

Xcel After School REGISTRATION MEMORANDUM



To: Parents and Guardians
From: Enid Montes, Site Director

We are pleased to invite your child to participate in Xcel After School from September 20, 2004 to June 3, 2005, at our facility at 154 Avenue D, Ground Floor (the "Premises"). This letter describes the program and eligibility requirements.

1. **HOURS:** Xcel After School ("XAS") operates regularly from 3 p.m. to 6 p.m., Monday through Friday. Special events and/or extended hours may modify those hours from time to time. *XAS will be closed on days that the NYC public schools are closed*, including snow days and other unplanned closures, unless otherwise notified.
2. **ACTIVITIES:** XAS activities include homework help; mentoring; tutoring; recreation and physical fitness; athletics; community service projects; theater productions; dance, drama, computer, or other multimedia workshops; arts and crafts; leadership opportunities; rap sessions; and field trips throughout New York City.
3. **AGES:** XAS is open to children ages 8 to 12. Children must turn 8 years old before September 20, 2004.
4. **NUMBER OF CHILDREN:** XAS will enroll up to 40 students on a first come, first serve basis, with additional students placed on a waiting list. Failure to attend before October 15, or ten consecutive absences without reason, may remove a student from the roster.
5. **REGISTRATION.** Every child must return the following forms completed and signed by a parent or legal guardian in order to participate in XAS: (1) REGISTRATION, (2) ACADEMIC INFORMATION RELEASE, (3) PARENTAL RELEASE, (4) MEDICAL RELEASE and (5) BIRTH CERTIFICATE COPY.
6. **PICK-UP.** Students age ten and younger must be picked up from the Premises by an authorized adult over the age of 18. Children eleven and older may leave unsupervised, with your written permission. Please indicate your permission and/or list all authorized adults on the attached Registration.
7. **SNACKS:** Each child must bring their own snacks.
8. **HOMEWORK HELP:** Please insure that your child brings all homework assignments, relevant schoolbooks and supplies each day in order to complete assignments.
9. **OPEN HOUSE:** Feel free to attend an open house at the Premises on September 15 or 16 from 5-7 pm to meet the staff and have any questions answered.
10. **TUITION:** Tuition for XAS is \$30 per child per month for the first child, \$25 for a second child, and \$20 for each additional child. A non-refundable deposit of \$15 will reserve a spot on the roster, with the first month's payment due on or before September 20. Families may prepay tuition for the entire year or quarterly at substantial savings. Prepay the entire year at \$200 (26% off) for the first student, \$160 (41%) for the second, and \$120 (56%) for each additional student. Prepay three months at \$75 (17% off) for the first student, \$60 (33%) for the second, and \$45 (50%) each additional. Please indicate your preference on the Registration form. Failure to pay tuition timely may result in removal from XAS. Financial assistance is available if needed.

**Xcel After School
REGISTRATION**



Child's Name _____
Last First M.I.

Sex (M/F) _____ DOB ____/____/____ Age _____

Address _____
Street Apt. City State Zip

Parent/ Guardian _____

Phone (Home) _____ (Work) _____ (Cell) _____

Does your child suffer from a physical or mental disability or disease (HIV/AIDS, Depression, Diabetes, Epilepsy, Dislexia, Asthma, ADHD, Cancer, etc.)? (Y/N) _____. If yes, please specify: _____

Is your child currently on any medication or other regular treatment that may require supervision? (Y/N) _____. If yes, please specify: _____

Does your child require any special services during the regular school day (social worker, resource room, ESL, etc.)? (Y/N) _____. If yes, please specify: _____

Is your child required to participate in a mandated, school-based after school program? (Y/N) _____. If so, what program? _____

Children age 10 or younger may not leave the Premises without an authorized adult 18 or older. If your child is over the age of 10, will s/he be picked up from the Premises? (Y/N) _____. Please specify the name(s) of the individual(s) authorized to pick up your child: _____

