

Extended Day Program



Parent Information

Welcome to Hackett's Extended Day Program! We are excited to have your student(s) here with us. We are adjusting our program to focus on supporting the common core, while at the same time, bringing in more outside programming and developing stronger clubs that will enrich your child's afternoons. Here are some of the highlights of our program:

IT'S FREE..... IT'S FREE..... IT'S FREE..... IT'S FREE..... IT'S FREE

Clubs and Outside Programming:

- Students will be involved in a variety of enrichment programs **Monday - Thursday 3:00 - 5:15pm.**
- Programs will operate in three 11 week sessions. Students must commit to each club for the entire 11 weeks. This is to ensure continuity and provide staff the opportunity to build on weekly lessons; ensuring students gain a working knowledge of the offered activity.
- Students must select their program preference and programs will be filled on a first come first served basis. Please note depending on the success of a program it may be offered in another session throughout the year.

****PLEASE NOTE:** We want you to be involved in the program as much as possible. Please do not hesitate to ask any questions and give us any feedback. The program coordinator can be reached at the number indicated below.

Parents please keep in mind:

- **Students will be dismissed at 5:15 PM.**
- **Durham School Bus Transportation will be provided**

Return all completed applications to:

Extended Day Program Coordinator

518-475-6501

Via the Extended Day Mailbox in the Guidance Office

Extended Day Enrollment Form

Child Information (Please Print)

All Lines must be filled in, if not applicable mark N/A.

PLEASE READ AND UNDERSTAND EVERYTHING YOU ARE SIGNING.

Child's Name: _____ Sex: M _____ F _____

Date of Birth: ____/____/____ Age: _____ Student ID #: _____

Grade/Team (circle one): 6 7A 7B 8A 8B

Home Address: _____ City: _____ Zip: _____

Parent/Guardian Information (Please Print)

Parent/Guardian Name (Primary Contact): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell: _____ Email: _____

2nd Parent/Guardian Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email: _____

**Extended Day Program
2016/17 Enrollment Form**

Child's Name _____ Student ID#: _____

Transportation

My child will be using the following means of transportation to get home from the
Extended Day Program:

Walking Home*: _____ Durham Bus: _____ Picked Up: _____

*Please complete attached Walker Waiver

What is the nearest major intersection for bus drop-off? _____

Pick Up Authorization Form (Please Print)

I authorize the following people to pick up my child from the HMS Extended Day Program. All
Authorized persons **MUST BE AT LEAST 16 years of age** and be prepared to show ID upon arrival at
the main entrance to pick up a student.

Name	Relationship	Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Emergency Contacts (NOT A PARENT - if parents cannot be reached)

_____	_____	_____
Name	Relationship	Phone
_____	_____	_____
Name	Relationship	Phone

**Extended Day Program:
2016/17 Enrollment Form**

Emergency Information

I/We the parent/legal guardian of the above named minor do hereby appoint Hackett Staff to act on my behalf in authorizing emergency medical, dental, or surgical care and hospitalization in my absence for above named minor.

Parent Signature: _____ Date: _____

Medical Information (Please Print)

Child's Name: _____ D.O.B. _____ Age: _____

Allergies & Special Needs (attach a separate sheet if necessary)

Does your child have any allergies? Y or N Please List: _____

Does your child have any food allergies? Y or N Please List: _____

Does your child take any medications? Y or N Please List: _____

Does your child have any special needs? _____

Physician Information

Physician Name: _____ Office Name: _____

Address: _____

Phone: _____

PROGRAMS (Revised 10/04/2016)

Please **circle the X** in the box next to the programs you want to sign up for.

