, collaboration with classmates and most of all, FUN in each course they choose!

Be sure to check out our new course offerings! Classes fill quickly so don't delay.

Please call (812-248-4925) or email (Sellersburg-kidscollege@ivytech.edu) if you have any questions. If you are able to participate, please remember that your child will need a **sack lunch** for these two days.

We look forward to seeing you soon!

Ivy Tech Community College, Sellersburg

**THE LIFESPING FOUNDATION OF INDIANA
PRESENTS**



Boots



Bling



**Live Music, Line Dancing, Wine &
Bourbon Pull, Dream Vacation Raffle,
Bling Bling Raffle & More!**

MAY 19, 2022

HUBER'S BARN #1

6:00PM-9:00PM

Purchase tickets & sponsorships at

www.lifespringgala.org





DOING THE
MOST GOOD™

FOR IMMEDIATE RELEASE

Salvation Army Announces Pathway of Hope

Southern Indiana (April 29, 2022) – The Salvation Army of Southern Indiana announces the re-opening of the Pathway of Hope family support program. Pathway of Hope provides individualized, long-term case management services to families in Clark, Crawford, Floyd, Harrison, Scott, and Washington counties that are seeking improved financial stability and assistance accessing resources to support continued growth.

To qualify, families must

- live in Clark, Crawford, Floyd, Harrison, Scott, or Washington county
- have at least one child under the age of 18 living in the home
- be motivated and ready to commit to long-term change that leads to improved stability

The launching of this program is funded in part by Metro United Way. The long-term goal is to help families work toward home ownership.

For more information, contact Case Worker Leighanne at The Salvation Army at 812-944-1018.

#

About The Salvation Army

The Salvation Army, an evangelical part of the universal Christian church established in London in 1865, has been supporting those in need in His name without discrimination for 130 years in the United States. Nearly 30 million Americans receive assistance from The Salvation Army each year through the broadest array of social services that range from providing food for the hungry, relief for disaster victims, assistance for the disabled, outreach to the elderly and ill, clothing and shelter to the homeless and opportunities for underprivileged children. 82 cents of every dollar The Salvation Army spends is used to support those services in 5,000 communities nationwide. For more information, go to www.salvationarmyusa.org.



2022 Girls Summer Basketball Camp

Incoming K - 4th
9:00AM - 10:30AM

June 20th-23rd

Incoming 5th - 8th
11:30AM - 1:30PM

Participant Information

Name: _____ Grade: _____ Birthday: _____

Address: _____

City: _____ State: _____ Zip: _____

School: _____

Shirt Size (circle one): YM YL AS AM AL AXL AXXL

Parent/Guardian Information

Name: _____ Email Address: _____

Phone #: _____ Text Message: YES NO

Payment Information - \$35 per child

Cash _____ Check (check #) _____ Amount: _____

**Please make checks payable to: New Albany High School Athletics
Memo: GBB Summer Camp**

Please read the following statement and sign below:

My daughter has permission to participate in the New Albany Girls Basketball Summer Camp. I have no knowledge of any physical impairment that would affect, or be affected by, my daughter's participation in this event. I specifically waive and release NAHS Lady Bulldog staff, players, school, corporation, or any other site from any liability for injuries sustained as a result of this camp.

Signature of Parent/Guardian: _____ **Date:** _____



Middle Schooler Runners

Participate with New Albany Cross Country and
prepare for your upcoming season

6th, 7th, 8th graders June 14, 15, 16, 21, 22, 23, 28, 29, 30

5th-8th graders July 12, 13, 14, 20, 21, 26, 27

Middle School runners will work with the high school team and coaches doing
age appropriate runs as they develop their abilities.

7:00am-8:15am at the New Albany HS track.

Cost: Free

Contact: Coach Nick Ellis nellis@nafcs.org or Coach Kyle Weigleb

kweigleb@nafcs.org with questions



June 6-7 Noon - 4PM

7th Closes

Daily 7am - 330PM

Date: _____

NEW PATIENT INFORMATION

PATIENT NAME (LAST - FIRST - MIDDLE INITIAL)		ADDRESS	
CITY, STATE	ZIP	HOME PHONE	CELL PHONE
PATIENT DATE OF BIRTH	PATIENT SSN	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____
GENDER IDENTITY <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Queer <input type="checkbox"/> Other <input type="checkbox"/> Choose Not to Answer			
SEXUAL ORIENTATION <input type="checkbox"/> Straight or Heterosexual <input type="checkbox"/> Lesbian, gay or homosexual <input type="checkbox"/> Bisexual <input type="checkbox"/> Something else <input type="checkbox"/> Don't know <input type="checkbox"/> Choose not to answer			
PATIENT EMPLOYER NAME	PATIENT EMPLOYER ADDRESS (STREET ADDRESS - CITY - STATE - ZIP)		EMPLOYER PHONE
NEEDED RESPONSIBLE PARTY INFORMATION		RELATION TO PATIENT: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	
NAME (FIRST - LAST - MIDDLE INITIAL)		ADDRESS (if different from patient)	
HOME PHONE	WORK PHONE	SSN	BIRTH DATE
INSURANCE INFORMATION		EMPLOYER	
PRIMARY INSURANCE NAME	ADDRESS (STREET - CITY - STATE - ZIP)		PHONE
GROUP NUMBER	ID NUMBER	EMPLOYER	EMPLOYER PHONE
SECONDARY INSURANCE NAME	ADDRESS (STREET - CITY - STATE - ZIP)		PHONE
GROUP NUMBER	ID NUMBER	EMPLOYER	EMPLOYER PHONE
IN CASE OF EMERGENCY CONTACT		RELATIONSHIP	PHONE NUMBER

