

2020 WINTER COMMUNITY ED CLASS LIST

Grade	Class Title	Days/Times
2-4	Monday Nights at the Library	Mondays: 3:15-5:15
4K-1	Games & Puzzles	Tuesdays and/or Thursdays: 3:30-5:00
K-2	Explorations	Thursdays 3:30-5:00
K-5	Snow Much Fun!	Tuesdays and/or Thursdays: 3:30-5:00
3-4	Let's Make . . .	Tuesdays and/or Thursdays 3:30-5:00
3-8	Football Card Collecting	Tuesdays and/or Thursdays 3:30-5:00
4-5	Rockin' Recorders	Tuesdays 3:30-5:00
4-8	Leather Crafts	Tuesdays: 3:30-5:00
5-8	Young Adult Book Club	Tuesdays and/or Thursdays 3:30-5:00
5-8	After-School Resource	Tuesdays and/or Thursdays: 3:15-5:00

Minocqua JI School District

Location	Instructor	Fee
Minocqua Public Library	Herrick/Widmer	\$5.00
Rm. 221 (Ms. Michalski's Room)	Michalski/Olson	\$10.00
Rm. 213 (Mr. Langheim's Room)	Langheim/Teter	\$5.00
Commons	Punzel/Christianson	\$10.00
Rm. 165 (Ms. Mackin's Room)	Mackin	\$10.00
Rm. 180 (Mr. Kinnally's Room)	J. Kinnally	\$10.00
Rm. 185 (Ms. Hunter's Room)	Hunter	\$5.00
Rm. 150 (Mr. Teter's Room)	Teter/Langheim	\$5.00
Rm. 158 (Ms. Koniar's Room)	Koniar/Kovac	\$10.00
Rm. 145 & 185 (Ms. Schmidt's & Ms. Hunter's Room)	Schmidt/Hunter	none

Minocqua JI School District

COMMUNITY ED REGISTRATION FORM

Please Return Completed Form to the front Office by:

Thursday, January 9, 2020

Mailing Address: _____
City: _____ ZIP _____
Parent/Guardian Signature: _____
Email Address: _____
Home Phone# _____
Cell Phone/Emergency# _____

1) Student Name: _____
Medical Restrictions/Allergies _____
Grade: _____ Teacher/AA: _____
Course Title _____ Fee _____
Course Title _____ Fee _____
Course Title _____ Fee _____

2) Student Name: _____
Medical Restrictions/Allergies _____
Grade: _____ Teacher/AA: _____
Course Title _____ Fee _____
Course Title _____ Fee _____
Course Title _____ Fee _____

3) Student Name: _____
Medical Restrictions/Allergies _____
Grade: _____ Teacher/AA: _____
Course Title _____ Fee _____
Course Title _____ Fee _____
Course Title _____ Fee _____

4) Student Name: _____
Medical Restrictions/Allergies _____
Grade: _____ Teacher/AA: _____
Course Title _____ Fee _____
Course Title _____ Fee _____
Course Title _____ Fee _____

5) Student Name: _____
Medical Restrictions/Allergies _____
Grade: _____ Teacher/AA: _____
Course Title _____ Fee _____
Course Title _____ Fee _____
Course Title _____ Fee _____

Total Fees: _____
