

The After School Zone

WILLIAM S. HACKETT MIDDLE SCHOOL

Spring Session 2012
February 1, 2012 – May 31, 2012



The Albany Community Afterschool Network (ACAN)

The Albany Community Afterschool Network (ACAN) is a coalition of city, county, school district and community based organizations that provide out-of-school-time opportunities for Albany youth. The After School Zone is an outgrowth of the work of this coalition.

A special thanks for their continued commitment to the children of the City of Albany to:

***Albany Community After-School Network (ACAN)
Mayor Gerald D. Jennings, City of Albany
Albany Police Department
Commissioner John D'Antonio, City of Albany Dept. of Youth and Workforce Services
Arnelle Ullrich, After School Program Coordinator, City School District of Albany***

For more information on The After School Zone or how to register, please contact the Hackett Middle School after school program Site Coordinator, Mr. Vincent Avila at 518.475.6475

Jerry Spicer, Deputy Commissioner, City of Albany Dept. of Youth and Workforce Services
518.434-5207

spicerj@ci.albany.ny.us

and

Arnelle Ullrich, After School Program Coordinator, City School District of Albany
518.475-6543

aullrich@abany.k12.ny.us

WELCOME TO THE AFTER SCHOOL ZONE

The After School Zone is a network of providers in one location that have made a commitment to work together to provide quality opportunities for your child and other middle school students.

The After School Zone provides:

- A single registration process to sign up for after school programs at your child's middle school. (Few programs may require an additional application).
- All program participants will be provided with an after school snack.

There is no cost to you for these programs! However, we cannot guarantee that students will be enrolled in programs they select. Students will be enrolled on a "first-come, first-served" basis. Parents will receive written confirmation or a phone call letting them know if their student has been accepted for particular programs.

1. Programs

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

Some programs meet on multiple days a week. Students must commit to attend **all** program days.

Hackett Middle School Programs

Program Description	M	T	W	Th	Sat
ESL Club – 3:00 – 4:05 – Mrs. Nickerson DeFeliz – Room: 005	X	X	X	X	
MathCount - 3:00 – 4:30 – Ms. Moffett – Room: 304		X			
Jazz Band - 3:00 – 4:30 – Mr. Newell – Room: 002				X	
Yearbook Club – 3:00 – 4:00 – Mr. LaBuda – Room: 003				X	
Electronic Body Arts (EBA) – Dance! Hackett – Enhance your body, mind and soul in a non-competitive environment. Learn dance technique, performance skills, and ensemble. Enjoy creative dance via improvisation and composition. You will never have so much fun working hard. Program – 3:00 - 5:00 Starts: 02/02/12. Program Contact: EBA, Maude Baum, Artistic Director – 465-9916		X		X	
PAL - Chess Club Participants will receive fundamental and strategic instruction in chess. Each participant will receive a PAL t-shirt. The PAL Chess Club will host an in-house tournament held at the school and champions will advance to the PAL City-Wide Chess Tournaments held at the PAL Center on dates to be announced. All student participants are invited to attend the pizza and awards ceremony in the Spring 2012. Program – 3:00 – 4:30 pm - Mr. Stempien, Room 105 Program contact: 435-0392				X	
PAL – Cooking Club Each week will bring something new and exciting to the kitchen. Students will learn how to calculate serving sizes, prepare various foods and learn the importance of healthy eating choices. Each participant will receive a PAL T-shirt. Program – 3:00 – 4:30 pm – Ms. Hodges, Room 014 – Starts 1/19/12 Program contact: 435-0392				X	