Hackett Middle School Programs

	M	T	W	Th	Sat
<i>Tutoring Time:</i> Having a tough time with classwork? Struggling with homework? Complete the attached SUNYA application then bring any homework, classwork, or missing assignment to your teachers and hang out with SUNY Albany College Students, where HONOR ROLL IS OUR GOAL!!!!	X	X	X	X	
<i>UpState Gamerz:</i> Calling all video game addicts! Come get your game on! Show your skills in Madden and NBA2K16. Play along with your friends in various game competitions. <u>This program is limited to the 1st 25 students with returned and completed applications!</u>	X				
<i>HMS Craft Class:</i> Ever wonder the many uses of duct tape? Or do you like to get your hands dirty creating paper Mache' or tie dye? Join us as we create hands on projects to bring home and discover the many uses of household items.	X				
<i>Soccer:</i> Gooooooal!!! Come show off your fancy footwork and represent your favorite country in a friendly game of futbol.	X				
<i>S.T.E.M:</i> Enjoy building things, problem solving, and using your imagination? Join the S.T.E.M club where we work as a team to solve science, technology, engineering, and math challenges. Be a part of the Hackett Team and compete in the Future City, Science Bowl, and New York State Envirothon competitions.	X	X			
<i>Cooking Club:</i> Each week we will bring something new and exciting to the kitchen. Students will learn how to calculate serving sizes, prepare various foods, learn the importance of healthy eating choices, and record recipes in their homemade cookbook. <u>This program is limited to the 1st 25 students with returned and completed applications!</u>			X		
<i>Sewing:</i> Do you consider yourself to be artistic and creative? Would you like to personalize your own clothing and accessories? Want to learn how to design pillows, stuffed animals, and clothing? Then the sewing club is for you!!		X			
<i>Lego Robotics:</i> Get ready. Get set. Roar! Join Hackett's FIRST LEGO League competition team for this year's ANIMAL ALLIES challenge! FLL challenges kids in over 80 countries to think like scientists and engineers. Teams will choose and solve a real-world problem in the Project. We will also build, test, and program an autonomous robot using LEGO MINDSTORMS® technology to solve a set of missions in the Robot Game. Throughout our experience, we will follow the FLL Core Values, celebrating discovery, teamwork, and Gracious Professionalism		X			

<i>Judo:</i> Train with Olympic Medalist Amanda Barone. Learn the basic principles and moves associated with the art of JUDO. Students will gain a better understanding of martial arts while at the same time learning self-discipline and the benefit of physical fitness.			X		
<i>Yoga:</i> Want a better way to relax after a hard day at school? Want to learn the basic beginner Yoga poses and meditation positions? Join us in Yoga to expand and relax your mind, body, and soul.				X	
<i>Science on Patrol:</i> Solving crimes based upon actual events through analyzing forensic evidence to increase a students' understanding in science, mathematics, and critical thinking. Students apply scientific processes and skills actually used by crime scene investigators to solve replications of actual crimes raising awareness of and interest in science-based careers. This program partners with Albany Police Officers and HMS Science teachers.			X		
<i>HMS Athletics:</i> Explore a variety of structured athletic activities. Sports will include basketball, floor hockey, body conditioning and gym games.	X	X		X	
<i>Swimming:</i> Not ready for summer to be over? Grab your swimsuit, goggles, and a towel and come join us in the pool for some fun. <u>This club is open to the 1st 25 students with completed applications!</u>			X		
<i>Jazz Band:</i> Open to current band members and prospective jazz aficionados. Come and toot your own horn, practice your instrument and receive instruction with Mr. Newell.				X	
<i>Yearbook:</i> Calling all photographers and future journalists!! Work with Ms. Schnurr and Mr. McNally to help create this year's yearbook. Help capture all of the more important memories by taking photos, editing content, creating graphic design elements and selling them to your classmates		X			
<i>App Inventor 101:</i> We use apps every day, whether is Facebook, Instagram, or Angry Birds. Now is your chance to learn how to create your very own app! App Inventor 101 models traditional computer programming to express your creativity AND design how the app looks by fitting together "blocks" like puzzle pieces to make it work. Best of all...you get to use YOUR app to compete against others in our end of year competition!	X				
<i>Nordic Alliance:</i> Ever misplace your cell phone? Then find it! Orienteering is just that, with a map in one hand and a compass in the other, you and your team will also have the opportunity to set up the course, run it, time it and score it. As long as there is snow, there will be SNOWSHOE SOCCER! Bring your hat and gloves and be prepared to compete in the world's biggest sport on snowshoes.				X	

SATURDAY PROGRAMS					
<p>University at Albany STEP (Science Technology Entry Program): Discover college life first hand. Through weekly programming on the SUNY Campus students will gain a prospective of campus life all while having access to tutoring, mentoring and educationally focused programming. Students in 7th and 8th grade also have the opportunity to participate in college visits. Transportation is provided at 9:25AM from Hackett to SUNY Albany.</p>					X

Student Name _____ Student ID # _____

Program Choices

Please list your first and second choices.
 Programs must also be circled on the sign-up form above.

