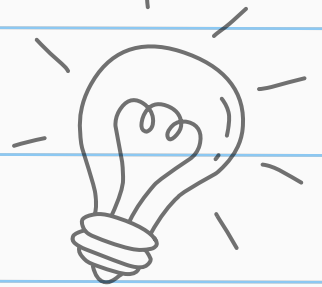
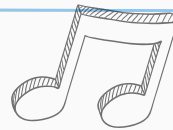
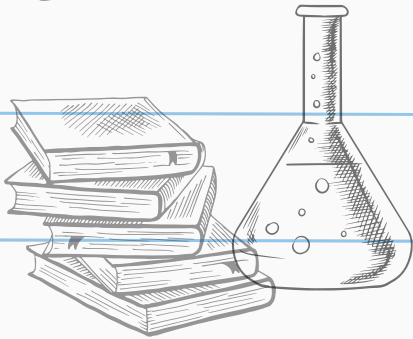
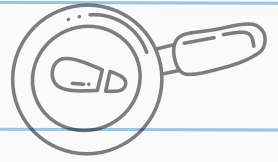
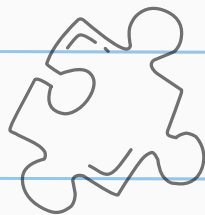
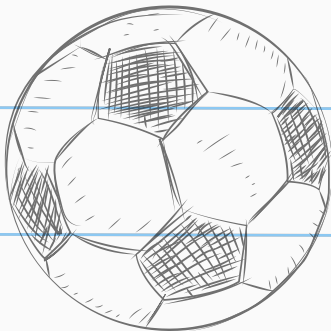




# OUT OF SCHOOL TIME



Afterschool fun for grades K-6. Join us as we create engaging, fun, and inclusive afterschool adventures!



## 2024-25 School Year



703.746.5414  
[alexandriava.gov/Recreation](http://alexandriava.gov/Recreation)

# 2024–25 School Year Out of School Time Program

## Cultivating Leaders of Tomorrow!

Meet friends, play, build, learn, and grow through a variety of recreation, enrichment, and leisure activities. Afterschool fun includes creative and performing arts, music, crafts, sports, physical fitness, health and wellness, and special events. Participants will engage in theme-based activities and special events that will promote self-awareness and confidence, as well as self-expression and creativity while having fun and making new friends in the Power-On afterschool program. The program meets from 2:30-6 p.m. when ACPS schools are open at locations across Alexandria.

**Registration:** Payment of \$892 is due at the time of registration and can be made by check, credit card, or money order, payable to the City of Alexandria. Open to City of Alexandria residents only. Financial assistance and payment plans are available for qualified families. For more information, please contact the Registration & Reservation Office at **703.746.5414**.

**Afterschool Program Dates:** August 19, 2024-June 12, 2025

**Afterschool Operation Hours:** School Dismissal through 6 p.m.

**Power-Full Fun Days Hours:** 9 a.m.-6 p.m.

**Power-Full Fun Days Fee:** Free for OSTP Registered Participants

Power-Full Fun Days operate at designated Recreation Centers on designated ACPS school closure days.

## 3 EASY WAYS TO REGISTER

**Registration Dates:** Pre-Registration for families who receive Federal Assistance will run from Sunday, June 9-Friday, June 14. Registration will open to the general public on Wednesday, June 26 at 9 a.m. (online only). In-person and online registration will open on Thursday, June 27. In-person registration can be completed at any of the neighborhood recreation centers and OSTP locations listed below, during program operating hours.

**3 EASY WAYS TO REGISTER**

**Web**

- Payment by credit card (Visa/MC) or eCheck
- alexandriava.gov/Recreation
- Call 703.746.5414 for assistance

**In-person (beginning June 27)**

- Lee Center, 1108 Jefferson St. Mon.-Fri. 9 a.m.-7.p.m.
- Hosting location during program operating hours

**Mail-in or Drop-off**

- Mail/drop-off completed forms and documentation to: Lee Center, 1108 Jefferson St., Alexandria, VA 22314
- Checks payable to “City of Alexandria”
- Allow up to five (5) business days.

## Items needed for registration:

- Completed/signed registration forms
- **New Registrants Only:**
  - 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)

**ADA Accommodations:** The City is committed to compliance with the Americans with Disabilities Act, as amended. To request a reasonable accommodation, contact ADA Coordinator Jackie Person at 703.746.5423.

Power-On is not a licensed child care program but is based on local standards approved by Alexandria’s City Attorney and available online at [alexandriava.gov/Recreation](http://alexandriava.gov/Recreation).

