



# Out of School Time

Summer 2024 • June 17– August 9

Summer fun for ages 6-14



City of Alexandria



[alexandriava.gov/RPCA](http://alexandriava.gov/RPCA)



# 2024 Summer Out of School Time Program

## Cultivating Leaders of Tomorrow

Campers 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 and Power-Up Summer Camp Programs. Registration minimums and maximums vary by location. No program 6/19, 7/4.

**Summer Registration Fee:** Each program will run for eight weeks beginning June 17 through August 9 from 9 a.m. to 6 p.m. Before care is provided 7 a.m.-9 a.m. for an additional \$39 fee, per child, per week. Registration is required prior to attending before care. Registration fees for the full day, 9 a.m.-6 p.m. program is \$459 per child. Financial Assistance is available for families who receive Free/Reduced School Meals \$225, SNAP Free, TANF Free. Fees subject to increase beginning July 1.

**Operation Hours:** 9 a.m. – 6 p.m.

**Before Care Hours & Fee:** 7 a.m. – 9 a.m. / \$39 per week *Please contact your selected summer camp location to register.*

### 2 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 Feb. 22)

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

**Registration Dates:** Pre-Registration for families who receive Federal Assistance will run from Monday, February 5-Saturday, February 10. Registration will open to the general public on Wednesday, February 21 at 9 a.m. (online only). In-person and online registration will open on Thursday, February 22. In-person registration can be completed at any of the neighborhood recreation centers and OSTP locations listed below, during program operating hours.

#### Items 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)

#### 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 and the Power-Up Program are not licensed child care programs but are based on local standards approved by Alexandria’s City Attorney and available online at alexandriava.gov/Recreation.

#### Power-On Program Locations:

Charles Barrett Recreation Center	1115 Martha Custis Drive	703.746.5411
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	4653 Taney Avenue	703.746.5557
William Ramsay Recreation Center	5650 Sanger Avenue	703.746.5558
*Ferdinand T. Day Elementary School	1701 N. Beauregard Street	703.746.5411
*John Adams Elementary School	5651 Rayburn Ave.	703.746.5411
*Douglas MacArthur School	1101 Janneys Lane	703.746.5411

#### Power-Up Program Location:

*George Washington Middle School	1005 Mt. Vernon Ave	703.746.5411
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**\*On-site registration is unavailable at this location. \*ACPS School locations subject to change**

## Summer 2024 Fee: \$459

Fees subject to increase beginning July 1.

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

*“Parent” also refers to a legal guardian.*

### Eligibility Requirement

**Power-On:** Rising 1st graders through rising 6th graders, who are between the ages of 6 and 12 are eligible to enroll in this program.

**Power-Up:** Rising 6th graders through rising 10th graders, who are between the ages of 12 and 15 are eligible to enroll in this program.



### Hours of Operation

9 a.m.-6 p.m. are programmed hours. Pick-up is required by 6 p.m. All sites are closed on 6/19, 7/4.

### Payments & 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.

### Dress Code

Campers are required to dress in appropriate clothing needed for recreation-style activities for both indoor and outdoor play. Tennis shoes or rubber-soled shoes are required (for your child’s safety, bare feet or open-toed shoes are not permitted). Black-soled shoes are not recommended as they may damage the gym floors.

### 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.

### 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 preferred location or the Lee Center, Registration & Reservation Office, 1108 Jefferson St, Alexandria, VA 22314.

Applicants must demonstrate need in order to receive assistance, and must accompany, 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.

POWER-ON/ POWER-UP SUMMER PROGRAM	FEE
Resident	\$459
Resident with Free & Reduced School Meals	\$225
Resident with SNAP	Free
Resident with TANF	Free

Fees subject to increase beginning July 1.

### Snacks/Meals

A healthy meal 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.



### Prohibited Items

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, will be kept in the center office and only used with staff permission; parents should call the center to speak with their child
- Smart watches are not permitted

## 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.



# Summer 2024 Power-On/Power-Up Registration



June 17 - August 9 • 9:00 a.m. - 6:00 p.m.

SUMMER CAMP	FEE
Resident	\$459
Free/Reduced	\$225
SNAP	Free
TANF	Free

Please select one location.

- John Adams
- Leonard Armstrong
- Charles Barrett
- Ferdinand T. Day
- Patrick Henry
- Charles Houston
- Douglas MacArthur
- William Ramsay
- Mount Vernon
- George Washington Power-Up Middle School Program

Fees subject to increase beginning July 1.

Please contact your selected summer camp location, to register for Before Care.

Select camper t-shirt size. YS YM YL YXL AS AM AL AXL A2X

## 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.

## 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.



# 2024 Summer 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 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, physical, behavioral and/ or cognitive conditions that require special restrictions or considerations while at camp 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](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 Summer Rules & Requirements



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

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

*“Parent” also refers to a legal guardian.*

## POWER-ON & POWER-UP PROGRAMS:

- Must be a current resident of the City of Alexandria. Parents must provide two forms of identification to verify address.
- Prior to participation in an activity held off-site, the parent/guardian must fill out and sign a permission slip authorizing their child’s participation and pay the required fee.
- Power-On and Power-Up are not licensed child care programs, however both programs 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.
- 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 as part of the program.
- I consent to the City of Alexandria’s use of photographs, film and/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.
- Participants enrolled in the summer program MUST be signed in and out by a parent or authorized adult daily. Parents are responsible to pick up youth by 6 p.m. daily.

**Pick-Up:** Children can be picked up at any time during camp hours of 9 a.m. – 6 p.m.; however, pick-up after 6 p.m. can result in your child’s/children’s removal from the program. Children will only be released to those adults (18 years and older) that are designated and authorized on the registration form to pick up. Parents, Guardians, or Authorized Persons will be required to produce an official Photo ID upon pick up and should call the center from the entrance of the building when they arrive for pick up. Parent/guardians and authorized persons are not permitted inside the facility/program unless otherwise noted.

## POWER-ON PROGRAM:

- Participants enrolled in the Power-On program are expected to be signed in and out by a parent or authorized adult daily. Although youth in grades 4 or above may be given written permission by a parent to leave the center on their own, it is preferred that children stay throughout the program, 9 a.m. - 6 p.m. Parent/Guardian is responsible for picking up youth by 6 p.m. If giving permission for your child to sign themselves out of the program a Walker/Bike Permission Slip must be completed.

## POWER-UP PROGRAM:

- Youth may participate in the Power-Up Program on a voluntary basis. They are expected to sign-in and out daily. Once youth sign out for the afternoon, they may not return that day and must leave school property. Please be certain that your child understands your attendance expectations.

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

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

DATE \_\_\_\_\_

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

DATE \_\_\_\_\_

# Financial Assistance Application

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

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, Registration & Reservation Office, 1108 Jefferson St., Alexandria, VA 22314 or fax to 703.746.5564. 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.

**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: \_\_\_\_\_

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

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 \_\_\_\_\_