

TUNE IN 2 POWER-UP

SUMMER 2014 OSTP REGISTRATION PACKET



WRPCA 14.0
THE SUPERHERO STATION



Alexandria Department of Recreation, Parks & Cultural Activities
Recreation Services Division / Out of School Time Programs
alexandriava.gov/Recreation





GEORGE WASHINGTON MIDDLE SCHOOL
1005 Mt. Vernon Avenue · Mini Gym Door #33
Monday-Friday · 9 a.m. - 6 p.m.
June 23 - August 15, 2014 (Closed July 4)
Summer Fee: \$100 · Field Trips Additional
Ages 11-14 (entering 6th-9th grade in Fall 2014)
Bus transportation available for West End Locations

Designed for young teens who want to spend the summer having fun with friends, Power-Up provides engaging and age-appropriate activities that parents can trust.

Tune In 2 Power-Up: It's Summer Fun at **Superhero Station "WRPCA 14.0!"** Inspired by the popularity of superheroes in American culture and real-life superheroes from our community and around the world, Power-Up participants will discover their own superhero powers. Who hasn't imagined themselves soaring through the air to stop a catastrophe or save someone in distress? We can all be superheroes if we are willing to step up and do the right thing! There will be super-sized opportunities for sports, crafts, games, projects and trips. Plus, special guests who will show participants how to become everyday superheroes!

How to Register: Youth must be City of Alexandria residents. Mail your registration forms and payment to the Recreation Services Division Office, register online, or bring your forms to the School Year GW or Hammond Power-Up Programs.

Mailing Address:

Department of Recreation, Parks & Cultural Activities

Recreation Services Division Office

1108 Jefferson Street, Alexandria, VA 22314

Phone: 703.746.5575 Fax: 703.746.5585

Register online at: alexandriava.gov/Recreation (you must submit completed forms to complete your registration)

Summer Before Care: Before Care is available Monday-Friday from 7-9 a.m. each week of the summer. To register, complete the enclosed Before Care Registration Form or visit alexandriava.gov/Recreation to register by week.

Recreational Opportunities: Youth will discover creative and performing arts, educational activities, fine arts, sports, health and fitness, and much more! Youth are encouraged to develop a sense of camaraderie and an understanding of teamwork.

"Payday Wednesdays": Every Wednesday in July, youth will meet with professionals, visit job sites or explore career possibilities. Activities include guest speakers and field trips focusing on a variety of professions.

Enrichment Activities: There will be opportunities to develop life skills through participation in clubs and classes. Examples of activities offered are: Arts & Crafts, Fashion Club, Fit 4 Fun, Girlz Group, Chat & Chew, 4-H projects, etc.





**Department of Recreation,
Parks and Cultural Activities**
703.746.5575 • alexandriava.gov/Recreation



SUMMER 2014
Fee: \$100/child



Please visit alexandriava.gov/Recreation to view a full version of *Out of School Time Program Standards*.

“Parent” also refers to a legal guardian.

Age of Participants

Power-On Program - Entering grades 1-6 in Fall 2014

Power-Up Program - Entering grades 6-10 in Fall 2014

Ratios

The ratio of staff to registered participants is as follows:

Grades K - 1 (Ages 5-6) is 1:20

Grades 2 - 6 (Ages 7-12) is 1:25

Hours of Operation

9 a.m.-5 p.m. are program hours and pick-up is required by 6 p.m. Before Care is offered at \$40 per week at locations that meet minimum enrollment. All sites are closed on Friday, July 4.

Payments and Refund Policy

Any unpaid balances on RPCA accounts must be cleared in order for your family members to register in any other RPCA sponsored activities.

No refunds for the summer Power-On or Power-Up Programs will be processed after June 23. Requests made after this date due to extenuating circumstances will be decided on a case by case basis by the Division Chief of Recreation Services.

Sign In & End of Day Pick-Up Time

Participants check in via signature or swipe card. Power-On participants are expected to sign in and be signed out by a parent or authorized adult daily. Parents should make arrangements to pick up children on time at the end of the day. Please inform staff and family members of all persons authorized to pick up your child.

