

Dear Parent or Guardian,

I invite your 8th 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 from 3-4:30. 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. If you have any questions regarding the program please feel free to contact me at 663-5383 ext. 104 or jkratz@mccanntech.org. We look forward to seeing your child in January.

***** PLEASE NOTE- This is an updated invite from the one distributed earlier this fall at our open house event. The dates of the program have changed and are correct IN THIS packet.*****

Sincerely,

Justin R. Kratz

Principal



McCann Tech After-School Exploratory Program Description



When:

Week 1

Tuesday Jan. 17th
Wednesday Jan. 18th
Thursday Jan. 19th

Week 2

Tuesday Jan. 24th
Wednesday Jan. 25th
Thursday Jan. 26th

Week 3

Tuesday Jan. 31st
Wednesday Feb. 1st
Thursday Feb. 2nd

Snow Dates

Tuesday Feb. 7th

Wednesday Feb. 8th

Thursday Feb. 9th

Pizza Party

Will be held on last day of program starting at 4:30.

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."

Dress Code:

Due to the nature of the trade areas please wear long pants, long sleeve shirts, and closed-toed shoes for protection and safety.

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
North Adams	Davenport St. (Church St.) 4:35	Middle School 4:40	Notch Road 4:45	Greylock School 4:55		
Adams Cheshire Lanesborough	Howland Avenue 4:35	St. Stanislaus 4:40	Old Stone Mill 4:45	Reynolds Store 4:55	Whitney's Farm 5:05	Lanesboro Elementary 5:10
Florida	Elementary School 4:45					
Clarksburg	Elementary School 4:45					
Williamstown	Clarksburg 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 8th 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: _____