

WELCOME TO THE AFTERZONE!

DelSesto



Coordinated by



For students at DelSesto Middle School

Spring Session 2017

April 24th - June 1st

Providence, RI



PASA: A Public/Private Partnership.

Public Partners: City of Providence, PPSD, 21st Century Community Learning Centers, RIDE, Rhode Island Housing
Private Partnerships: Bank of America, Bill Belichick Foundation, CVS, Dassault Systèmes, Every Hour Counts, IGT/G-Tech, June Rockwell Levy, Noyce Foundation, Mary Dexter Chafee, Rhode Island Foundation, SouthWest Airlines, TriMix Foundation

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what is an afterzone ?

This year 1,900 Providence public middle school students will enjoy fun, safe after-school programs—ranging from sports, arts and music, to hands-on science--in the Providence After School Alliance's (PASA) AfterZone. We'd like your child to be one of them--**for free!** Because PASA works closely with the schools, your child can sign up for an AfterZone program of their choice in their school, four sessions per year (fall, winter, spring, and summer).

Your child will enjoy:

- **High quality, safe programs** offered by experienced program providers from some of Providence's best organizations, teachers, and trained youth workers.
- **A healthy supper** at the start of the program that includes a meat, a vegetable, a fruit, milk or juice.
- **Free transportation** to any offsite programs (off school grounds) back to the school for AfterZone dismissal.
- **Free school bus transportation back to their home neighborhood** at the end of AfterZone dismissal. You are also always welcome to pick up your child at the end of the program day.

Students who spend **at least** 30 days in the AfterZone during middle school come to school more, do better in math, want to learn during the school day and have better relationships with their teachers. Students who spend 50 or more days in AfterZone programming during middle school go on to graduate high school.

Please note that **students are enrolled on a "first-come, first-served" basis**, so the sooner your child returns this brochure, the more likely they are to have a spot. We can't guarantee that students will be enrolled in programs they select, but we will offer other available programs similar to their choice program or put them on a waiting list for their choice program. Parents will receive written confirmation or a phone call letting them know if their student has been accepted for particular programs.

To learn more about PASA and how you can be part of our success
please visit www.mypasa.org

For more information on the AfterZone or how to register, please contact:

Fairleigh Barnes, DelSesto AfterZone Site Coordinator

Work Cell: (401) 474-9165 or fbarnes@mypasa.org

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¿que es el afterzone ?

Este año 1,900 estudiantes secundarios de las escuelas públicas de Providencia, disfrutarán de programas de alta calidad en Providence After School Alliance's (PASA) AfterZone! Los programas incluyen, deportes, programas de artes y de música, y programas académicos. Por esa razón, nos gustaría que su hijo/a sea parte de nuestros programas. Los programas son gratis! PASA trabaja en colaboración con las escuelas públicas de Providencia, para que su hijo pueda inscribirse en un programa de AfterZones en su escuela, cuatro veces al año (otoño, invierno, primavera y verano).

Su hijo disfrutará:

- Alta calidad: programas ofrecidos por profesionales de las mejores organizaciones en la ciudad.
- Una cena: comida saludable al inicio del programa que incluye una carne, una verdura, una fruta, leche o jugo.
- Transporte: El programa ofrece transporte gratuito a todos los participantes al final del día. También usted está siempre bienvenido a recoger a su hijo al final del día.

Sabía que los estudiantes que atienden el AfterZone por 30 días o más, tienen mejor notas en matemáticas, y tienen mejor relaciones con sus profesores. Los estudiantes que pasan 50 o más días en el AfterZones durante su tiempo en la escuela, están. Mejores preparados para graduarse.

Por favor tenga en cuenta que los programas se llenan rápido. Por esa esa razón regrese este folleto, lo más rápido posible. No podemos garantizar que los estudiantes serán inscritos en programas que seleccionen. Si los programas están llenos, vamos a ofrecer otros programas similares o ponerlos en una lista de espera. Los padres recibirán una confirmación por escrito o una llamada telefónica haciéndoles saber si su hijo ha sido aceptado.