<p><i>PAL – Martial Arts Club (Karate/Kung Fu)</i></p> <p>Participants will meet once a week and learn a distinctive style of Martial Arts. The club will emphasize different forms of attack and defense using both hands and feet. Youth will be educated on how to show proper respect, maintain self control and develop good character. Participants that show diligence and hard work during the school year will be invited to demonstrate their acquired skills at the Albany PAL Promotional Belt Ceremony at a date to be announced in the Spring of 2012. The event will include snacks, raffles and traditional entertainment.</p> <p>Program – 3:00 – 5:00 pm</p> <p>Program contact: 435-0392</p> <p>Instructor – TBD</p>		X		X	
<p><i>PAL – Lacrosse Club</i> – Try a new sport!! It is fun and loaded with excitement. A fast paced action sport developed by our Native Americans.</p> <p>Program – 3:00 – 4:30 pm</p> <p>Instructor - TBD</p> <p>Program contact: 435-0392</p>		X		X	
<p><i>PAL – Tennis Club</i> – Interested in a different sport with top flight instruction – then Tennis might be your game. It’s about focus, agility and strength. This may be your first step to the US Open! Is there a Serena Williams or Arthur Ash in the building?</p> <p>Program – 3:00 – 4:30 pm</p> <p>Instructor - TBD</p> <p>Program contact: 435-0392</p> <p>Day of the week –TBD Room: TBD</p>					
<p><i>PAL STEP TEAM</i> – Boys and girls come join this incredible fusion of military drills combined with hip hop dance! These in sync movements are crisp and rhythmic and come from deep inside you. Step in and compete against your peers across the City and elsewhere.</p> <p>Program: 3:00 – 4:30 pm OFF Site</p> <p>Contact: 435-0392 for further information</p>					

<p><i>Too Deep Entertainment/Urban Arts Experience, Inc. - Traveling Theatre Arts</i> - is coming to Hackett! Learn the fundamentals of theater and the dramatic arts. If you want to act, sing, write, dance, make costumes and produce, then this program is for you!! Join us on stage.</p> <p>Program contact: Mark Bobb Semple – 506-6111</p> <p>Room: Auditorium. Start: 02/01/12</p>	X		X		
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Weekend Program!

SATURDAY ONLY PROGRAM	M	T	W	Th	Sat
<p><i>S.T.E.P. (Science, Technology, Entry Program at SUNY -</i> Etwin Bowman – Saturday Tutoring Program – Starts January 7, 2012 Pick-up in front of Hackett 9:30 am Drop-off at 1:00 pm</p>					X

Student Name _____ 1st Period Teacher _____

2. Program Choices

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

Monday

3:00 pm: 1st _____ Start Time: _____ End Time: _____

2nd _____ Start Time: _____ End Time: _____

Tuesday

3:00 pm: 1st _____ Start Time: _____ End Time: _____

2nd _____ Start Time: _____ End Time: _____

Wednesday

3:00 pm: 1st _____ Start Time: _____ End Time: _____

2nd _____ Start Time: _____ End Time: _____

Thursday

3:00 pm: 1st _____ Start Time: _____ End Time: _____

2nd _____ Start Time: _____ End Time: _____

Saturday: _____ Start Time: _____ End Time: _____

- Return the **completed packets** of information to your school's After-school Program Site Coordinator, Mr. Vincent Avila, who can be reached through the main office of Hackett Middle School @ 475-6475.
- ALL sections (Sections 1-7) must be completed before you submit this form. **This includes the signature of your parent or legal guardian in section 7.** Incomplete packets will be returned to the student for completion.
- SIGN UP EARLY-programs fill up quickly! *The early bird catches the worm!!!*
- Parents/Students will receive a written confirmation letter from the after-school program site coordinator letting them know if they have been accepted or waitlisted for their program selections.
- Students are required to attend ALL sessions of their particular programs.

3. Student Information

Please complete the form below in its entirety. Be sure to check your gender and grade.

First name: _____	Birth date: _____ / _____ / _____
Last name: _____	Gender: _____ male _____ Female
School: _____	Grade: _____ 6 th _____ 7 th _____ 8 th
Homeroom _____	
Teacher: _____	
Student ID: _____	e-mail: _____

4. Family Information

* Parent/Guardian 1

* Parent/Guardian 2
(and/or emergency contact)

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Home phone: _____	Home phone: _____
Work phone: _____	Work phone: _____
Other phone: _____	Other phone: _____
e-mail: _____	e-mail: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____

STAFF ONLY

Date Received:

Date Processed:

Staff Person:

5. Transportation

- ***pick up / emergency contacts***

My child may be picked up by:

Name: _____	relationship: _____	phone: _____
Name: _____	relationship: _____	phone: _____
Name: _____	relationship: _____	phone: _____
Name: _____	relationship: _____	phone: _____
Name: _____	relationship: _____	phone: _____

Please add as many names to this pick-up list as you like on additional sheet of paper. Only those listed on your additional sheet will be allowed to pick up students.