## Power-On Locations:

Charles Barrett Recreation Center	1115 Martha Custis Drive	703.746.5551
Charles Houston Recreation Center	901 Wythe Street	703.746.5552
Leonard “Chick” Armstrong Recreation Center	25 West Reed Avenue	703.746.5554
Mount Vernon Recreation Center	2701 Commonwealth Avenue	703.746.5556
Patrick Henry Recreation Center	4643 Taney Avenue	703.746.5557
William Ramsay Recreation Center	5650 Sanger Avenue	703.746.5558
*Douglas MacArthur Elementary School	1101 Janneys Lane	703.403.9805
*Ferdinand T. Day Elementary School	1701 N. Beauregard Street	703.350.6345
*John Adams Elementary School	5651 Rayburn Avenue	703.258.5367

\*On-site registration is unavailable at this location. \*ACPS School locations subject to change.

## Photographic Release

I hereby grant permission for the City of Alexandria, and its representatives, to use any photograph or video of me, my children and/or my property. Photographs and/or video may be used in print or electronic marketing or promotional material with or without my and/or my child's name. I also give permission to release such photographs and/or videos to the news media and that such photographs and/or videos may be used on the City's website.

I acknowledge and agree that any photographs and/or videos may be edited. I also agree that photographs and videos taken by the City become property of the City of Alexandria without compensation to me. I also understand that any photographs and/or videos may be subject to the Virginia Freedom of Information Act and/or the Virginia Privacy Act.

Printed Name: \_\_\_\_\_ Age (if minor): \_\_\_\_\_

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

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I would prefer that my child(ren) be excluded from photography taken by the City of Alexandria's Recreation, Parks & Cultural Activities team.



# 2024-25 SCHOOL YEAR REGISTRATION

August 19, 2024 - June 12, 2025



2024-25 SCHOOL YEAR PROGRAM	FEE
Resident	\$892
Free/Reduced	\$305
SNAP	\$255
TANF	\$149

Please select one location.

- John Adams       Leonard Armstrong       Charles Barrett  
 Ferdinand T. Day       Patrick Henry       Charles Houston  
 Douglas MacArthur       William Ramsay       Mount Vernon

### PLEASE PRINT

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

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

Home Phone \_\_\_\_\_ School \_\_\_\_\_ Fall Grade Level (2024-25) \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Work ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

Email address: \_\_\_\_\_

Parent/Guardian Work Location \_\_\_\_\_ Parent/Guardian Work Address \_\_\_\_\_

Parent/Guardian Work Location \_\_\_\_\_ Parent/Guardian 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 parent/guardian and available during program hours.*

My child will regularly arrive/leave the Center/Program by way of (Check box)

Walk (Participants in grade level 4 or above with Walk/Bike permission slip)

Parent  Car Pool  Other \_\_\_\_\_

### Person(s), other than parent/guardian, authorized to pick up child:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

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

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Cell ( ) \_\_\_\_\_

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

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

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

2024-25 S.Y. Fee: \$892 Credit Card  Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Money Order \_\_\_\_\_ ID \_\_\_\_\_ Staff \_\_\_\_\_

## MEDICAL/SOCIAL INFORMATION

NAME OF PARTICIPANT \_\_\_\_\_

What is your child's swimming ability?  No swim experience  Beginner  Can swim length of pool

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:

Has your child had any 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 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, cognitive 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 ADA Coordinator Jackie Person, at **703.746.5423** (VA Relay 711) or [jackie.person@alexandriava.gov](mailto: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 \_\_\_\_\_

# 2024-25 SCHOOL YEAR RULES AND REQUIREMENTS



NAME OF PARTICIPANT \_\_\_\_\_

In order for your child to participate in the 2024-25 School Year Program, you must understand and comply with all of the following rules and requirements.

“Parent” also refers to legal guardian.

- Must be a current resident of the City of Alexandria. Parents must provide two forms of identification to verify address.
- Parent must complete a 2024-25 School Year Program registration packet providing all information requested on the forms and pay the \$892 registration fee.
- Prior to participation on a field trip or off site activity, the parent/guardian must fill out and sign a permission slip authorizing their child’s participation and pay the required fee.
- Power-On is not a licensed child care program but are based on local standards. Each location’s program is planned to be age appropriate and properly supervised. Local standards are available online at [alexandriava.gov/Recreation](http://alexandriava.gov/Recreation).
- I give the Department of Recreation, Parks and Cultural Activities, Recreation Services Division, permission to acquire emergency treatment, at my expense, for my child.
- I give permission for my child to participate in activities, discussion groups and personal development activities led by professionals, vendors, contractors, etc. as part of the program.
- I consent to the City of Alexandria’s use of photographs, film or video which includes my child in activities sponsored by the Department of Recreation, Parks and Cultural Activities for use in marketing or promotional material.
- I understand that children are expected to respect center staff, program participants, equipment, supplies and facilities. Inappropriate behavior, abusive language, physical altercations, physical/verbal aggression, 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.
- Youth in grades 4 or above whose parents have submitted required documentation (Walk/Bike permission slip) will be allowed to sign themselves out of the program and leave the program on their own. It is encouraged that children are picked up by a parent, guardian, or authorized person and stay for the duration of the program.

