EMPIRE STATE AFTER-SCHOOL PROGRAM

• EXPLORE • EXPERIENCE • EXCEL

ABGS Middle School

EMPIRE AFTER-SCHOOL PROGRAM

PARENTAL PERMISSION FORM

Dear Parents/Guardians,

EMPIRE is excited to offer after-school programs this school year through **NYS Empire State Program.** The programs are geared to enrich students in Grades (7-8). Please pay specific attention to the grade band for each after-school program. Please select the program that best suits your child's interest.

All After-School Programs will begin on **Monday, September 28, 2026. After-school begins at 3:15PM and ends at 5:15PM.** Parents are responsible for making the necessary arrangements for their child to be picked up **promptly at 5:15PM.**

It is our hope that you would commit to your child having this opportunity. Available seats for participation in each of the program's activities are limited. Therefore, please be sure to return this permission slip as soon as possible. Please sign your child up for at least one after-school program. By signing this permission slip, you are assuring that your child will participate in the program on a weekly basis.

Sincerely,

EMPIRE

- ☐ **Cosmetology – Tuesday & Thursday @ A.B.G.S. -- 3:15pm – 5:15pm (Grades 7-8)**
- ☐ **Cooking– Monday, Wednesday & Thursday @ A.B.G.S. -- 3:15pm – 5:15pm (Grades 7-8)**
- ☐ **T & C Creations – Tuesday & Thursday @ A.B.G.S. -- 3:15pm –5:15pm (Grades 7-8)**
- ☐ **Double Dutch – Monday & Thursday @ A.B.G.S. (Grades 7-8) @ 3:15PM -- 5:15PM**
- ☐ **Skincare & Essentials – Monday & Wednesday @ A.B.G.S. @ 3:15PM – 5:15PM (Grades 7-8)**

_____	_____	_____
Signature of Parent or Legal Guardian	**Printed name of Parent or Guardian**	**Date**

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

Name(s)

Street Address

City State Zip

Phone Numbers	Phone Type (Home, Mobile, etc.)
	(H)
	(C)

Additional Contact Names and Phone Numbers

My child has a food allergy ☐Yes__☐No__INDICATE FOOD ALLERGIES_____

STUDENT NAME: _____

(Last Name) **(First Name)**

TEACHER: _____ **GRADE:** _____

SCHOOL _____

T-SHIRT SIZE_____

ID Number_____

Estimados padres / tutores:

EMPIRE se complace en ofrecer programas extracurriculares este año escolar a través del Programa Empire State del Estado de Nueva York. Los programas están orientados a enriquecer a los estudiantes en los grados (7- 8).
Preste especial atención a la banda de grados para cada programa extracurricular. Seleccione el programa que mejor se adapte a los intereses de su hijo.

Todos los programas extracurriculares comenzarán el Lunes 28 de Septiembre de 2026. Después de la escuela comenzarán a las 3:15 p.m. y finalizarán a las 5:15 p.m. Los padres son responsables de hacer los arreglos necesarios para que su hijo sea recogido puntualmente a las 5:15 PM.

Esperamos que se comprometa a que su hijo tenga esta oportunidad. Las plazas disponibles para participar en cada una de las actividades del programa son limitadas. Por lo tanto, asegúrese de devolver este formulario de permiso lo antes posible. Por favor inscriba a su hijo en al menos un programa extracurricular. Al firmar este formulario de permiso, está asegurando que su hijo participará en el programa semanalmente.

Atentamente,

EMPIRE

- ☐ **Cosmetology – Tuesday & Thursday @ A.B.G.S. -- 3:15pm – 5:15pm (Grades 7-8)**
- ☐ **Cooking – Monday, Wednesday & Thursday @ A.B.G.S. -- 3:15pm – 5:15pm (Grades 7-8)**
- ☐ **T & C Creations – Tuesday & Thursday @ A.B.G.S. -- 2:30pm –4:30pm (Grades 7-8)**
- ☐ **Double Dutch – Monday & Thursday @ A.B.G.S. (Grades 7-8) @ 3:15PM -- 5:15PM**
- ☐ **Skincare & Essentials – Monday & Wednesday @ A.B.G.S. @ 3:15PM – 5:15PM (Grades 7-8)**

_____	_____	_____
Firma del padre o tutor legal	**Nombre en letra de imprenta del padre o tutor**	**Fecha**

INFORMACIÓN DE CONTACTO EN CASO DE EMERGENCIA

Padres/Guardian

Nombre(s)

Direccion

Cuidad Estado Co'digo Postal

Numero de telefono	Telefono
	(casa)
	(cellular)

Nombres de contacto y números de teléfono adicionales

Mi hijo tiene alergia a los alimentos ☐Si__☐No_____

NOMBRE DEL ESTUDIANTE: _____
(Apellido) **(Nombre)**

Profesor: _____ **Grado:** _____

Escuela _____

TALLA DE CAMISETA_____
Número de identificación_____