Para aprender más acerca de PASA y cómo usted puede ser parte de nuestro éxito visite www.mypasa.org

Para obtener más información sobre el AfterZones o cómo registrarse, por favor póngase en contacto con:

Fairleigh Barnes, Coordinador DelSesto AfterZone
Trabajo Celular: (401) 474-9165 o fbarnes@mypasa.org

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- Return completed brochures to your school's main office ONLY.
- ALL sections in these brochures must be complete before you submit this form. This includes the signature of your parent or legal guardian.
- SIGN UP EARLY-programs fill up quickly!
- **Programs are free, and students will be enrolled on a "first-come, first-served" basis.** We cannot guarantee that students will be enrolled in programs that are selected. Families will receive either written confirmation or a phone call letting them know if their student has been accepted for particular programs.
- **Students are required to attend ALL days** their particular programs meet from: **April 24, 2017 - June 1, 2017.**
- Students who have more than two unexcused absences or who do not comply with AfterZone code of conduct can be removed from programs.
- **Although buses do drop off youth near their home at the end of the day** families are ultimately responsible for transportation.

If you would like a **SPANISH** speaking staff to call home, check here.

student information

Please complete the form below in its entirety. Be sure to **check** your gender and grade.

first name: _____
last name: _____
school: _____
homeroom teacher: _____

birth date: _____ / _____ / _____
gender: male female
grade: 6 7 8
student id: _____
email: _____

family information

* parent / guardian 1

name: _____
relationship: _____
home phone: _____
work phone: _____
other phone: _____
email: _____
address: _____
city: _____
state: _____ zip: _____

* parent / guardian 2
(and/or emergency contact)

name: _____
relationship: _____
home phone: _____
work phone: _____
other phone: _____
email: _____
address: _____
city: _____
state: _____ zip: _____

STAFF ONLY

Date received: _____

Date processed: _____

Staff person: _____



- Por favor **SOLAMENTE** devuelva los folletos a la oficina principal de su escuela.
- TODAS las secciones de este folleto deben estar completas antes de entregar este folleto. Esto incluye la firma de su padre o tutor legal.
- ¡LOS PROGRAMAS SE LLENAN RÁPIDO POR FAVOR ENTREGUE ESTE FOLLETO LO MÁS PRONTO POSIBLE!
- Los programas son gratuitos y los estudiantes serán inscritos al "el primero que llegue será el primero servido". No podemos garantizar que los estudiantes sean inscritos al programa que seleccionen en el folleto. Las familias recibirán una confirmación por escrito o una llamada telefónica para informarles si su estudiante ha sido aceptado para programas en particular.
- Se requiere que los estudiantes asistan TODOS los días y sus programas se reúnen desde: **24 de Abril de 2017 a 1 de Junio de 2017.**
- Los estudiantes que tienen más de dos ausencias injustificadas o que no cumplen con el código de conducta AfterZone pueden ser removidos de los programas.
- Aunque los autobuses dejan a los jóvenes cerca de su casa al final del día, las familias son responsables del transporte.

Si desea un personal que hable **ESPAÑOL** llame a casa, por favor marque aquí.

información del estudiante

Por favor, rellene este formulario abajo en su totalidad. Asegurase **marcar** su género y grado.

nombre: _____ fecha de nacimiento: _____ / ____ / ____
apellido: _____ género: masculino femenino
escuela: _____ grado: 6 7 8
maestro de clase: _____ número de identificación: _____
correo electrónico: _____

información familiar

* padre / tutor legal 1

nombre: _____
relación al estudiante: _____
numero de teléfono de casa: _____
numero del trabajo: _____
otro teléfono: _____
correo electrónico: _____
dirección: _____
ciudad: _____
estado: _____ código postal: _____

* padre / tutor legal 2

(o contacto de emergencia)

nombre: _____
relación al estudiante: _____
numero de teléfono de casa: _____
numero del trabajo: _____
otro teléfono: _____
correo electrónico: _____
dirección: _____
ciudad: _____
estado: _____ código postal: _____

SOLAMENTE PARA USO DEL PERSONAL

Date received: _____ Date processed: _____ Staff person: _____

transportation

* getting home

THIS SECTION IS REQUIRED

Please check **yes** or **no** for **EACH** statement. It is important that we know your preferences for **EVERY** option listed below:

- yes** **no** I will pick my child up at the school at the end of the day.
- yes** **no** I grant my child permission to walk home alone from the program location at the end of the day.
- yes** **no** I grant my child permission to take the school late bus.
In the event that myself and the persons authorized for pick up are not able to arrive on time, I will allow my child to take the late bus.