I have read, understand, and agree to abide by the above rules and requirements:

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

PARTICIPANT NAME (please print) \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

## 2024-25 SCHOOL YEAR FEE: \$892/child

Please visit [alexandriava.gov/Recreation](http://alexandriava.gov/Recreation) to view a full version of *Out of School Time Program Local Standards*.

"Parent" also refers to legal guardian.

### Age of Participants

Ages 5-12, entering grades K-6 in Fall 2024

### 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, Douglas MacArthur, and Ferdinand T. Day are closed on ACPS Professional Development Days, Teacher Work Days (TWD), and school holidays.

### Payments and Refund Policy

Any unpaid balances on Department of Recreation, Parks, and Cultural Activities (RPCA) accounts must be cleared in order for your family members to register in any other RPCA sponsored activities.

A request for refund 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

Children are signed in by RPCA staff daily, and a parent/guardian or authorized adult are required to sign children out daily. Parents should make arrangements to pick up children on time, by 6 p.m. Youth in grades 4 or above whose parents have submitted required documentation (Walk/Bike permission slip) will be allowed to sign themselves out of the program and leave the program on their own. It is encouraged that children are picked up by a parent, guardian, or authorized person and stay for the duration of the program. Parents, guardians, or authorized persons will be required to produce an official Photo ID upon pick up and should call the center/program from the entrance of the building when they arrive for pick up.

### Daily Cleaning

All surfaces and equipment are wiped down and disinfected throughout the program day and at the end of each program day. All sports equipment will be disinfected daily and in between group use.

### Daily Hygiene

Everyone is required to wash their hands frequently with soap and water for at least 20 seconds. All staff and children are required to wash their hands and/or use hand sanitizer upon arrival to the program, when entering activity areas, before and after meals or snacks, after outdoor play, after going to the bathroom and prior to leaving for home.

### Attendance & Updating Information

Parents are asked to notify the program supervisor 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 are required to dress in appropriate clothing needed for recreation style activities for both indoor and outdoor active play. Tennis shoes or rubber-soled shoes are required (for your child's safety, bare feet or open-toed shoes are not permitted). Crocs, flip flops, slides and sandals are not permitted.

### Illness & Injuries

Children who are running a fever, vomiting or complaining of pain or other symptoms will not be allowed to attend the program. If a child becomes ill during program hours, parent/guardian must make arrangements for the child to be picked up as soon as possible. An ill child will be separated from their group until a parent arrives. If a child is severely injured or ill (when more than simple first aid is needed), staff will attempt to contact a parent/guardian first or at least one person on the emergency contact list if a parent/guardian 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 with an administrator to bring the medication for 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. Medication must be labeled and in its original packaging. No expired medication will be accepted. The medication will be stored in a clear Ziploc bag and labeled with the child's name. The medication will accompany the Medication Authorization Form and Medication Log. All medications will be secured in a red Medical Bag and accessible by any staff member in an emergency.

### 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.

## 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. 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.

## Financial Assistance Procedures

To be considered for assistance, the Financial Assistance Application form must be completed and returned, with supporting documentation and a completed registration form, to your chosen location or the Lee Center, Registration & Reservation Office, 1108 Jefferson St, Alexandria, VA 22314.

Applicants must submit official 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 referenced 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 **703.746.5414**.

2024-25 SCHOOL YEAR PROGRAM	FEE
Resident	\$892
Free/Reduced	\$305
SNAP	\$255
TANF	\$149

## Fee-Based Programs

In the event that the host location 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 meal is provided daily to the participants attending the Power-On program at qualified sites. All food meets the USDA recommended guidelines. A menu is available to all participants and posted at the center/program 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 the vending machine at Power-On locations, without a parent/guardian present.

## Toys, Games, Cell Phones & Personal Belongings

Children are not permitted to bring the following items to the program:

- Personal items of value
- Video Games
- Medication of any kind (unless accompanied by Authorization/Permission for Administration of Medication)
- Collectibles that could become lost, broken, or stolen
- Cell phones, if brought to program, must be kept in the participant's backpack and only used with staff permission; parents should call the center to speak with their child. Staff are not responsible for lost, stolen, or damaged items.
- Smart Watches are not permitted

## 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 Supervisor. The RPCA Staff will report this information to the Department of Community and Human Services Division and provide all information needed to enable a social worker to investigate the matter.

