

CityScape Fall Activities Registration

Monday, Oct 17–Thursday, Dec 8

****Registration Deadline is Thursday October 13****

Call 802.229.9151 or email echeney@wcysb.org for more info.

***Please choose only one activity each day. Students do not need to attend Food, Fun, & Homework each day it's offered. Students will have the opportunity to change the groups they register for.**

<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>
<input type="checkbox"/> Food, Fun, & Homework	<input type="checkbox"/> Lady Ninja	<input type="checkbox"/> Strategic Games	<input type="checkbox"/> Sew It!
<input type="checkbox"/> Word! Tell Your Story	<input type="checkbox"/> What'll it be?	<input type="checkbox"/> Cook It! Food, Fun, & Homework	<input type="checkbox"/> Lacrosse
		<input type="checkbox"/> Mountain Biking	<input type="checkbox"/> Food, Fun, & Homework

Program Descriptions

Cook It!

Find out what's cooking with Jummy on Wednesdays. Students will create healthy dishes to snack on and possibly share with their families.

Sew It!

Learn stitching techniques as well as how to mend your old torn clothes or items that are too big for you!

Food, Fun & Homework

Come get some extra help with your homework and share a snack. Students must bring homework to participate in this group.

Word! Tell Your Story

Six weeks to write it. Five minutes to read it. Publish it, record it, or both!

Lady Ninja

Learn basic self-defense as well as how to

take care of your body as a Lady Ninja.

Strategic Games

Strategic Games offers a variety of educational and fun games including chess, Risk, and Magic the Gathering for players of all ability levels

Lacrosse

Practice your skill with Mr. A—this group will only last as long as weather permits. When the frost comes this group will change to Strategic Games.

Mountain Biking

Take off on trails around the school with Mr. Baitz. This group will only last as long as weather permits.

What'll it Be?

Anything is possible in this group! Basketball, Pac-Man tag, Group Knots, etc.

Please see reverse

Important Information

★ All activities run from 2-4pm ★

It is a privilege to participate in Cityscape activities.

Cityscape is intended to be a safe, positive, and fun place for everyone. While afterschool is a slightly more relaxed environment, inappropriate or unsafe behavior will not be tolerated.

*Parents-- please note students who continually interfere with others or cannot follow instructions respectfully may be asked not to return to the group.

Tentative program dates

Schedules can change due to weather conditions or facilitator availability. We try to the best of our ability to contact families to inform them of schedule changes, however on occasion we do not have ample notice to do so. In that case an announcement is made at school for students to return home how they would otherwise when not attending a CityScape event.

Don't be a no-show!

Please call Cityscape staff at 229-9151 to inform us of your cancellation for any groups or activities.

REGISTRATION DEADLINE IS THURSDAY OCTOBER 13

Student Name _____ Gender M / F Grade _____

Homeroom Teacher _____ First time with CityScape Yes / No

Parent/ Guardian Signature _____ Date _____

Transportation

Walking

Picked up by adult Adult's Name _____ Relation to student _____

*** If anyone besides this person will be picking your child up please send a note to school with either the child or adult picking them up.*

4:00 Bus

Green Acres Apt

North Barre

Brook Street

Highgate Apt Upper

Spaulding Graded

Spaulding High School

Please check which bus stop they will get off at.

St. Monica's

Mathewson School

Ward 5

Lincoln School

CityScape will be creating a documentary-style video using footage and photographs of your child having a great time with us! This video will be used to promote the program.

Please find the Washington County Youth Service Bureau release form on the reverse of the CityScape release.

Thanks!

Email echeney@wcysb.org or call 802-505-8186 for more information

RELEASE FORM

I hereby give permission for my son/daughter _____ to participate in CITYSCAPE. I assume all risks, hazards, incidental to such participation, including transportation to and from activity, and I hereby waive, release, absolve, indemnify, and agree to hold harmless the City of Barre, the Barre City Public School System, Youth Service Bureau/Boys and Girls Club, their officers, agents, officials, employees and volunteers, the organizers, sponsors, supervisors and participants for any claim arising out of an injury to my child or myself. **My child and I understand that she/he will be expected to follow behavior guidelines and school policies as written in the BCEMS handbook, and we understand that she/he could be excluded from the group for unsafe or inappropriate behavior. We also understand that school commitments after school such as serving detentions or working on school projects with a teacher always take priority over attending Cityscape.**

Child's Name _____ Gender _____ Age _____ Grade _____ Home Room Teacher _____

Home Address _____

Parent's/Guardian's Signature _____

Child's Signature _____

Date _____

*** Does your child have any special needs which would be helpful for Cityscape to be aware of?**

(i.e. allergies, ADHD, fears, emotional difficulties, any needs for extra support.)

EMERGENCY MEDICAL CARE INFORMATION

In the event of a medical emergency, I understand that the hospital personnel will attempt to contact me before administering treatment to my child. If I cannot be reached, I hereby give permission to the persons named below, as next of kin (blood relative), to be called for authorization. I understand that the **CITYSCAPE** Consortium does not carry medical insurance that will pay the cost of medical treatment for injuries or illness that occur during scheduled **CITYSCAPE** activities.

Parent's or Guardian's Name _____ Home Phone _____

Work Phone _____ Cell Phone _____ Email _____

Second person to call in case of emergency name and relation: _____

Cell Phone _____ Home Phone _____ Work Phone _____

Doctors Name _____ Doctor's Phone _____

I authorize CITYSCAPE to obtain emergency medical care for my child from a hospital or physician at my expense. I understand that I will be notified first if at all possible.

Parent's Signature _____ Date _____

Photo Release: I give my consent to the Cityscape program to take my child's photograph during program activities, to be used for education and public relations purposes.

Parent/Guardian Initials _____ Date _____

Student Records Release: I grant Barre City Elementary and Middle School my permission to release relevant special education information to Cityscape staff as needed. I understand Cityscape staff will maintain confidentiality.

Parent/Guardian Initials _____ Date _____

Student Transportation Release: I grant the CityScape program the permission to transport my student for program purposes.

Parent/Guardian Initials _____ Date _____

Please see reverse