In case of an emergency is Generation Xcel staff permitted to take immediate action, such as calling 911, or accompanying the child to the emergency room or other health care facility? (Y/N) _____

SECONDARY FAMILY MEMBER OR NEIGHBOR TO NOTIFY IN CASE OF EMERGENCY:

Name _____

Emergency Phone _____ Alt. Phone _____

Address _____
Street Apt. City State Zip

TUITION PREFERENCE

I will prepay tuition for the entire year at \$200 _____ quarterly at \$75 _____ or monthly _____ at \$30. Please bill me accordingly. Enclosed is a \$15 nonrefundable deposit to reserve my child's spot on the roster. (Y/N) _____

Parent/Guardian Signature

Date

**Xcel After School
PARENTAL RELEASE**

2004-2005



PARTICIPATION. I give permission for my child to participate in Xcel After School ("XAS") from September 20, 2004 to June 3, 2005, including, but not limited to, any activities and/or outings hosted, sponsored, or conducted in connection with Generation Xcel such as homework help; mentoring; tutoring; physical fitness; athletics; community service projects; theater productions; dance, drama, computer, or other multimedia workshops; leadership opportunities; rap sessions; and field trips throughout New York City.

LOCATIONS. I understand that XAS activities will be based out of the Generation Xcel location at 154 Avenue D, Ground Floor, and may include special events at Xcel's alternate location at 9 East 7th Street, Top Floor (the "Premises"), as well as various outdoor locations from time to time throughout the Lower East Side and East Village neighborhoods. I release my child to participate at all locations.

ATTENDANCE. I understand that my child's attendance will be determined by signing in and out each day. When my child signs out at the end of the day, or is picked up by an authorized individual, the Generation Xcel staff is no longer responsible for my child.

VIDEO, FILM, AND PHOTOGRAPHY RELEASE. I give my child permission to participate in any video/film or photography projects with Generation Xcel that may from time to time arise in connection with the activities of Generation Xcel. I understand that his/her participation may be used in video/film on the Internet for educational or promotional purposes; video/film festivals; television exposure; public service announcements; and all other broadcasting or non-broadcasting purposes in any matter of media, including printed documents such as flyers, brochures, and other materials, in perpetuity throughout the United States and abroad. I understand that my child's participation offers no remuneration, unless expressly noticed in writing at the time of a specific project.

I grant permission for Generation Xcel to use my child's first name and/or likeness for publicity or institutional promotional purposes, and to edit, produce, and record for duplication and distribution that likeness as appropriate. I expressly release Generation Xcel, Community Solutions, Inc., and any of their licensees, assignees, affiliates and successors from any privacy, defamation, or other claim I may have arising out of any video/film or photography project or the use thereof.

LEGAL LIABILITY. I hereby release Generation Xcel, Community Solutions, Inc., sponsors, and community partners, from all legal liability for my child.

ACCURACY. I certify that the information contained in the attached registration form is true and accurate to the best of my knowledge.

Child's Name: _____ Parent/Guardian: _____

Home Address _____
Street Apt. City State Zip

Phone (Home) _____ (Work) _____ (Cell) _____

Parent/Guardian Signature

Date

ACADEMIC INFORMATION RELEASE



I, the parent/guardian of _____ (student's name), authorize the New York City Department of Education, my child's school, and their representatives, to release information about my child, including, but not limited to, attendance records, standardized test scores, assessments, report cards, progress reports, and other information related to my child's academic and social performance in school, to the site director or education coordinator for Generation Xcel. Generation Xcel agrees to keep all such information strictly confidential, and to use it, in consultation with the child's educators and parents, to craft an after-school education strategy that supplements and supports the education received at school.

Print full name of parent/guardian

Student ID # (if appropriate)

Parent/Guardian Signature

Date

Grade, Fall 2004

School Name

School Code

Class

School Address

School Phone

Guidance Counselor

Home Room Teacher

The information released to Generation Xcel and its representatives will be kept confidential to the full extent permitted by law. Failure to maintain confidentiality will subject parties to all applicable penalties and/or sanctions.