



Sankofa Saturdays @ AMBACC

2026 WINTER-SPRING SESSION

SATURDAYS JAN 24 – JUNE 6 (see schedule)

REGISTRATION FORM

FREE - Open to Youth Ages 5-15

Child's Name: _____ Date of Birth: _____

Parent/Guardian Name: _____

Email: _____ Phone: _____

Home 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 AMBACC 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 info@alicemoorecenter.org call us at (518) 427-8361.

Please read the information below carefully. By registering and/or participating in Sankofa Saturdays @ AMBACC you acknowledge and consent to the terms below.

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 _____

GENERAL WAIVER AND AUTHORIZATION

I/we give my child permission to participate in any and all Sankofa Saturdays @ AMBACC 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 & 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).

Parent/Guardian Signature: _____ Date _____

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

You may also return this form to AMBACC at 135 South Pearl St Albany NY 12202

Questions? Call (518) 427-8361. Visit: www.bcdinys.org/sankofa

FREE. There is no fee for Sankofa Saturdays @ AMBACC.

Child's Name: _____ T-Shirt Size: **Youth S M L OR Adult S M L XL**

Parent/Guardian Name: _____

**SESSION SCHEDULE: Saturdays January 24 through June 6
Doors Open 10:30AM Pick Up by 4PM**

January 24, 2026 is the first day. June 6, 2026 is the last day. 3 weeks on, 1 week off per month.

Dates: January 24 – February 7; Feb 21 – March 7; March 21 – April 4; April 18 – May 2; May 16 – June 6.

The Afrocentricity Experience

- Immersion in the culture and history of Africa and the African Diaspora
- Exploration of African traditions
- Hip-hop explorations for the mind & well-being
- Music, literature, art, language, mathematics, science, and more!

The afternoon enrichment sessions may include trips to the local library or other enrichment activities. Children, accompanied by staff, will use public transportation or walk and from to the locations.

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. _____

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) [collectively hereafter known as “Sankofa Saturdays @ AMBACC”] does not have on or about the premises, or employ or contract to provide any medical services or make provisions for ordinary or emergency medical services. Additionally, I grant Sankofa Saturdays @ 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 sessions if it is deemed necessary by the program director.

_____ (initials)

If I fail to pick up my child within 30 minutes of the end of the program day, 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 Summer Sessions are limited. I also understand that registration is not confirmed until the signed registration forms are emailed or handed in to AMBACC 135 S. Pearl Street Albany NY 12202 **and I receive a registration confirmation notice.** _____ (initials)