At the end of the day, late bus transportation to home neighborhoods is provided for all youth participating in the AfterZone.

If a youth does not have permission to walk or take a bus home at the end of the day, they must be picked up by a person on the pick-up list below between 5:15-5:30 p.m. on all Program days.

* pick up / emergency contacts

THIS SECTION IS REQUIRED

At the end of the day, late bus transportation to home neighborhoods is provided for all youth participating in the AfterZone if parents give approval below. Parents are always welcome to pick up students at the end of the program day.

My child may be picked up by:

name: _____	relationship: _____	phone: _____
name: _____	relationship: _____	phone: _____
name: _____	relationship: _____	phone: _____
name: _____	relationship: _____	phone: _____

Please add as many names to this pick-up list as you like on additional sheet of paper. Only those listed above or on your additional sheet will be allowed to pick up students.

My child may NOT be picked up by:

name: _____	relationship: _____	phone: _____
name: _____	relationship: _____	phone: _____
name: _____	relationship: _____	phone: _____

transportación

* Llegando a casa

ESTA SECCIÓN ES REQUERIDA

Por favor elije SI o NO para cada frase. Es muy importante que sepamos sus preferencias para cada frase escrita:

sí no

Yo voy a recoger a mi hijo/a al termino del día.

sí no

Yo le doy permiso a mi hijo/a que camine a la casa solo/a del programa al termino del día.

sí no

Yo le doy permiso a mi hijo/a que monte el autobús escolar de la tarde.

Al final del día, el autobús escolar a los vecindarios caseros se proporciona para todos los jóvenes que participan en el programa AfterZone.

Si el joven no tiene permiso para caminar a tomar un autobús a casa al final del día, debe ser recogido por una persona en al lista de recogida a continuación entre 5:15-5:30 p.m. en todos los días del programa.

* recoger / contactos de emergencia

ESTA SECCIÓN ES REQUERIDA

Al final día, el transporte en autobús escolar a los vecindarios caseros se proporciona para todos los jóvenes que participan en el programa AfterZone si los padres dan la aprobación abajo. Los padres son siempre bienvenidos los estudiantes al final del programa.

Mi hijo/a puede ser recogido por:

nombre: _____

relación: _____

numero de teléfono: _____

nombre: _____

relación: _____

numero de teléfono: _____

nombre: _____

relación: _____

numero de teléfono: _____

nombre: _____

relación: _____

numero de teléfono: _____

Si necesita añadir más personas por favor utilice una hoja adicional. Solamente las personas escritos arriba o en escritos arriba o en su hoja adicional podrán recoger su hijo/a.

Mi hijo/a NO PUEDE ser recogido por las personas abajo:

nombre: _____

relación: _____

numero de teléfono: _____

nombre: _____

relación: _____

numero de teléfono: _____

nombre: _____

relación: _____

numero de teléfono: _____

medical information

medicine: yes no

allergies: yes no

If you checked 'yes' for medicine or allergies, please explain:

Please describe any disability or chronic or reoccurring illness below:

This information will not affect your child's enrollment. PASA will work with you to possibly gain additional support.

Others:

información médica

medicina: sí no

alergias: sí no

Si eligio si para medicina o alergias, por favor explique:

Por favor explique cualquier discapacidad o enfermedad:

Este información no afectará la inscripción de su hijo/a. Si es posible PASA trabajará con usted para encontrar ayuda adicional.

Otras:

permission

In the AfterZone, our goal is to help your child reach his or her full potential, socially, emotionally, and academically. In order to do that, we share some information about your child with the Providence Public School Department and they share some information about your child with us. PPSD and the AfterZone are partners in creating a full year learning experience for your child, and sharing this information can help us better serve your child and understand if the program is having a positive impact on your child's academic and social/emotional success. . Additionally, the AfterZone works with third party evaluation partners to improve the quality of program experiences for your child, and therefore must share information with them as well. The AfterZone establishes strict confidentiality agreements with everyone with whom we share information.