ASSIGNMENT AND RELEASE: I hereby authorize my insurance benefits be paid directly to the physician and I am financially responsible for non-covered services. I also authorize the physician to release any information required in the processing of this claim and all future claims. If my account is sent to a collection agency, I agree to pay all collection and attorney fees.

SIGNATURE (Patient or, if minor Signature of parent or guardian)

DATE

Authorization to Release Health Information to:

Name(s)		ADDRESS	
CITY, STATE	ZIP	HOME PHONE	DAYTIME PHONE
DATES OF SERVICE FROM: TO:		AUTHORIZATION EXPIRES (UNLESS OTHERWISE NOTED THIS AUTHORIZATION WILL REMAIN IN EFFECT ONE YEAR FROM THE DATE SIGNED) <input type="checkbox"/> NEVER DATE:	
Release the following information: <input type="checkbox"/> All Records <input type="checkbox"/> Chart Notes <input type="checkbox"/> Radiology Reports <input type="checkbox"/> Operative Reports <input type="checkbox"/> History & Physicals			

RELEASE INFORMATION

I understand that:

- Once "this facility" discloses my health information by my request, it cannot guarantee that Recipient will not re-disclose my health information to a third party. The third party may not be required to abide by this Authorization or applicable federal and state laws governing the use and disclosure of my health information.
- I may make a request in writing at any time to inspect and/or obtain a copy of my health information maintained at this facility as provided in the Federal Privacy Rule 45 CFR (164.524).
- my records are protected and cannot be disclosed without written permission
- This Authorization will remain in effect for one year or I provide a written notice of revocation to the Medical Record Department.

SIGNATURE OF PATIENT OR LEGAL REPRESENTATIVE

DATE

EMAIL

IF SIGNED BY LEGAL REPRESENTATIVE, RELATIONSHIP TO PATIENT

SIGNATURE OF WITNESS (Optional):



CONSENT TO TREAT AND FINANCIAL ASSIGNMENT AND RESPONSIBILITY

Permission to Treat:

Permission is hereby granted to render such medical examinations, treatments, and procedures as are considered advisable by treating staff for my health and well-being.

I understand that I have the right to consent or refuse any proposed procedure or treatment and that I will not be involved in any research or experimental procedure without my knowledge and written consent.

Authorization to Release and Obtain Information:

I authorize LifeSpring Health Systems to release and/or obtain information from my medical record, or permit inspection of such medical information, including but not limited to psychological and/or psychiatric, drug and/or alcohol related conditions, communicable disease diagnoses, and/or testing including the results for Human Immunodeficiency Virus Infection (HIV), Hepatitis, or other blood borne infectious disease for the purpose of treatment, payment, or other healthcare operations as more fully described in the Notice of Privacy Practices.

I understand that certain information may be released to health officials responsible for the control of infectious diseases in accordance with the requirements of federal, state, and local laws and regulations.

Financial Responsibility:

I hereby authorize payment of my insurance benefits otherwise payable to me, directly to physicians, but not to exceed the balance due of the regular charges for the state of service. I understand that I am financially responsible to LifeSpring Health Systems for charges not covered by this authorization including deductibles and/or coinsurance amounts.

Guarantee of Account:

The undersigned hereby agrees to pay the provider for services rendered during physician visits. I understand patient monies received by LifeSpring Health Systems will be applied to any of my accounts with an outstanding balance.

both the contractor in the government, and to the Peer Review Organization responsible for reviewing the medical care furnished me by LifeSpring Health Systems only such information needed for this or related claim. I further authorize the Social Security Administration to release to LifeSpring Health Systems any information which they maintain in regards to the extent of my coverage Title XVIII and Title XIX of the Social Security Act.

- ☐ I do not have Medicare
☐ I do not have Medicare Part A
☐ I do not have Medicare Part B

Phone Consent:

Your signature below will authorize LifeSpring Health Systems to send Appointment Reminders electronically via text message to your mobile phone. If you do not have a mobile phone, we can electronically remind you of your appointments on a landline via phone call/voicemail.

Notice of Privacy Practices:

I have knowledge that I have been offered a copy of the Notice of Privacy Practices, effective January 1, 2015.

Patient Name

I acknowledge I have received information that describes my patient rights and responsibilities as well as my rights under state law to make decisions concerning my medical care.

Patient Signature

Date

Witness Signature

Date

Signature of Guarantor, Legal Guardian or Closest Relative

Patient is: ☐ A minor _____ years of age or ☐ unable to sign

Medicare and Medicaid Patients:

I certify that the information given by me in applying for payment is correct. I authorize the release of medical and related information about my treatment to the Social Security Administration, including its intermediaries or carriers, to