Late Fee

Parents will be assessed a late fee when arriving after 6 p.m. to pick-up their children. After a warning for making a late pick-up, the next late pick-up will result in the assessment of a late fee of \$5 for every 10 minutes late. This fee must be paid at the time of the infraction or it will be placed on the family’s RPCA account balance.

Attendance & Updating Information

Parents are asked to notify the staff if a participant is going to be absent or on vacation. Registered participants are expected to attend the program on a regular basis. Continuous lack of attendance may result in the child being classified as inactive. Once inactive, parents must request reinstatement in the program contingent on available space.

Parents must update their personal information when their address or telephone number changes. When information is not current staff may be unable to contact a parent in case of emergency.

Proper Attire

Children should wear comfortable clothing that can be worn during active play. Children should wear sneakers, not sandals. Label the child’s clothes and belongings with the child’s name.

Illness & Injuries

Participants who are running a fever, vomiting or complaining of pain or other symptoms will not be allowed to attend the program. If a participant becomes ill during program hours, parents must make arrangements for the participant to be picked up as soon as possible. An ill child will be separated from their group until parents arrive.

When a participant is severely injured or ill (when more than simple first aid is needed) staff attempt to contact a parent first or at least one person on the emergency contact list if a parent cannot be reached. If warranted, staff will call emergency services to attend to the injured/ill child. The City does not provide medical insurance for participants. In the event of an illness or injury requiring treatment, hospitalization, and/or surgery, the family’s medical insurance must be used.

Medications

Staff are not permitted to administer medication. If your child needs medication during the time period that he/she attends the program, the parent must arrange to bring and administer the medication to their child. If the child is required to have medication with them in case of emergencies (i.e. inhalers, epi-pen), the child may have it at the recreation program in a personal backpack or bag that is labeled. The medication must be labeled as well. Backpacks will be stored in an appropriate area of the center and be accessible if needed. Staff should be aware of any health concerns and the information must be noted on the child's registration form.

Discipline

Discipline shall be constructive in nature to include using limits that are fair, consistent and appropriate; to provide reasons for limits; and to use positive word directions. No child will be forced to assume an uncomfortable position; be restricted in movement; be enclosed in a confined space; or be assigned exercise.

In the best interest of the program and its participants, staff members reserve the right to enforce restrictive actions on a participant who is causing a disturbance in the program. Restrictive action may include meetings with parents, temporary exclusion from activities, or suspension from current and/or subsequent programs. In severe cases, there may be cause to suspend privileges. For a suspension period of more than three days, the parent will receive notification by the Deputy Director of Recreation Services regarding the status of their child in all city recreation programs.

Failure to abide by prescribed restriction on the part of the participant will result in progressive restrictions up to and including suspension of all recreation privileges.

Field Trips

Field trips are typically scheduled during program hours. Transportation will be provided by Alexandria City Public School buses or City vehicles to and from field trip locations. All vehicles used for the purpose of transportation meet the safety standards set by the Department of Motor Vehicles and are kept in satisfactory condition to assure the safety of children. Participants will NOT be transported in staff owned vehicles. When necessary, participants will cross streets with staff at corners and crosswalks or other designated safe crossing points. Participants who do not have a signed permission slip or have not paid the fee by the required date will not be allowed to attend the trip.

Fee-Based Programs

In the event that the Center offers an opportunity for participation in a fee-based class or other enrichment program, all fees must be paid prior to attendance in such programs.

Snacks/Meals

A healthy lunch and snack is provided daily to the participants attending the Power-On and Power-Up programs at qualified sites. All food meets the USDA recommended guidelines. A menu is available to all participants and posted at the Center for parents to see. Participants with food allergies must notify staff and may need to make arrangements to bring a meal on days when they cannot eat the meal provided. At no time will children be forced to eat a meal. Children **will not** be permitted to access centers' vending machines without a parent or guardian present.