What types of information do we share?

The AfterZone sometimes shares the information we collect from you and your child with your child's school and stores that information on a password protected data management system operated by a third party. Examples of the type of information we might share are his/her attendance in the AfterZone and responses on surveys.

What is the AfterZone asking for and why?

We would like your permission to share the information we collect from you and your child with your child's school as well as our evaluation partners. Examples of the type of information we would share are his or her attendance in the AfterZone and responses on surveys. If the AfterZone provides this kind of information to your child's school, then we will be better able to provide services for your child. Similarly, providing this information to our evaluation partners allows the AfterZone to better design programs for your children in the future.

We would also like your permission to have the Providence Public School Department release your child's student record to the AfterZone. The student record has information such as your child's attendance, scores on assessments (for example - STAR), types of services they may receive, discipline history, and other information. Having this information will help us better understand how our services work, and how we might improve them.

Who will see my child's information?

The only people who will see your child's student record are AfterZone staff, program evaluation partners, and administrators who are making programming decisions to better meet the needs of your family and school. Please remember that the AfterZone establishes strict confidentiality agreements with everyone with whom we share information.

How will the AfterZone protect my child's information?

All AfterZone staff members receive extensive training in privacy procedures and follow strict guidelines to protect the confidentiality of records. AfterZone staff keep all child records locked in a secure location or in a password-protected, secure database. All electronic files containing information about your child will be protected by a password. Only senior staff members of the AfterZone will have access to the passwords and to student data on the database.

Your answers to these questions will not affect your child's participation in the AfterZone

____ (please initial) I have read and understand the information above about sharing of my child's AfterZone participation data and school record between the AfterZone and the Providence Public School Department (PPSD). Additional information about FERPA privacy rights is mentioned in the PPSD Parent Handbook.

I understand why the AfterZone is asking my permission to access my child's student record, and I grant permission to the Providence Public School Department to share that information with the AfterZone.

yes, I give my permission **no**

I understand why the AfterZone is asking my permission to share information about my child **collected by AfterZone staff** with appropriate school faculty and Providence Public School staff.

yes, I give my permission **no**

I understand why the AfterZone is asking my permission to share information about my child **collected by AfterZone staff** with third party evaluation partners.

yes, I give my permission **no**

In order to improve the AfterZone and make sure it meets the needs of students and their families, we may conduct surveys of you, your child and/or your child's family a few times per year. These surveys will ask questions about the kinds of programs your child would like to see in the AfterZone and what they are learning. The answers will be used to improve and to evaluate the AfterZone.

Do we have your permission to conduct surveys with you and/or your child?

yes, I give my permission **no**

Sometimes, The Providence After School Alliance and its partners as listed in this brochure use photos of AfterZone participants in publicity and marketing materials, such as on the program's website. In addition, the media sometimes comes into the program to take photos. We will never share with or sell your child's photo to any other organization or individual.

Do we have your permission to take and use photos of your child?

yes, I give my permission **no**

If you have any questions or concerns about the above information and would like to discuss it with someone from the Providence After School Alliance, please call Ann Durham at 401-490-9599, ext. 107.

I understand that my records are protected under the Federal Confidentiality Regulations (42CFR Part 2), Mental Health Law (40.1-2-26) and Health Care Information Act (RI General Laws 5.37.3-4), and cannot be disclosed without my written consent except as otherwise specifically provided by law. Any information released or received as a result of this consent shall not be relayed in any way to another person, organization or entity, without additional written consent from me unless it is by the Executive Director of the Providence After School Alliance acting in my behalf. I understand that state law mandates reporting of suspected abuse/neglect (to children, elderly and disabled persons) to the appropriate State authorities. I may withdraw this consent by giving written notification to the above party, at any time prior to the disclosure or release of the information. I understand and consent to my child's case file, and record being reviewed and information being used for administrative case

review and program evaluation. I have read (or had it read to me), understand and agree to the conditions as outlined in this release.

