

Dear Parent or Guardian,

I invite your 8<sup>th</sup> grade son or daughter to participate in our after school exploratory program. This program is an opportunity to explore each of our vocational shops in a hands-on manner to see the advantages and benefits of a vocational education. The demand for highly-skilled and technically prepared workers and students is increasing daily and McCann can help prepare your student for the workplace whether they enter straight from high school or after college. The program runs three days a week in the month of January - February from 3-4:30 with the exception of the last day which will run until 6:00. Enclosed you will find a program description as well as a registration, and essential forms that need to be completed to participate. Bus transportation is available to McCann and also to various drop-off points at the end of the day.

We sincerely hope your son or daughter will take advantage of this opportunity to get to know our school, faculty, and programs better. Our instructors are eager to display the high quality education we have to offer. You are also invited to attend a certificate ceremony on the last day of After-School Exploratory where your son or daughter will receive a certificate of participation. There will be displays of student projects and snacks served. If you have any questions regarding the program please feel free to contact me at 663-5383 ext. 104 or [jkratz@mccanntech.org](mailto:jkratz@mccanntech.org). We look forward to seeing your child in January.

Sincerely,

Justin R. Kratz

Principal



# McCann Tech After-School Exploratory Program Description

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## When:

### Week 1

Tuesday Jan. 16<sup>th</sup>  
Wednesday Jan. 17<sup>th</sup>  
Thursday Jan. 18<sup>th</sup>

### Week 2

Tuesday Jan. 23<sup>rd</sup>  
Wednesday Jan. 24<sup>th</sup>  
Thursday Jan. 25<sup>th</sup>

### Week 3

Tuesday Jan. 30<sup>th</sup>  
Wednesday Jan. 31<sup>st</sup>  
Thursday Feb. 1<sup>st</sup>

Tuesday Feb 6<sup>th</sup>

### Snow Dates

Wednesday Feb 7<sup>th</sup>

Thursday Feb 8<sup>th</sup>

### Celebration

Will be held on last day of program starting at 5:00.

Exploratory runs from 3:00-4:30

## Tool and Machine use:

McCann will provide excellent instruction and supervision throughout the program. However, it is mandatory that you consent to your child's use of tools, machinery, and materials in order for him/her to participate in the program. Signing the registration indicates agreement with the following statement:

**"I hereby consent to the use of those tools, machines, and materials necessary for participation in the after school exploratory program at McCann Technical School."**

## Bus Times:

Students will be picked up at their school at the following times:

Drury High School	2:35
Hoosac Valley High School	2:25
Bart Charter School	2:35
St. Stanislaus Kostka School	2:40
Clarksburg School	2:30
Gabriel Abbot School	2:20
Mt. Greylock High School	2:10

Buses will depart from McCann at 4:30 and deliver students to the following drop off points (times are approximate).

	Stop 1	Stop 2	Stop 3	Stop 4	Stop 5	Stop 6
<b>North Adams</b>	Davenport St. (Church St.) 4:35	Middle School 4:40	Notch Road 4:45	Greylock School 4:55		
<b>Adams Cheshire Lanesborough</b>	Howland Avenue 4:35	St. Stanislaus 4:40	Old Stone Mill 4:45	Reynolds Store 4:55	Whitneys Farm 5:05	Lanesboro Elementary 5:10
<b>Florida</b>	Elementary School 4:45					
<b>Clarksburg</b>	Elementary School 4:45					
<b>Williamstown</b>	Williamstown Elementary School 4:55	Henderson Road 4:58	North Hoosac Road 5:02	Bridges Road 5:05	Williams Inn 5:05	Mt. Greylock Regional 5:10



# Program Registration



Please print:

Name (first and last): \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

Parent/Guardian email: \_\_\_\_\_

## Emergency Contact

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Alternate Emergency Contact

Emergency Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_

- Program is open to current 8<sup>th</sup> graders residing in the Northern Berkshire Vocational Regional School District.
- Program is open to out-of-district students on a space-available first come, first serve basis.
- **Signature of registration indicates agreement with Tool and Equipment use agreement contained in the program description.**
- **Please return this form and medical form (on back) to:**

McCann Technical School  
70 Hodges Cross Road  
North Adams, MA 01247

**McCann Vocational Technical High School**  
**CONFIDENTIAL EMERGENCY HEALTH INFORMATION**  
**From the Desk of the School Nurse**

**PLEASE COMPLETE FORM & RETURN IMMEDIATELY!**

Name: \_\_\_\_\_ Birth date: \_\_\_\_\_ Sex: M/F  
 (Last) (First) (MI) (circle)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ School Year: \_\_\_\_\_

**ALERT TO PARENTS:** If your child has a serious medical condition, it is vital that you discuss this with your School Nurse and teacher(s) immediately. It is very important to know of **LIFE THREATENING** conditions.

In order to provide a safe and healthy environment for your child this information will be accessible to the following people: School Nurse, your child's teacher, office manager, personnel responsible for health room coverage and emergency medical personnel.

A. **Medical History:** Check the ones that apply to your child and describe under the comment section.

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> ADD/ADHD             | <input type="checkbox"/> Headaches            | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Anxiety/Panic attack | <input type="checkbox"/> Hearing Problem      | (explain)                             |
| <input type="checkbox"/> Asthma               | <input type="checkbox"/> Heart Condition      | <input type="checkbox"/> PE activity  |
| <input type="checkbox"/> Bee sting allergy    | <input type="checkbox"/> Kidney/urinary       | Limited _____                         |
| <input type="checkbox"/> Bowel problem        | problems                                      | Not Limited _____                     |
| <input type="checkbox"/> Cerebral Palsy       | <input type="checkbox"/> Muscle Disorder      | Explain: _____                        |
| <input type="checkbox"/> Diabetes             | <input type="checkbox"/> Neurological Concern | _____                                 |
| <input type="checkbox"/> Color Blindness      | <input type="checkbox"/> Orthopedic problem   | _____                                 |
| <input type="checkbox"/> Epi-Pen              | <input type="checkbox"/> Seizures             | _____                                 |
| <input type="checkbox"/> Emotional Concerns   | <input type="checkbox"/> Vision problems      | _____                                 |

Comments: \_\_\_\_\_

B. **ALLERGIES:** List allergies your child has that cause a problem at school.

Cause of allergy: \_\_\_\_\_ Treatment: \_\_\_\_\_  
 Cause of allergy: \_\_\_\_\_ Treatment: \_\_\_\_\_

C. **MEDICATION:** (Include prescription, over-the-counter and herbal medication.)

Name	Used to treat	Taken at school?
1) _____	_____	Yes ___ No ___
2) _____	_____	Yes ___ No ___
3) _____	_____	Yes ___ No ___

**Before medication of any kind can be administered at school, a medication administration form, available in the office, must be completed by parent and physician and kept on file.**

D. Does your student wear contact lens? \_\_\_\_\_ Glasses? \_\_\_\_\_ Hearing Aid? \_\_\_\_\_

E. Name of Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

F. Health Insurance: \_\_\_\_\_