

Mr. Italo J. Baldassarre *Principal*

Dear Parents/Guardians,

We are excited to inform you that our after-school program is back for the 2020-2021 school year!

Free programming will take place on:

Mondays (in-person for Blue students)
Wednesdays (virtually only; not in-person)
Thursdays (in-person for Gold students)

There will be programs from 3:00 p.m. – 6:00 p.m. (depending on your selection) beginning on Monday, December 7, 2020.

To Register for School Clubs/Activities

Complete this application and return to school no later than Monday, November 23, 2020.

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.



Mr. Italo J. Baldassarre

Principal

hild's Full Name (please print):Male or Female (please circle)							
Address:		Zip Cod	e				
Grade:	Teacher:						
other/Guardian Name:		Home:		Work/Cell			
Cather/Guardian Name: _		Home:		Work/Cell:			
	Emergeno	cy Contacts (Others Wi	no May Pick-u	p My Child)			
Name		Phone	Name			Phone	
		Emergency Medic	cal Information	n			
In the event of a medica	al emergency, the S	Site Coordinator should o	all:				
		cts cannot be reached, I e proper medical treatmo		•	o the site cod	ordinator or	
Parent/Guardian Signa	ture:			Date:			
		Allergies and/or S					
Please list any allergies Allergy or Special Need		to foods, bees, etc. and/or any specie Reaction		ial needs- i.e., asthma, seizures, etc. Action to be Taken			
Allergy of Spec	iai Neeu	Reaction		Action to be Taken		Keii	
Parent/Guardian Memo	of Understanding	•	l l				
give consent for my chile	d to be photographe	ed for promotional article					
give consent for my child one)	a to attend all field	trips using district transp	ortation or wa	iking heid tri	ps. res in	O (piease circ	
Club / Activity Re	Requested –All Cubs are listed on last page		Meeting	Dismissal Option			
(List all desired)	questeu /m euos	are instea on fast page	Day	4:10pm Walk	5:00pm Bus	NFBGC Pick-Up	
				I	l	1	
Parent/Guardian Sign	nature:			Da	ate:		



Health History

Child's Full Name:			
Date of Birth:	Male:	Female:	

ALL "YES" ANSWERS MUST BE EXPLAINED – Unexplained answers will delay clearance for your child.

HAS/DOES the PARTICIPANT:	YES	NO
Had any recent injury, illness or infectious disease?		1,0
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 professional help was needed?		
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?		
30. If yes, have your health care provider complete the attached medication form		

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



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Extended Day Club Menu

** No bussing for morning clubs

Monday Clubs - 3:10-4:10

Ms. Bolender – Computer/ELA Skills Grades 5-6

**Ms. Bolender – ELA Skills – Grade 4 (Monday morning only 8:00-8:45)

Ms. Rhodes – "Kindergarten Skills"

Mr. Kurilovitch – Poetry/creative writing – Grades 3-6

Mrs. Burkestone – "Kindergarten Skills" with a focus on social emotional (establishing and sustaining positive relationships, regulating one's own emotions and behaviors, participating cooperatively and constructively in group situations).

**Mrs. Costanzo – "Academic Skills" – an emphasis on all areas of third grade curriculum (Monday morning only 8:00-8:45)

Miss Labelle – Reading Club – Grades 1-2

Wednesday Clubs – Virtual – 3:10-4:10

Mr. Kurilovitch- Poetry/creative writing. Grades 3-6

Ms. Bolender- Computer/ELA Skills. Grades 5-6

Thursday Clubs - 3:10-4:10

Rhodes and Collier - "Small World" - an opportunity to share and learn about different cultures through music, literature, art, geography, technology and cuisine. Grades 3-6

Bolender – Computer/ELA Skills. Grades 5-6

Burkestone – "Kindergarten Skills" with a focus on social emotional (establishing and sustaining positive relationships, regulating one's own emotions and behaviors, participating cooperatively and constructively in group situations). Kindergarten

**Critelli – Math Skills- Grades 4/5 (Thursday morning only 8:00-8:45)