



BCDI
Black Child
Development Institute
NEW YORK STATE

SANKOFA SATURDAYS @ BRICK Rochester Academy

REGISTRATION FORM 2026 - 2027 EXPERIENCE

FREE - Open to Families with Children in grades K-2

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Email: _____ Phone: _____

Address: Street: _____ Apartment Number: _____

City/State/Zip: _____

Telephone Number (home) _____ (cell) _____

Name of School: _____ Current Grade: _____

Emergency Contact Information

Name _____

Address _____

Phone _____

Please note: Registration is not confirmed until you hand in signed forms and receive a confirmation notice through email or pick up in person at 2 Austin St Rochester 14606. Session locations and times may change. If that happens, we will notify you as soon as possible. Seats are limited. If the sessions are full, your child will be placed on a wait list. If you have any questions, email us at programs@bcdinys.org or call us at (833) 822-3469 extension 1.

There is no fee to register for Sankofa Saturdays @ BRICK Rochester Academy.

Please read the information below carefully. By registering and/or participating in Sankofa Saturdays @ BRICK Rochester Academy you acknowledge and consent to the terms below and on page 2 of this form.

GENERAL WAIVER AND AUTHORIZATION

I/we give my child permission to participate in any and all Sankofa Saturdays activities. I discharge and release from any liability, waive my rights to the fullest extent of the law, promise not to sue, and otherwise agree to hold harmless the Black Child Development Institute – New York State Incorporated ("BCDI NYS"), BRICK Rochester Academy (BRICK) and their partners, affiliates, board members, officers, staff, volunteers, instructors, coaches, donors, and sponsors from any liability for injuries, damages, or losses to my child, me, or my family/persons in my charge during and/or related to these activities. I agree to pick up my child promptly at the end of the session(s). I attest that I am authorized to register the above named child.

Parent/Guardian Signature: _____ Date _____

**Sankofa Saturdays @ BRICK Rochester Academy
2026 – 2027 Registration Form**

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Child's Name: _____ T-Shirt: Youth___ Adult___ S M L XL

Parent/Guardian Name: _____

SCHEDULE: Saturdays October 24, 2026 through May 22, 2027. Doors Open 11AM-1:30PM

Dates: Oct 10, Nov 21, Dec 19, Jan 23, Feb 27, Mar 27, Apr 24, May 22

An additional Saturday may be added in April and May

LOCATION: BRICK Rochester Academy 2 Austin St. Rochester 14606.

Does your child have any dietary restrictions you want us to know about? If so, let us know below.
We will try to make sure the restrictions are followed. _____

PHOTO AUTHORIZATION

My/our child's photo likeness can be used for free by BCDI NYS and any of its partners or agents in any medium or format including but not limited to digital, electronic, still or video for promotional, educational or informational purposes. Yes _____ No _____

I understand and accept that Black Child Development Institute – New York State Incorporated ("BCDI NYS") and BRICK Rochester Academy (BRICK), may not have on or about the premises and may not employ or contract to provide any medical services or make provisions for ordinary or emergency medical services. Additionally, I grant BCDI NYS, BRICK and their agents authority to take whatever action they deem reasonably necessary regarding my child's health and safety, and I fully release BCDI NYS, BRICK, and their partners, affiliates, board members, officers, staff, volunteers, instructors, coaches, donors, and sponsors from any liability in connection with those decisions. _____(initials)

I understand and agree that for the enjoyment, safety, and well-being of all children and staff my child may be removed from activities, the rest of the session day, or from future session days if it is deemed necessary by the program director. _____(initials)

I understand that seats are limited. If my registration is received after seats are full, my child will be placed on the wait list. _____ (initials)

Please e-mail your completed form (or a photo of the form) to: programs@bcdinys.org

Questions? Call (833) 822-3469 ext 1. Visit: www.bcdinys.org/sankofa-rochester