permiso

En el programa AfterZone, nuestro objetivo es ayudar a su hijo/a alcanzar su máximo potencial, socialmente, emocionalmente y académicamente. Para alcanzar nuestro objetivo, compartimos cierta información sobre su hijo con el Departamento de la Escuela Pública de Providence y ellos comparten con nosotros información acerca de su hijo. PPSD y AfterZone son socios en la creación de una experiencia de aprendizaje de año completo para su hijo, y compartir esta información puede ayudarnos a servir mejor a su hijo y entender si el programa está teniendo un impacto positivo en el éxito académico y socialmente/emocionalmente. Además, el programa AfterZone trabaja con evaluadores de terceros para mejorar la calidad de las experiencias del programa para su hijo/a y, por lo tanto, también debe compartir información con ellos. AfterZone establece estrictos acuerdos de confidencialidad con todos aquellos con quienes compartimos información.

¿Qué tipo de información compartimos?

El programa AfterZone a veces comparte la información que recibimos de usted y su hijo con la escuela de su hijo y se guarda esa información en un sistema de administración de datos protegido por una contraseña y es operado por un socio tercero. Ejemplos del tipo de información que podríamos compartir es la asistencia en AfterZone y sus respuestas en las encuestas.

¿Qué es lo que pide el programa AfterZone y porqué?

Quisiéramos su permiso para compartir la información que recibimos de usted y su hijo con la escuela de su niño así como nuestros socios de evaluación. Ejemplos del tipo de información que compartimos es la asistencia en el programa AfterZone y sus respuestas en las encuestas. Si AfterZone proporciona este tipo de información a la escuela de su hijo, entonces estaremos mejor capacitados para brindarle servicios a su hijo. Del mismo modo, proporcionar esta información a nuestros socios de evaluación permite a AfterZone diseñar mejor programas para sus hijos en el futuro.

También nos gustaría su permiso para que el Departamento de Escuelas Públicas de Providence comparta el registro estudiantil de su hijo con el programa AfterZone. El expediente del estudiante tiene información como la asistencia de su hijo, calificaciones en las evaluaciones (por ejemplo - STAR), tipos de servicios que pueden recibir, información de la disciplina y más información. Tener esta información nos ayudará a entender mejor cómo funcionan nuestros servicios y cómo podemos mejorarlos.

¿Quién va a ver la información de mi hijo?

Las únicas personas que verán el registro de su hijo son el personal de AfterZone, los socios de evaluación del programa y los administradores que están tomando decisiones de programación para mejor satisfacer las necesidades de su familia y la escuela. Recuerde que el programa AfterZone establece estrictos acuerdos de confidencialidad con todos aquellos con quienes compartimos información.

¿Cómo protegerá el programa AfterZone la información de mi hijo?

Todos los miembros del personal de AfterZone reciben una amplia capacitación en procedimientos de privacidad y siguen pautas estrictas para proteger la confidencialidad de los registros. El personal de AfterZone mantiene todos los registros secundarios bloqueados en una ubicación segura o en una base de datos segura protegida por contraseña. Todos los archivos electrónicos que tienen información sobre su hijo estarán protegidos por una contraseña. Solamente los miembros superiores del personal de AfterZone tendrán acceso a las contraseñas y a los datos de los estudiantes.

Sus respuestas a estas preguntas no afectarán a participación de su hijo en el AfterZone.

Si su respuesta es sí a alguna de las preguntas, su hijo puede aún participar plenamente en el programa. Por favor, asegúrese de revisar SÍ o NO para cada pregunta.

____ (por favor, inicial) He leído y entiendo la información anterior sobre el programa AfterZone comparte los datos de participación de mi hijo/a y el registro escolar entre AfterZone y el Departamento de Escuelas Públicas de Providence (PPSD). Información adicional sobre los derechos de privacidad de FERPA se menciona en el Manual de Padres de PPSD.

