



The Police Officer Rocco Laurie School

INTERMEDIATE SCHOOL 72

33 Ferndale Avenue Staten Island, NY 10314
(718) 698-5757 Fax: (718) 761-5928

JESSICA JACKSON
Principal

October 1, 2019

Dear Parent/Guardian:

I am happy to announce the start our student sports evening center, which will operate under the United Activities Unlimited organization, here at I.S. 72. Beginning on November 4th, the center will be open to all I.S. 72 students on Monday and Wednesday from 6:00-8:00 P.M. During this time if the school is closed for vacation or cancelled due to weather the UAU will follow the same scheduling. In general, the students will be afforded the opportunity to play basketball in our gym and possibly enjoy other sports as we see fit.

Please understand that any student from I.S. 72 is welcome to join the center but in order to do so the intake application must be returned prior to starting the program.

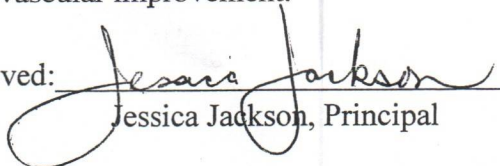
All returns should be sent to Mr. Neil Bifulco in the school gym.

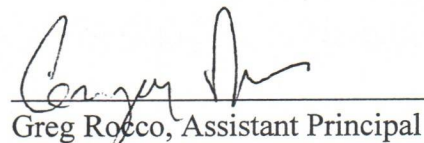
While the night center is free for all of our students there will be a strict discipline policy in place which is as follows:

- 1- All applications need to be completed, in full, and handed in before start of program.
- 2- Once participants sign into the center they will not be allowed to leave and reenter the school. Students will be made to sign when they arrive and when they leave.
- 3- Both drop off and pick up will take place at the side entrance adjacent to the school yard
- 4- Only the parent or a listed emergency contact can pick up your child.
- 5- Personal sporting equipment cannot be brought into the school.
- 6- If a student arrives at the center but does not participate in the activity they will be asked to leave. This is not a hangout.
- 7- Any student who leaves the gym area and is found in any other part of the building will be removed from the program.
- 8- ***While cell phones are allowed***
 - a- ***We are not responsible if they are lost or stolen.***
 - b- ***If they are used to record anyone the phone will be confiscated and the participant will be removed from the center.***

I look forward to a safe environment for our students where they can enjoy some time destressing while enjoying activities that will improve their skill and help them with their cardiovascular improvement.

Approved:


Jessica Jackson, Principal


Greg Rocco, Assistant Principal

PROGRAM DIRECTOR

Mr. Rocco

ASSISTANT DIRECTOR

Mr. Bifalco

RECREATION SPECIALIST

Mr. Causi

STUDENT INFORMATION:

Last Name _____ First Name _____

Class _____ D.O.B _____

Address _____ Zip Code _____

Gender (Circle One) Male Female Other

Parent Information

Primary Parent or Guardian:

Parent Secondary Number:

Parent Email Address:

Emergency Contact # 1:

Parent Primary Number:

Emergency Contact # 2:

Please list any medical conditions of the participant:

I certify that I have read the cover page that includes all of the rules and regulations of the UAU Night Center and realize that the center is an extension of the school day. I further understand that any violations will be handled accordingly including but not limited to removal from the program.

Parent Signature _____ Date _____

Student Signature _____ Date _____

PLEASE CHECK ONE

- I will pick up my child at the conclusion of each session
- I give my child permission to walk home at the conclusion of each session
- My child can take public transportation home at the end of each session