- ***getting home***

Please check yes or no for **EACH** statement. It is important that we know your preferences for **EVERY** option listed below:

<input type="checkbox"/> yes <input type="checkbox"/> no	I grant my child permission to walk home alone from the program location at the end of the day.
<input type="checkbox"/> yes <input type="checkbox"/> no	I grant my child permission to take the CDTA bus from the program location (fare paid by family).

If a youth does not have permission to walk or take a CDTA or other available bus home at the end of the day, he/she must be picked up by a person on the pick-up list above between 5:00 -5:15 p.m.

6. Medical Information

In the case of a medical emergency, “911” will be called and a parent/guardian will be notified. Please keep your phone records updated with the After-school Program Site Coordinator.

7. Permission

Parents/Guardians:

Please read carefully and sign the following.

I hereby grant to the After School Zone Program and the providers of the After School Zone Programs in which my child participates, unless otherwise noted in the space below, my permission and my consent:

- To take and use photos of my child for program publicity, marketing and any other means as either of them may see fit.
- To have the school release my child's records for the purposes of program evaluation and improvement.
- To have my child participate in afterschool activities at my child's school.
- To have my child receive first aid and/or CPR, or emergency medical treatment as authorized by the program staff, if needed, while participating in the Program.

I, the undersigned, hereby understand, acknowledge, and agree that:

- I have read in its entirety, and understood the information in The After School Zone Catalog.
- Participation by my child in the After School Zone Program (the "Program") and providing information about my child.
- By allowing my child to participate in the Program and consenting to provide information as described herein, I am assuming all of these risks, including (but not limited to) any physical risks or risk of injury that may be associated with the nature of the Program.
- All Program employees are employees of the individual providers operating the Program and that these providers are responsible for the operation of the Program and the supervision of the personnel associated with their individual programs or handling my child's information.
- The After School Zone takes no responsibility for any occurrence relating to or arising out of these programs operated by the individual providers or the use or receipt of my child's information.
- I will arrange transportation home for my child from the program location each program day at the designated time that the programs end, when not specifically provided by the providers or the After School Zone Program.

I hereby waive any liability that program providers, and any of their officers, directors, trustees, agents, servants, or employees might have for, and agree that they shall not be liable for any bodily injure to me incurred while I am practicing for, or participating in, any contest or exhibition of an athletic, or sports nature After School Zone-sponsored activity. I hereby assume the risk of any bodily injury incurred by my child while practicing for or participating in any of these activities.

Further, I agree that I will not seek to hold the After School Zone nor the providers of the After School Zone Programs in which my child participates responsible for any losses or damages which I or my child may incur in connection therewith, including any mistakes, negligence, omissions, or acts whatsoever of any party in connection with the Program.

Parent Signature: _____

Parent Name (print): _____

Date: _____

PAL 2012 PERMISSION SLIP

 Yes, Please sign my child up for an Albany PAL After School Club.

The club I would like to sign them up for is _____.
(Name of Club)

This club meets at _____.
(Location/School)

This club meets on _____.
(Day/Time)

*****Complete this entire form and return to the Instructor of the Program*****

For additional information contact:

Sgt. (Ret.) Leonard Ricchiuti at the PAL Office (518) 435-0392

or email albanypalprograms@nycap.rr.com; also visit us online at www.albanypal.org.

Name: _____ **Gender (M/F):** _____ **Age:** _____ **DOB:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

School: _____ **Grade:** _____ **Email Address:** _____

Person to be contacted in case of injury, if parent or guardian is unable to be contacted

Name: _____ **Relationship:** _____ **Phone #:** _____

I/We the parents or guardians of the above named candidate for a position on the Albany Police Athletic League Inc. (PAL), hereby give my/our approval for our child to participate in any and all PAL activities. I/we know that participation in PAL activities may result in serious injury, and that protective equipment does not prevent all injuries to players and/or participants, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Police Athletic League, PAL Board members, National PAL, organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities from any claim arising out of any injury to my/our child whether the result of negligence or any other cause. I/We do hereby give permission for my/our child's photo likeness to be used in any and all PAL promotional literature.

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

Hospitalization Plan: _____ **Policy #** _____ **Allergies:** _____

Doctor Name: _____ **Doctor's Telephone:** _____