Monday

1st _____

2nd _____

Tuesday

1st _____

2nd _____

Wednesday

1st _____

2nd _____

Thursday

1st _____

2nd _____

Saturday

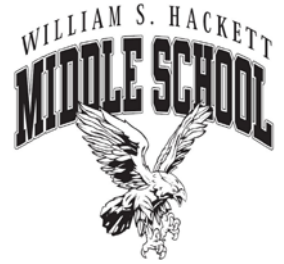


CITY SCHOOL DISTRICT OF ALBANY
WILLIAM S. HACKETT MIDDLE SCHOOL
45 Delaware Avenue
Albany, New York 12202
Phone: (518) 475-6475
Fax: (518) 475-6477

Michael Paolino, Principal
Judith G. Collins, Assistant Principal
Lawrence Moultrie, Assistant Principal
Stephon Frost, Home School Coordinator

MISSION STATEMENT

We celebrate the strength of our diversity and foster a learning community based on mutual respect and supportive relationships to achieve our full potential as leaders, learners and citizens.



*****WALKERS ONLY*****

Dear Parents:

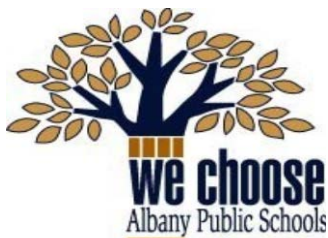
The Hackett Middle School Extended Day Program offers **FREE Durham Bus Services to all participants**. Hackett Middle School is concerned with the safety of your student(s) and would like to strongly encourage you to take advantage of the FREE transportation that is available to them.

Any questions or concerns, please feel to contact the Extended Day Coordinators at 518-475-6501.

I am aware of the transportation services that are available to my student _____; however I give permission for him/her to walk home from the Hackett Middle School Extended Day Program.

*Please note that all walkers are dismissed at 5:20pm.

Parent/Guardian Signature



City School District of Albany
Photo and Media Release Form 2016-2017

William S. Hackett Middle School

Contact#/E-mail _____

Student Name _____ **Grade** _____ **Teacher** _____

The City School District of Albany is making a concerted effort to promote the positive activities, honors and work of our staff and students. District publications and the district's website and the media may be utilized as tools for such promotion. There may be opportunities where students will be photographed and identified by name and classroom or school. However, we understand that some parents may request that we do not identify their children. Please fill out the form below to inform us of your wishes regarding publicity.

YES I, (parent/student) _____,

do hereby give consent to the City School District of Albany to photograph my son/daughter or myself (if I am a student 18 years of age or older) for use in any and all district publications, including newsletters, calendars, media projects, brochures, online or publication media.

NO I, (parent/student) _____,

hereby **PROHIBIT** the City School District of Albany from photographing my son/daughter or myself (if I am a student 18 years of age or older) for use in any and all district publications, including newsletters, calendars, media projects, brochures, school or district websites, or any other broadcast, online or publication media.

Signature of parent/legal guardian or student (if over 18)

Date

Address _____

Phone _____

***** PLEASE RETURN THIS FORM TO SCHOOL AS SOON AS POSSIBLE *****

If we do not receive this form back, we will assume that you do not wish for your child to be photographed. This form will be kept on file at your child's school. If a situation arises that may change your child's status regarding publicity, please notify the school and the district Communications Office in writing as soon as possible.



Carefully read and complete the information below.



1. STUDENT DATA

Name: _____
Last First Middle

Home Address: _____
Number Street Apt. No.

City State Zip

Home Phone No: () Cell Phone No: ()

Date of Birth: Sex: Male Female

Ethnicity: Black Hispanic American Indian
Alaskan Indian *Asian *White Other

* Economic eligibility must be documented according to State Education Department requirements prior to admission to the program

Current term: Fall 20 (year) Spring 20 (year) Summer 20 (year)

If this is NOT your first term in STEP, when did you enter the program for the first time?

