



Department of Recreation, Parks & Cultural Activities  
presents

# LET'S MOVE ALEXANDRIA



2015-2016 SCHOOL YEAR OUT OF SCHOOL TIME PROGRAM  
REGISTRATION PACKET

703.746.5414

[Alexandriava.gov/Recreation](http://Alexandriava.gov/Recreation)





CITY OF ALEXANDRIA  
 Department of Recreation, Parks & Cultural Activities  
 Recreation Services Division



2015 Power-On School Year Program- *“Let’s Move”*

Dear Parents and Participants:

Welcome to another school year of fun and educational activities for children in Kindergarten through Sixth grade in the Out of School Time Power-On Program. Participants are placed into groups based on age. Throughout the afternoon there will be leaders with each group to successfully rotate them through activities scheduled in creative and performing arts, fine arts, sports, fitness and health, education and leisure, field trips and family events. This year, participants will participate in activities related to the White House initiative “Let’s Move.” This initiative promotes active play, fitness, good nutrition and healthy lifestyles.

The after school program operates Monday through Friday from the time school is dismissed until 6 p.m. Holiday hours vary by location so please check with the staff at your center. Children are expected to sign “in” upon arriving and be signed “out” by a parent or authorized adult when leaving the recreation center. After school snacks are provided by the USDA At Risk After School Snack Program on a daily basis.

Recreation program applications and parent information packets are available for pick up at your neighborhood center or online. Registrations are processed on a first-come, first-served basis. Registration begins on July 1. There is an activity fee of \$415 per child due at the time of registration. Payment made by check or money order should be made payable to the City of Alexandria. Financial assistance and payment plans are available for qualified families. For more information, please contact the Registration and Reservations Office at 703.746.5414. It is important to register as early as possible. We look forward to meeting with parents and children at one of our parent orientation meetings. Contact your neighborhood recreation center for the time and dates. A Spanish translator may be present at the meeting to assist with answering questions if needed.

Please remember that in order for your child to participate in our program, you must be a resident of the City of Alexandria. You are required to provide two forms of identification to verify residency and complete all registration information forms before your child is able to attend the program.

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.

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

The Power-On program is offered at the locations listed below:

Charles Barrett Recreation Center,	1115 Martha Custis Dr,	703.746.5551
Charles Houston Recreation Center,	901 Wythe St,	703.746.5552
Cora Kelly Recreation Center,	25 West Reed Ave,	703.746.5554
Mount Vernon Recreation Center,	2701 Commonwealth Ave,	703.746.5556
Patrick Henry Recreation Center,	4643 Taney Ave,	703.746.5557
William Ramsay Recreation Center,	5650 Sanger Ave,	703.746.5558
John Adams After School Center,	5651 Rayburn Ave.,	703.746.5414
MacArthur After School Center,	1101 Janneys Lane,	703.746.5414





**Department of Recreation,  
Parks and Cultural Activities**

703.746.5575 • alexandriava.gov/Recreation



**School Year 2015-16**

**Fee: \$415/child**



Please visit [alexandriava.gov/Recreation](http://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** - Grades K-5 in Fall 2015  
(youth in grade 6, under age 13)

**Power-Up Program** - Grades 6-8 in Fall 2015

**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**

School dismissal-6 p.m. are program hours and pick-up is required by 6 p.m. John Adams, MacArthur and Hammond Power-Up are closed on school holidays. Holiday hours vary at recreation centers.

**Payments and Refund Policy**

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

A request for refund for the Power-On or Power-Up Program must be made within 30 days of the day that your child begins attending the program. After 30 days, no refunds will be given and payment plan balances must be paid on schedule in order for your family members to participate in RPCA sponsored activities.

**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. Continuous late pick-up may lead to suspension.

**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 arrange 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 will attempt to contact a parent first, then at least one person on the emergency contact list if a parent cannot be reached. If warranted, staff will call emergency services to tend 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 keep it 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**

If a field trip is scheduled for the program, 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 recreation 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 snack is provided daily to the participants attending the Power-On or Power-Up Programs at qualifying sites. All provided food meets the USDA recommended guidelines. A menu is available to all participants and is posted at the Center. Participants with food allergies must make arrangements to provide 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 use the center vending machines during program hours unless a parent or guardian is present.

## **Special Activities**

Occasionally, the program will host activities with other agencies and organizations in a special program or activity for 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 backpack 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)



**CITY OF ALEXANDRIA  
Recreation, Parks and Cultural Activities (RPCA)  
SCHOOL YEAR REGISTRATION 2015-2016**



**Choose Recreation Center Location**

- |  |  |                                     |  |
|--|--|-------------------------------------|--|
| <input type="checkbox"/> Charles Barrett | <input type="checkbox"/> Charles Houston | <input type="checkbox"/> Cora Kelly | <input type="checkbox"/> Mount Vernon      |
| <input type="checkbox"/> Patrick Henry   | <input type="checkbox"/> William Ramsay  | <input type="checkbox"/> John Adams | <input type="checkbox"/> Douglas MacArthur |

Nannie J. Lee (Therapeutic Recreation Full Inclusion Program, for information call 703-746-5422)

**PLEASE PRINT**

Name of Participant \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Fall Grade Level \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Mother's Name \_\_\_\_\_ Mother's Work # ( ) \_\_\_\_\_ Mother's Cell # ( ) \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Work # ( ) \_\_\_\_\_ Father's Cell # ( ) \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's Work Location \_\_\_\_\_ Father's Work Location \_\_\_\_\_

