

Maple Avenue Elementary Extended Day Program

Niagara Falls City School District in Partnership
with The Niagara Falls Boys & Girls Club

Dear Parents/Guardians,

We are excited to inform you that our extended day program is back for the 2020-21 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 – 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 **Tuesday, November 24, 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.
- 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 4:00 and 6 p.m. All students must be picked up by 6 p.m.
- Some activities offered before school hours beginning at 8:00 a.m. 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 free clubs/activities.**
- You will be notified of enrollment with a confirmation slip sent home with your child.

Child's Full Name (please print) _____ Male or Female (please circle)

Maple Avenue Elementary Extended Day Program

**Niagara Falls City School District in Partnership
with The Niagara Falls Boys & Girls Club**

Club/Activity	Grade Level(s)	Day	Time	Description
Play Dough Alphabet Creations and Much More	K-2	Monday	3:10-4:10 p.m.	Making letters and words from Play Dough.
Play Dough Alphabet Creations and Much More	K-2	Thursday	3:10-4:10 p.m.	Making letters and words from Play Dough.
Yoga/Mindfulness	3-5	Monday	3:10-4:10 p.m.	Basic introduction to yoga and poses. Mindfulness activities will be incorporated, long with short guided meditation sequences. Student will also be given their own personal journal and opportunities for journaling of thoughts and feeling.
Yoga/Mindfulness	3-5	Thursday	3:10-4:10 p.m.	Basic introduction to yoga and poses. Mindfulness activities will be incorporated, long with short guided meditation sequences. Student will also be given their own personal journal and opportunities for journaling of thoughts and feeling.
Virtual	6	Monday	3:10-4:10 p.m.	Resource Room for Special Education Students
Virtual	5	Wednesday	3:10-4:10 p.m.	Resource Room for Special Education Students
Virtual	4	Thursday	3:10-4:10 p.m.	Resource Room for Special Education Students
Yearbook – Virtual only	5-6	Wednesday	3:10-4:10 p.m.	Yearbook club is a club in which students brainstorm and create ideas of what to include in the yearbook. Students create the School Survey and various components to use in the yearbook.

----- MORE OFFERINGS ON THE BACK OF THIS SHEET -----

Maple Avenue Elementary Extended Day Program

**Niagara Falls City School District in Partnership
with The Niagara Falls Boys & Girls Club**

Social Mediums	5-6	Thursday	3:10-4:10 p.m.	To educate students on how to responsibly create a productive webpage for the school they attend.
Media Club (Tech Club)	6	Monday	8:00-8:30 a.m.	Students will help develop and explore various tech projects at Maple Avenue
Media Club (Tech Club)	6	Thursday	8:00-8:30 A.M.	Students will help develop and explore various tech projects at Maple Avenue.
6 th grade Math Homework Boosters	6	Monday	8:00-8:30 a.m.	We will complete homework and support any questions that arise.
6 th grade Math Homework Boosters	6	Thursday	8:00-8:30 a.m.	We will complete homework and support any questions that arise.

Maple Avenue Elementary Extended Day Program

Niagara Falls City School District in Partnership with The Niagara Falls Boys & Girls Club Application

Child's Full Name (please print): _____ Male or Female (please circle)

Address: _____ Zip Code _____

School: _____ Grade: _____ Student I.D # _____

Mother/Guardian Name: _____ Home: _____ Work/Cell: _____

Father/Guardian Name: _____ Home: _____ Work/Cell: _____

Emergency Contacts (Others Who May Pick-up My Child)

Name	Phone		Name	Phone

Emergency Medical Information

In the event of a medical emergency, the Site Coordinator should call:	
In the event that I or my emergency contacts cannot be reached, I hereby give my permission to the site coordinator or hospital selected by the program to secure proper medical treatment for my child.	
Parent/Guardian Signature: _____	Date: _____

Allergies and/or Special Needs

Please list any allergies to foods, bees, etc. and/or any special needs- i.e., asthma, seizures, etc.

Allergy or Special Need	Reaction	Action to be Taken

Parent/Guardian Memo of Understanding:

I give consent for my child to be photographed for promotional articles or any other lawful purpose. **YES NO** (please circle one)

I give consent for my child to attend all field trips using district transportation or 'walking field trips'. **YES NO** (please circle one)

Select One: Option 1 (Basic; Free) _____ Option 2 (Enhanced; \$37.50/mo; also register online) _____

Club / Activity Requested (List all desired)	Meeting Day	Dismissal Option					
		Morning	4:10pm Walk	4:10pm Pick-up	5:00pm Walk	5:00pm Pick-up	5:00pm Bus

Parent/Guardian Signature: _____ Date: _____

REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED

Maple Avenue Elementary Extended Day Program

Niagara Falls City School District in Partnership
with The Niagara Falls Boys & Girls Club

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
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 joints (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?		
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).