Special Activities

Occasionally, the program will host activities with other agencies and organizations in a special program or activity for the registered participants. In this situation, a permission slip may be required. If a signed permission slip is not returned, the participant is not eligible to participate in the special activity.

Toys, Games, Cell Phones & Personal Belongings

Program participants are prohibited from bringing illegal, unauthorized or contraband materials, toys, electronic devices, or other personal property which might affect the health, safety and welfare of all persons at a City facility or that disrupt planned activities. A child may bring a cell phone to the program. However, the cell phone will be kept in the child's back pack and be turned off during program hours and may only be used with the express permission of City staff.

The City and its employees are not responsible for any participant's lost, stolen or damaged personal items.

The City and recreation program staff respect the privacy of all program participants; however, City employees may search any participant in the program, the participant's personal property, or both when there is reasonable suspicion to believe that the participant possesses an item that violates the law or City policies and regulations. City staff may seize any illegal or unauthorized personal property discovered in any search. Parents will be notified when a child's property is searched or seized by staff.

Suspected Child Abuse

Unusual marks or bruises that appear on a child's body, inappropriate behavior and/or evidence of any type of abuse or neglect will be noted in an incident report and will be reported to the Program Director. The Program Director will report this information to the Department of Community and Human Services Child Protective Services Division and provide all information needed to enable a social worker to investigate the matter.

ADA Accommodations

The City is committed to compliance with the Americans with Disabilities Act, as amended. To request a reasonable accommodation, contact the Therapeutic Recreation office at 703.746.5423.

Checklist of information needed for registration:

- Completed/ signed registration forms
- Copy of child's "Proof of Identity" (birth certificate, passport, or other official document) for viewing purposes only
- 2 forms of proof of City residency (1 photo ID)



Department of Recreation,
Parks and Cultural Activities



2014 SUMMER REGISTRATION FORM

PLEASE PRINT

Name of Participant _____ Birth Date _____ Age _____ Sex _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ School _____ Fall Grade Level (2014-15) _____

PARENT/GUARDIAN INFORMATION:

Mother's Name _____ M Work # () _____ M Cell # () _____

Father's Name _____ F Work # () _____ F Cell # () _____

Email address: _____

Mother's Work Location _____ Father's Work Location _____

Mother's Work Address _____ Father's Work Address _____

*Emergency Contact #1 _____ Phone # () _____ Cell () _____

*Emergency Contact #2 _____ Phone # () _____ Cell () _____

* Emergency Contacts must be someone other than the parents and available during program hours.

My child will regularly arrive/leave the program by way of (please check):

Walk (only with written permission) _____ Parent _____ Car Pool _____ Other _____

Check for information on West End bus transportation: _____

**Person(s), other than parents, authorized to pick up child:

Name # 1 _____ Phone # () _____ Cell () _____

Name # 2 _____ Phone # () _____ Cell () _____

**If a parent or other adult is NOT allowed to pick up the child, attach a copy of applicable paperwork such as custody papers.

Ethnic Background: African American _____ White _____ Native American _____ Asian _____ Hispanic _____ Other _____

-----Office Use Only-----

Summer 2014 Fee: \$100 Amt. paid: \$ _____ Credit Card (where applicable) _____ Cash _____ Check # _____

Money Order _____ ID _____ Staff _____

MEDICAL/SOCIAL INFORMATION

NAME OF PARTICIPANT _____

Does your child have medical conditions we need to be aware of, such as allergies or intolerance to foods, medications?
___ Yes ___ No if the answer is “yes”, please explain/describe medical condition:

Please describe action to be taken in an emergency:

Does your child have recent operations or any other pertinent medical information that might require special attention?
___ Yes ___ No if the answer is “yes”, please explain:

List prescribed medications your child takes and what the medications are treatment for:

NOTE: Recreation Center staff are NOT authorized to administer medication. This information may be needed in case of a medical emergency that requires treatment.