Entiendo por qué el programa AfterZone me pide permiso para acceder al expediente del estudiante de mi hijo y doy permiso al Departamento de la Escuela Pública de Providence para compartir esa información con AfterZone.

sí, doy mi permiso no

Entiendo por qué el programa AfterZone me pide permiso para compartir información sobre mi hijo (a) recopilada por el personal de AfterZone con la facultad de la escuela apropiada y el personal de la Escuela Pública de Providence.

sí, doy mi permiso no

Entiendo por qué el programa AfterZone solicita mi permiso para compartir información sobre mi hijo recopilada por el personal de AfterZone con socios de evaluación de terceros.

sí, doy mi permiso no

Para mejorar el programa AfterZone y asegurarse de que cumple con las necesidades de los estudiantes y sus familias, podemos realizar encuestas de usted, su hijo y / o la familia de su hijo algunas veces al año. Estas encuestas harán preguntas sobre los tipos de programas que su hijo le gustaría ver en AfterZone y lo que están aprendiendo. Las respuestas se utilizarán para mejorar y evaluar el programa AfterZone.

¿Tenemos su permiso para realizar encuestas con usted y / o su hijo?

sí, doy mi permiso no

A veces, El Providence After School Alliance (PASA) y sus socios, como se indica en este folleto, usan fotos de los participantes de AfterZone en materiales publicitarios y de marketing, como en el sitio web del programa. Además, los medios de comunicación a veces entran al programa para tomar fotos. Nunca compartiremos o venderemos la foto de su hijo a ninguna otra organización o individuo.

¿Tenemos su permiso para tomar y usar fotos de su hijo?

sí, doy mi permiso no

Si tiene preguntas o inquietudes sobre la información anterior y desea hablar con alguien de la Providence After School Alliance (PASA), por favor llame a Ann Durham al 401-490-9599, ext. 107.

Entiendo que mis registros están protegidos bajo las Regulaciones Federales de Confidencialidad (42CFR Parte 2), la Ley de Salud Mental (40.1-2-26) y la Ley de Información de Atención de Salud (RI General 5.37.3-4), y no pueden ser divulgadas sin mi Consentimiento por escrito, salvo que la ley disponga lo contrario. Cualquier información liberada o recibida como resultado de este consentimiento no será transmitida de ninguna manera a otra persona, organización o entidad, sin el consentimiento por escrito de mí, a menos que sea por el Director Ejecutivo de la Providence After School Alliance actuando en mi nombre. Entiendo que la ley estatal obliga a informar a las autoridades estatales apropiadas sobre sospecha de abuso / negligencia (a niños, ancianos y personas discapacitadas). Puedo retirar este consentimiento dando una notificación por escrito a la parte anterior, en cualquier momento antes de la divulgación o divulgación de la información. Entiendo y consiento el expediente del caso de mi hijo, y el registro que está siendo revisado y la información que se usa para la revisión del caso administrativo y la evaluación del programa.

He leído (o me lo han leído), entiendo y estoy de acuerdo con las condiciones descritas en este comunicado.

programs

Sign up for the programs you want by writing the name in the 'program choices' box at the end of the activities list. Some programs meet on multiple days a week. Students must attend **all** days.

Inscríbese en los programas que desea escribiendo el nombre en el cuadro "opciones de programa" al final de la lista de actividades. Algunos programas se reúnen en varios días a la semana. Los estudiantes deben asistir **todos** los días.



arts / artes

Hip Hop Healthy

Provided by Smart Test, Inc.

Hip Hop Healthy is a fun and exciting way to help your body be fit while you learn to dance! During this class, you will work with a professionally trained dance instructor, learning some basic hip hop steps and elements of choreography. Working together with the teacher, students will have a chance to choreograph a dance piece to rehearse and perform. During the classes, you will also learn about the history of hip hop dance and famous hip hop dancers. So if you love to move, and want to learn how to "wave", "pop", and perform other hip hop moves as a way to help keep your body healthy, this program is for you! Includes Club AfterZone from 4:15 pm-5:15 pm.

MON		WED	
LUN		MIER	

2:45 pm - 5:15 pm

¡CityArts! Animation Studio

Provided by Providence CityArts for Youth, Inc.

Create amazing animated videos and GIFs! You'll use clay, paper and found objects to create fun stories and scenes, and then learn how to use digital cameras and computers to turn your creations into sharable animations! Includes Club AfterZone from 3:10pm – 4:10pm.