Mother's Work Address \_\_\_\_\_ Father's Work Address \_\_\_\_\_

\*Emergency Contact #1 \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\*Emergency Contact #2 \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**\* Emergency Contacts must be someone other than the parents. If a parent cannot be reached during the program's hours of operation, make sure the Emergency Contacts can be reached.**

My child will regularly leave the Center by way of (circle):

Walk (written permission required/grades 4 and above only) \_\_\_\_\_ Parent \_\_\_\_\_ Car Pool \_\_\_\_\_ Other \_\_\_\_\_

**\*\*Person(s) authorized to pick up child (not including parents):**

Name # 1 \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name # 2 \_\_\_\_\_ Phone # ( ) \_\_\_\_\_ Cell # ( ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Note: If there are more than two people, please add to list with names, phone numbers and addresses.**

**\*\*If a parent or other adult is prohibited from picking up your child, attach a copy of applicable paperwork such as custody papers.**

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

Fall 2015-16 Fee: \$415 cash \_\_\_\_\_ Check # \_\_\_\_\_ Money Order \_\_\_\_\_ Credit Card (where available) \_\_\_\_\_  
Payment Plan: 1<sup>st</sup> Installment \$ \_\_\_\_\_ 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/allergy:

Please describe action to be taken in an emergency:

Has your child had a recent operation or any other pertinent medical history 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 & HOLD HARMLESS AGREEMENT

I give the Department of Recreation, Parks and Cultural Activities, Recreation Services Division, permission to acquire emergency treatment at my expense for the participant named above. In consideration of the City of Alexandria, Department of Recreation, Parks and Cultural Activities, conducting various programs, the undersigned realizing the risk of injury attendant to such programs, does hereby and forever discharge the City of Alexandria, Department of Recreation, Parks and Cultural Activities 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 or the undersigned’s child while participating in such programs.

**SIGNATURE REQUIRED OF PARENT/GUARDIAN** \_\_\_\_\_ Date \_\_\_\_\_

# SCHOOL YEAR REGISTRATION 2015-2016

## Rules and Requirements

Name of Child \_\_\_\_\_

In order for your child to participate in the 2015-2016 School Year Power-On Program, you must understand and comply with all of the following rules and requirements (the term “parent” includes guardian):

- I am a current resident of the City of Alexandria. I understand that I must provide two forms of identification to verify address.
- I, the child’s parent, must complete a 2015-2016 School Year Power-On Program registration packet providing all information requested on the forms and pay \$415 fee.
- I understand that prior to my child’s participation in an off-site activity, I must complete and sign a permission slip authorizing participation.
- I understand that the Power-On Program is not a licensed child care program but is based on local standards. Each Power-On Program is planned to be age appropriate and properly supervised. Standards of care appear online at [alexandriava.gov/Recreation](http://alexandriava.gov/Recreation).
- My child is expected to sign in when arriving after school and be signed out by myself or an authorized adult at the end of the day. Only youth in grades 4 and above may leave the center without adult supervision as long as there is written permission on file from the parent; however, we prefer that children stay throughout the program hours. Once a child signs out from the program, they must leave the premises and may not return the same day. My child(ren) must be picked up by 6 p.m. *A late fee of \$5 for every 10 minutes will be assessed for late pick-up. Continuous late pick-up may lead to your child’s suspension from the program.*
- I give RPCA permission to acquire emergency treatment for my child at my expense.
- I give permission for my child to participate in activities, discussion groups and personal development activities led by professionals.
- 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.
- I understand that children are expected to respect staff, program participants, 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. Staff will make every effort to work with parents to assist youth with behavior issues affecting their participation in the program.

Please read the above rules and requirements and sign below to certify you have read and understand these rules and requirements.

**SIGNATURE OF PARENT/GUARDIAN** \_\_\_\_\_

DATE SIGNED \_\_\_\_\_





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 703.746.5414 or visit our office.  
**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  
 (Supplemental Nutrition Assistance Program)  
 Do you receive TANF?  Yes  No If yes, case number: \_\_\_\_\_ attach documentation  
 (Temporary Cash Assistance for Needy Families)  
**(See fee chart on reverse side)**

Signature \_\_\_\_\_ Date \_\_\_\_\_

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 For Office Use Only

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

Comments:

Signature of Supervisor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Director/Designee \_\_\_\_\_ Date \_\_\_\_\_

## 2015-2016 Out of School Time Program School Year Fees

# of children	1	2	3	4	5
15-16 School Year Fee	\$415	\$788.50	\$1,162	\$1,535.50	\$1,909
Minimum due at registration	\$207.50	\$394.25	\$581	\$767.75	\$954.50

Free/Reduced Lunch (40%)	\$249	\$473.10	\$697.20	\$921.30	\$1,145.40
Minimum due at registration	\$124.50	\$236.55	\$348.60	\$460.65	\$572.70

SNAP (50%)	\$207.50	\$394.25	\$581	\$767.75	\$954.50
Minimum due at registration	\$103.75	\$197.13	\$290.50	\$383.88	\$477.25

TANF (70%)	\$124.50	\$236.55	\$348.60	\$460.65	\$572.70
Minimum due at registration	\$62.25	\$118.28	\$174.30	\$230.33	\$286.35

- Multiple Child Discount – A 10% discount is given for each additional child in the program
- 50% of the total fee with all discounts applied is due at registration
- Remaining balances are due November 20, 2015
- If a balance remains on a household account after the Thanksgiving Break, the child(ren) will not be allowed to attend the program starting November 30, 2015