Medication your child takes:	Medication for treatment of:

Please list any social or behavioral challenges for your child that you believe staff should be aware of:

Please list any accommodations needed:

The City of Alexandria is committed to compliance with the Americans with Disabilities Act, as amended. To request a reasonable accommodation, contact Jackie Person, Therapeutic Recreation Program Manager, at 703.746.5423 (VA Relay 711) or jackie.person@alexandriava.gov.

Name of Participant’s Physician _____ Phone # _____

Parent/Guardian Insurance Information:

Company _____ Policy # _____

Note: The City of Alexandria does not provide medical insurance for your child. In the event of illness or injury requiring treatment, hospitalization, and/or surgery, the family medical insurance must be used.

EMERGENCY TREATMENT STATEMENT and HOLD HARMLESS AGREEMENT

I give the Department of Recreation, Parks and Cultural Activities, permission to acquire emergency treatment at my expense for the participant named above. In consideration of the City of Alexandria, RPCA, conducting various programs, the undersigned realizing the risk of injury attendant to such programs, does hereby and forever discharge the City of Alexandria, RPCA and its officers, agents and employees from any and all action, claims or liability resulting from or arising out of or based upon any bodily injury or property damage which may be sustained by the undersigned’s child while participating in such programs.

The Power-Up Program is not a licensed child care program, however, it is based on local standards approved by the City Attorney and available online at alexandriava.gov/Recreation.

I give permission for my child to participate in Power-Up activities, field trips, discussion groups and personal development activities.

I consent to the City of Alexandria’s use of photographs, film or video which includes my child in activities sponsored by RPCA for use in marketing or promotional material.

SIGNATURE REQUIRED OF PARENT/GUARDIAN _____ Date _____



POWER-UP CODE OF CONDUCT
 Department of Recreation, Parks & Cultural Activities



In order to participate in the **Summer Power-Up Program**, you must understand and comply with all of the following rules and policies (the term parent also refers to guardian):

- Participants must be residents of the City of Alexandria to participate. Parents must provide two forms of identification to verify address. Parents must complete a registration form prior to the start of each school year and summer program.
- Parents must sign permission slips for field trips or other special programs for youth to participate.
- Each participant is expected to fully and actively participate in all planned activities. Youth must be dressed appropriately to participate in active play including proper footwear. Swim suits are required for pool trips.
- Participants are expected to sign in and out daily. Although youth enrolled in Recreation Power-On and Power-Up Programs in grades 4 or above may be given permission by a parent to leave the program on their own, we prefer that they stay throughout the program hours of 9 a.m. – 6 p.m.
- The program closing time is 6 p.m. Parents are responsible to pick up their children by 6 p.m. if they do not walk or take the bus home. Please make arrangements for your child to leave the program no later than 6 p.m. and inform program staff of those individuals authorized to pick up the participant. Youth who are repeatedly left at the site beyond the program hours without proper arrangements to get home will be subject to suspension from the program. Staff must call the appropriate authorities for any youth left after closing time without notification.
- Youth are expected to respect center staff, program participants, and center equipment, supplies and facilities. Inappropriate behavior, abusive language, physical altercations, destruction of property, possession of weapons or other unlawful items and other serious offenses will not be tolerated and will require disciplinary action up to and including suspension from the program.
- Behavior as described above will not be tolerated on the activity bus provided for Power-Up participants from the West End. Inappropriate behavior on the bus will result in the loss of this transportation option.
- Participants in activities sponsored or cosponsored by RPCA consent to the City’s use of any photograph, film or video of the activity in any marketing or promotional material.
- Any participant suspended from school or the Recreation Department’s centers and/or programs will also be suspended from Power-Up activities.

I agree to abide by these rules and to participate in scheduled programs and activities with a positive and cooperative attitude. I understand that participation in Power-Up is a privilege and I will respect program staff, participants and facilities.

Participant’s Signature: _____

Date: _____

I have read and understand the program rules. I understand that if my child does not conform to the rules stated above he/she may be suspended from the program.