	TUE		THU
	MAR		JUEV

2:45 pm - 5:15 pm

¡CityArts! Girl Up

Provided by Providence CityArts for Youth, Inc.

Be empowered! Express your ideas and learn new ways to make artwork in this all-girls program. Work with other young artists on projects that build community and confidence. We will learn printmaking, photography, sculpture, and much more. Artwork will be displayed in an exhibition at the Providence Public Library in August - why man up when you could girl up? This is a TWO hour program!

MON		WED	
LUN		MIER	

2:45 pm - 5:15 pm


¡CityArts! Creative Scholars Studio

Provided by Providence CityArts for Youth, Inc.

Get IMAGINATIVE in Creative Scholars Studio! CityArts AmeriCorps teaching artists are teaming up to make learning fun through design. Combine your creativity with new skills to craft your own art pieces that allow you to discover solutions for design challenges. Some examples include: building cardboard cities, exploring computer programming with 3D printing, creating interactive murals and more! End your day with an artistic afternoon in Creative Scholars Studio! This is a TWO hour program!

	TUE		THU
	MAR		JUEV

2:45 pm - 5:15 pm

<p>Script Writing Provided by CityYear, Inc.</p> <p>Students will be working in partners/groups to learn how to write their own scripts for a 10 minute skit. By the end of the 6 weeks, they will have all of the elements of their script and a video of them performing it with Taylor Moss and Natarsha Towner. Includes Club AfterZone from 4:15pm – 5:15pm!</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>TUE</td> <td><input type="checkbox"/></td> <td>THU</td> </tr> <tr> <td><input type="checkbox"/></td> <td>MAR</td> <td><input type="checkbox"/></td> <td>JUEV</td> </tr> </table> <p>2:45 pm - 5:15 pm</p>	<input type="checkbox"/>	TUE	<input type="checkbox"/>	THU	<input type="checkbox"/>	MAR	<input type="checkbox"/>	JUEV
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<input type="checkbox"/>	MAR	<input type="checkbox"/>	JUEV						
<p>Japanese Language and Culture Provided by CityYear, Inc</p> <p>The Japanese Language and Culture program will introduce students to a unique language and culture and give students a new perspective through which to see the world. Not only will students learn the basics of Japanese, but also they will be introduced to a rich culture through activities such as origami and calligraphy with Michael Boice and Lizette Castaneda. Includes Club AfterZone from 4:15pm – 5:15pm!</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>TUE</td> <td><input type="checkbox"/></td> <td>THU</td> </tr> <tr> <td><input type="checkbox"/></td> <td>MAR</td> <td><input type="checkbox"/></td> <td>JUEV</td> </tr> </table> <p>2:45 pm - 5:15 pm</p>	<input type="checkbox"/>	TUE	<input type="checkbox"/>	THU	<input type="checkbox"/>	MAR	<input type="checkbox"/>	JUEV
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<p>Exceptional Arts Provided by Providence Public School Department</p> <p>Are you someone who likes to help others? Would you like to give back to your school community but not sure how? Do you have experience working with people of different abilities? Maybe you'd like to become a mentor in our Exceptional Arts program working with students with special needs. Please see Ms. Golotto in Room 114 for more information. This is a TWO hour program!</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>TUE</td> <td><input type="checkbox"/></td> <td>THU</td> </tr> <tr> <td><input type="checkbox"/></td> <td>MAR</td> <td><input type="checkbox"/></td> <td>JUEV</td> </tr> </table> <p>2:45 pm - 5:15 pm</p>	<input type="checkbox"/>	TUE	<input type="checkbox"/>	THU	<input type="checkbox"/>	MAR	<input type="checkbox"/>	JUEV
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<input type="checkbox"/>	MAR	<input type="checkbox"/>	JUEV						
<p>Home Ec Studio Provided by Providence Public School Department</p> <p>Learn the basics of sewing, knitting and crocheting. We will learn simple sewing techniques, crochet and knitting stitches. We will learn how to cast on, knit and purl and the basic garter stitch. HomeEc sewing will teach basic sewing skills for using at home. Make slip knots and chain stitches in basic crochet. Each week we will learn a new skill that with practice and application will increase your confidence in creating projects. Includes Club AfterZone from 3:10 pm – 4:10 pm.</p>	<table border="0"> <tr> <td>MON</td> <td><input type="checkbox"/></td> <td>WED</td> <td><input type="checkbox"/></td> </tr> <tr> <td>LUN</td> <td><input type="checkbox"/></td> <td>MIER</td> <td><input type="checkbox"/></td> </tr> </table> <p>2:45 pm - 5:15 pm</p>	MON	<input type="checkbox"/>	WED	<input type="checkbox"/>	LUN	<input type="checkbox"/>	MIER	<input type="checkbox"/>
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<div style="display: flex; align-items: center;">  <h1 style="margin: 0;">skills / habilidades</h1> </div>									
<p>Debate Team Provided by the Providence Public School Department</p> <p>Have something important to say on a topic?? Come join the DelSesto Debate Team and learn how to create an effective argument on an issue or topic. Why debate club? Students gain knowledge of the research process such as presentation of topic, preparation period and opportunity for out of school competitive experiences in room 318 with Mr. McIntyre. Includes Club AfterZone from 4:15pm – 5:15pm.</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>THU</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>JUEV</td> </tr> </table> <p>2:45 pm - 5:15 pm</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	THU	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JUEV
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<p>CSI Program Provided by CityYear, Inc.</p> <p>Fingerprinting, blood sampling, crime scenes, oh my! Have you ever wondered how these processes are done? Look no further than CSI Delsesto! In this class, we will practice hands-on activities to obtain evidence and put our skills to the test with Chelsea Bodemer and Christian Velasquez! Includes Club AfterZone from 3:10pm – 4:10pm!</p>	<table border="0"> <tr> <td><input type="checkbox"/></td> <td>TUE</td> <td><input type="checkbox"/></td> <td>THU</td> </tr> <tr> <td><input type="checkbox"/></td> <td>MAR</td> <td><input type="checkbox"/></td> <td>JUEV</td> </tr> </table> <p>2:45 pm - 5:15 pm</p>	<input type="checkbox"/>	TUE	<input type="checkbox"/>	THU	<input type="checkbox"/>	MAR	<input type="checkbox"/>	JUEV
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River Adventures
 Provided by the Woonasquatucket River Watershed Council

