



**BCDI**  
Black Child  
Development Institute  
NEW YORK STATE

**SANKOFA SATURDAYS by BCDI NYS OCT 10 – DEC 19 (see schedule)**

**REGISTRATION FORM 2026 FALL – WINTER EXPERIENCE**

**FREE - Open to Families and Children Ages 5-15 Under age 5 must be  
Accompanied by parent or guardian.**

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 135 South Pearl St Albany 12202. 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](mailto:programs@bcdinys.org) or call us at (518) 845-4733.**

**There is no fee to register for Sankofa Saturdays by BCDI NYS.**

**Please read the information below carefully. By registering and/or participating in Sankofa Saturdays by BCDI NYS 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"), the Center for Law and Justice (CFLJ), the Alice Moore Black Arts and Cultural Center (AMBACC) 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 by BCDI NYS  
2026 Fall - Winter Registration Form**

**Page 2**

Child's Name: \_\_\_\_\_ T-Shirt: Youth\_\_\_ Adult\_\_\_ S M L XL

Parent/Guardian Name: \_\_\_\_\_

**SCHEDULE: Saturdays October 10 through December 19. Doors Open 11AM Pick Up 2:30PM**

**Dates: October: 10, 17, 24 November: 14, 21 December: 5, 19**

**No session days 10/31, 11/7, 11/28, 12/5.**

**Session days are scheduled to be held at the Alice Moore Black Arts and Cultural Center at 135 S. Pearl Street Albany 12202 and the Howe Branch of the Albany Public Library\* at 105 Schuyler St Albany 12202. Drop off and pick up will be at the same site unless notified. \*Albany Public Library is not a sponsor or organizer of Sankofa Saturdays by BCDI NYS.**

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"), the Center for Law and Justice (CFLJ), the Alice Moore Black Arts & Cultural Center (AMBACC) do not have on or about the premises and do not employ or contract to provide any medical services or make provisions for ordinary or emergency medical services. Additionally, I grant BCDI NYS, CFLJ, and/or AMBACC 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, CFLJ, AMBACC, 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)

If I fail to pick up my child within 30 minutes of the pick up time, I agree to pay a fee of up to \$50. \_\_\_\_\_(initials)

I understand that completion of this form does not complete the registration process and spaces for Sankofa Saturdays by BCDI NYS are limited. I also understand that registration is not confirmed until the signed registration forms are emailed or returned in person 135 S. Pearl Street Albany NY **and I receive a registration confirmation notice.** \_\_\_\_\_ (initials)

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

**Questions? Call (518) 845-4733. Visit: [www.bcdinys.org/sankofa](http://www.bcdinys.org/sankofa)**