



PARENTAL PERMISSION FORM Jackson Main

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 **(1-6)**. 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

- ☐ **Creative Expressions – Thursday & Friday @ Jackson Main (Grades 1-4) @ 3:15PM -- 5:15PM**
- ☐ **Culture Play (STEM) – Monday & Wednesday @ Jackson Main (Grades 1-6) @ 3:15PM -- 5:15PM**
- ☐ **I Am Dancers – Monday & Wednesday @ Jackson Main (Grades 3-6) @ 3:15PM – 5:15PM**
- ☐ **Basketball – Tuesday & Thursday @ Jackson Main (Grades 1-6) @ 3:15PM – 5:15PM**
- ☐ **Double Dutch – Tuesday & Wednesday @ Jackson Main (Grades 1-6) @ 3:15PM -- 5:15PM**
- ☐ **Tennis – Monday & Tuesday @ Jackson Main (Grades 1-6) @ 3:15PM--5:15PM**

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 _____



EMPIRE STATE AFTER-SCHOOL PROGRAM

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 (1-6). 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 5:15p.m.

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

- ☐ Creative Expressions – Thursday & Friday @ Jackson Main (Grades 1-4) @ 3:15PM-5:15PM
- ☐ Culture Play (STEM) – Monday & Wednesday @ Jackson Main (Grades 1-6) @ 3:15PM-5:15PM
- ☐ I Am Dancers – Monday & Wednesday @ Jackson Main (Grades 3-6) @ 3:15PM – 5:15PM
- ☐ Basketball – Tuesday & Thursday @ Jackson Main (Grades 1-6) @ 3:15PM – 5:15PM
- ☐ Double Dutch – Tuesday & Wednesday @ Jackson Main (Grades 1-6) @ 3:15PM--5:15PM
- ☐ Tennis – Monday & Tuesday @ Jackson Main (Grades 1-6) @ 3:15PM--5:15PM

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)

Dirección

Ciudad Estado Co'digo Postal

Nombres de contacto y números de teléfono adicionales

Numero de telefono

Telefono

(casa)

(cellular)

Mi hijo tiene alergia a los alimentos ☐ Si ☐ No

NOMBRE DEL ESTUDIANTE:

(Apellido)

(Nombre)

Profesor:

Grado:

Escuela

TALLA DE CAMISETA