Fall 20 (year) Spring 20 (year) Summer 20 (year)

Are you a resident of New York State? Yes No

2. EDUCATIONAL INFORMATION

School Name: Grade in Academic Year '16-'17: 7, 8, 9 10, 11, 12 (circle one)
Student ID #: (New York State Student ID number - can be found on report card)
Guidance Counselor:

3. STANDARDIZED TEST SCORES:

SAT Scores:

Mathematics Critical Reading Writing

ACT Scores:

English Mathematics Reading Science

4. HOBBIES/ INTERESTS/ AWARDS:

5. Parent Release Form included with this application? Yes: No:

6. STUDENT COMMITMENT

I understand that continued participation in STEP requires a commitment that I attend the program sessions, field trips, seminars and other events. Students are expected to present themselves as future professionals at all times, this include speech, attitude and behavior. I understand that my signature on this document constitutes an agreement between the University of Albany and me.

Student's Signature Date



Parent/Guardian Name: _____

Parent/Guardian Address: _____

Street Name

City

State

Zip

Parent EMAIL: _____

Contact Numbers: (Work): _____ (Home): _____ (Cell): _____

Family's Total Income [This information is required by and only for the STATE] (Check one)

0 to \$21,590 _____ \$21,591 to \$29,101 _____ \$29,102 to \$36,612 _____

\$36,613 to \$44,123 _____ \$44,124 to \$51,634 _____ \$51,635 to \$59,145 _____

\$59,146 to \$66,656 _____ \$66,657 and over _____

Number of persons in your household? _____ Do you qualify for free lunch/reduced lunch? YES _____ NO _____

HEALTH INFORMATION

Are you taking any kind of medication? _____ If so, please specify: _____

Do you have any allergies? _____ If so, indicate what you are allergic to: _____

Do you have, or have you had, any heart trouble? _____

Do you have, or have you had epileptic seizures? _____

Do you have Asthma? _____ Do you use inhalers? _____

Are you diabetic? _____

Are you allergic to any kind of medication? _____

If so, please specify: _____

Do you have any other health problems that may be relevant? _____

Do you have any disabilities? YES / NO If YES, please mark the appropriate choices:

_____ Physical Disability _____ Learning Disability _____ Multiple Disabilities

HOSPITALIZATION INSURANCE

I have coverage _____ I have no coverage _____

Name of Insurance Company: _____

Policy Identification: # _____

Name of Physician: _____

Address of Physician _____ Telephone # _____

For students under 18 years of age, the following release must be signed by your parents/guardian.

I/we give my/our permission for my/our son/daughter to be medically treated in the case of an emergency, illness or injury.

Signed: _____

Relationship: _____

Signed: _____

Relationship: _____



EMERGENCY INFORMATION

Father's Work Address: _____

Mother's Work Address: _____

Home Phone: _____ Father's Work # _____ Mother's Work #: _____

Name, address and phone number of person to be contacted should your parents be unavailable:

Name: _____ Phone: _____

Address: _____

PARENTAL RELEASE FORM

I hereby give permission to the Science and Technology Entry Program (STEP), its agents, successor, assigns and/or newspapers, radio or television to use my son/daughter.

Please Print Full Name of Student

Photographs (*whether still, motion or television*) for publicity regarding UAlbany STEP.

Failure to submit signed student photo release forms will result in your child/children's picture being **EXCLUDED** from the photographs taken by the photographer during the program. Pictures will also be **OMITTED** from all future publications and websites.

As the Parent/Guardian of _____

Student's Name

residing at _____

Full Address

I/we, give permission for my son/daughter to participate in the Science and Technology Entry Program (STEP) at the University at Albany. I/we also authorize school and college personnel to release all information pertinent to the referral of my child to the Science and Technology Entry Program (STEP). It is my understanding that this information may include: a copy of the most recent report card, a copy of the most recent attendance record, a copy of a recommendation from a math or science teacher or guidance counselor and a copy of the most recent standardized test scores. This authorization shall remain in effect for the period that my child participates in STEP. I/we understand that all information will be kept confidential.

Parent/Guardian Signature

Date