Parent’s Signature: _____

Date: _____



BEFORE CARE REGISTRATION FORM



**Before Care: 7-9 a.m.
\$40 per week
Min 10/Max 40**

Check box for each requested week and write in total fees:

Week 1	June 23 - June 27	\$40.00	
Week 2	June 30 - July 3 (Closed 7/4)	\$32.00	
Week 3	July 7 - July 11	\$40.00	
Week 4	July 14 - July 18	\$40.00	
Week 5	July 21 - July 25	\$40.00	
Week 6	July 28 - August 1	\$40.00	
Week 7	August 4 - August 8	\$40.00	
Week 8	August 11 - August 15	\$40.00	
TOTAL FEES:		\$	

Before Care payments are due on Mondays and are due one week prior to the service needed.

Weeks that do not meet minimum enrollment will be cancelled the Wednesday prior to each week.

Payments will not be prorated for the week. No refunds for missed days.

Participant's Name _____ Age _____

Parent/Guardian Name (Printed) _____

Parent/Guardian Signature _____ Date _____

----- Office Use Only -----

Amt. Recvd. \$ _____ Cash _____ Check # _____ MO _____ Credit Card (where applicable) _____ Staff _____

PROCEDURES FOR OUT OF SCHOOL TIME PROGRAM FINANCIAL ASSISTANCE REQUESTS

Summer 2014

- To be considered for assistance, you must complete the entire Financial Assistance Application form and return it, with supporting documentation and a completed registration form, to your neighborhood recreation center, playground location or the Lee Center, 1108 Jefferson St, Alexandria, VA 22314.
- Applicants must demonstrate need in order to receive assistance, including: free/reduced school meals letter, SNAP documentation, or TANF documentation.
- Staff will confirm the payment amount with the applicant based on the documentation provided as above.
- Any request for fee assistance without the stated documentation or at a level above and beyond the established discount must include an explanation and be approved at the Division Chief level. This process takes additional time and registration in the program will be delayed until approval has been secured.
- For more information please call 703.746.5430.

	Program Cost	% Discount	Discount	Payment Due
Free or Reduced Lunch	\$100	40%	\$40.00	\$60.00
SNAP	\$100	50%	\$50.00	\$50.00
TANF	\$100	70%	\$70.00	\$30.00





DEPARTMENT OF RECREATION, PARKS & CULTURAL ACTIVITIES
 1108 Jefferson Street, Alexandria, Virginia 22314



Financial Assistance Application

To be considered for assistance, you must complete the entire application form and return it, with supporting documentation, to the Department of Recreation, Parks and Cultural Activities. If the request is for a class or camp, return with completed registration forms to the Lee Center, 1108 Jefferson St, Alexandria, VA 22314 or fax to 703.746.5585. Applicants must demonstrate need in order to receive assistance. If you have questions about this form, please call 703.746.4343 or visit our office.
FORMS MUST BE RECEIVED AT LEAST 2 WEEKS PRIOR TO THE START OF THE PROGRAM. INCOMPLETE FORMS WILL BE RETURNED.

Participant's Name _____

Parent/Guardian's Name _____ email _____

Address _____ Zip Code _____

Phone (H) _____ (W) _____

Explain the reason for your request (attach additional sheet if necessary) _____

Program Cost: \$ _____ Program Name: _____

Amount you could contribute \$ _____ Amount of assistance requested \$ _____

In return for assistance offered to you through our agency, please check the box to indicate if you are able to volunteer in some capacity. I can volunteer I cannot volunteer. If you check that you can, please indicate how:

Do you qualify for free/reduced school meals? Yes No If yes, please attach documentation.
 Do you receive SNAP? Yes No If yes, case number: _____ attach documentation
 Do you receive TANF? Yes No If yes, case number: _____ attach documentation
(See fee chart on reverse side)

Signature _____ Date _____

 For Office Use Only

Approved Denied Amount of assistance: % _____ \$ _____ Amount required to pay \$ _____

Comments:

Signature of Supervisor _____ Date _____

Signature of Director/Designee _____ Date _____