Dear Parents/Guardians,

Hyde Park Elementary School is excited to inform you that our after-school program is back for the 2021-2022 school year!

Free programming will take place on:

Mondays, Tuesdays and Thursdays

There will be programs from 3:00 p.m. – 6:00 p.m. (depending on your selection) beginning on **Tuesday**, **October 12, 2021**.

To Register for School Clubs/Activities

Complete this application and return to school no later than **Tuesday, September 28**, **2021**.

If you are interested in additional programming before school, after-school or full day, please contact the Niagara Falls Boys & Girls Club at 716-282-7181.

More Information

- School staff members will offer academic support and unique enrichment opportunities from 3:10 p.m. 4:10 p.m.
- Parents have three different options for dismissal. This **MUST** be indicated on attached application.
 - 1. Students may walk home at 4:10 p.m. after the school clubs.
 - 2. Bus transportation is available at 5:00 p.m. for eligible bus students only.
 - 3. Students may be picked up from the Niagara Falls Boys & Girls Club between 4:10 and 6 p.m. All students must be picked up by 6 p.m.
- Some activities offered before school hours beginning at 8:00am on select days.
 Bus transportation is **not** available for early morning programs.
- Some clubs/activities are grade-specific; please review the description carefully before selecting.
- The included application must be fully completed in order to enroll (there are two sides!)
- Please note: Due to limited space, returning the application does not guarantee registration for all requested clubs/activities.
- You will be notified of enrollment with a confirmation slip sent home with your child.

21st Century Extended School Day Clubs

Monday	Tuesday	Wednesday	Thursday	Friday
Morning Gym Club 8-830am Mr. Augustino Grades 4 - 6 No bus provided	Morning Gym Club 8-830am Mr. Augustino Grades 4 - 6 No bus provided	Niagara University Virtual Hour of Coding Meets Online 3-4:30pm Begins 10-20-21	Morning Gym Club 8-830am Mr. Augustino Grades 4 - 6 No bus provided	Morning Gym Club 8-830am Mr. Augustino Grades 4 - 6 No bus provided
Mindful Mondays Mrs. Hood Grades 3-6	Craft Club Miss Osypian Grades K-2		Girls Circle Mrs. Elizabeth Grades 4-6 Meets 3-5pm	
Great Lakes Club Ms. Huffman/ Nate Grade 3-5 Meets 3-5pm Begins 10-25-21	Math & Cooking Club Mrs. Hylton Grade 3		Math & Cooking Club Mrs. Hylton Grade 4	
Ivestigator Reporter Niagara University Grade 4-6 Meets 3-5pm	Coding Club Mr. Montanaro Grades 5-6		Dance Club Mrs. Williams Grades 4-6 Meets 3-5pm	
Math Club Ms. Andreana K-2	Movie Club Ms. Drozek Grades 3-6		Multiplication Fun Club Mrs. Lowery Grades 3-6	
Bookworm Club Ms. LaBelle Grades 1-2	Lego Club Mr. Evans Grade 3		Math Games Ms. Huffman Grades 3-5	
Time for Games Mrs. Durkin Grades 1	Community Service Club Mrs. Williams Grade 4-6		Yoga & Socialization Mrs. Serio Grades K-2	
	Chess Club Mr. Navarroli Grade 5-6 Meet 3-5pm		Chess Clubs Mr. Navarroli Grade 5-6 Meet 3-5pm	
	Science Ciub Mrs. Kajfasz Grade K-2			Session 1 Begins 10/12/21 & Ends 2/11/21

Child's Full Name (please print):					Male or Female (please circle)				
Address:					Zip Code				
Grade	:Teacher:	:		· / ₂					
Mothe	er/Guardian Name:		_Home:		Work	:/Cell:			
Father/Guardian Name:			_Home:		Work	k/Cell:			
	Emerg	ency Contacts (Others Who M	lay Pick-up	My Child)				
	Name	Phone		P	lame		Pho	one	
	77								
	MALE TO THE		ncy Medical In	formation					
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	spital selected by the program to secure				511111551O11 tC	Tile site co	JOI UIII a LOI	OI .	
Pa	rent/Guardian Signature:				Date:				
		_	s and/or Speci						
	Please list any allergies to Allergy or Special Need			pecial need					
-	Allergy or Special Need		ction		Act	tion to be T	aken		
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	t/Guardian Memo of Understanding: consent for my child to be photographed	d for promotions	ıl articlas ar an	v othor law	eful purpose	VEC NO) /ploaco	circlo ono	
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ı give (consent for my child to attend all field tr	ips using district	transportation	n or "Walkin	g field trips	. YES NO	(please	circle one	
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			Meeting	4:10pm			ol Option 5:00pm NFBGC		
-	(List all desired)		Day	Walk	Pick-up	Bus	walker	Pick-Up	
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Paren	t/Guardian Signature:				n:	ate:			
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Health History

Date of Birth: Male: Female:	
ALL "YES" ANSWERS MUST BE EXPLAINED – Unexplained answers wi	ill delay clearance for your child.
HAS/DOES the PARTICIPANT:	YES N
1. Had any recent injury, illness or infectious disease?	
2. Have a chronic or recurring illness/condition?	
3. Have a bleeding disorder?	
4. Ever had surgery?	
5. Have frequent headaches?	
6. Ever had a head injury?	
7. Ever had frequent ear infections?	
8. Ever had seizures?	
9. Ever had chest pain during or after exercise?	
10. Ever passed out during or after exercise?	
11. Ever had high blood pressure?	
12. Ever been diagnosed with a heart murmur?	
13. Ever had back problems?	
14. Ever had problems with joins (i.e., knees, ankles)?	
15. Have learning disabilities?	
16. Have behavior concerns such as ADD or ADHD?	
17. Have mobility concerns?	
18. Have an orthodontic appliance?	
19. Wear glasses, contacts, protective eye wear?	
20. Have any skin problems? (i.e., rash, acne)	
21. Have asthma?	
22. Have diabetes?	
23. Had mononucleosis in the 12 months?	
26. Ever had an eating disorder?	·
27. Ever had emotional difficulties for which professiona needed?	ni help was
28. Been taken out of GYM class this school year by his/	her doctor?
If yes, was he/she returned to GYM by the doctor?	
29. Have medications he/she takes at school?	

Please explain any "yes' answers, noting the corresponding number (use additional paper, if necessary).

If yes, have your health care provider complete the attached

medication form