As a River Adventurer you will explore the Woonasquatucket River, which is right in your back yard! This is an outdoor program, so you should join if you want to enjoy the spring air! We'll be along the river most days: testing the water to see if it's clean, fishing for bugs and then getting a closer look, finding out how fish ladders run and why it's so important for our fish and other aquatic life, kayaking on the river, biking on the bike path, and generally finding out how YOU can make the river better now and for the future! Includes Club AfterZone from 4:15pm – 5:15pm.

TUE THU
 MAR JUEV
 2:45 pm - 5:15 pm

Girls United
 Provided by CityYear, Inc.

Our group will explore what it means to be a strong and empowered woman by having discussions and open conversations about challenges women face with Sarah Moller, Alyssa Carroll, and Becca Waxman. Includes Club AfterZone from 3:10pm – 4:10!

TUE THU
 MAR JUEV
 2:45 pm - 5:15 pm

Robots
 Provided by Tri-Tech Pathways, Inc.

Robots! In this program you will learn how to build robots, actually build a robot, and take it home! Do I need to say more? Seriously, ROBOTS! Includes Club AfterZone from 4:15pm-5:15pm.

MON WED
 LUN MIER
 2:45 pm - 5:15 pm



Beat the Streets Wrestling
 Provided by Beat the Streets Providence

Join Beat the Streets Providence today to learn the oldest sport there is: wrestling! Not only will you learn the martial art of wrestling, but also how to defend yourself, how to be fit, disciplined, and ultimately how to be a champion! Most important, join now if you want to be part of a team, make great friends, be coached by RI college athletes, and have a ton of fun! This is a TWO hour program with the first 40 minutes doing homework as a team!

TUE THU
 MAR JUEV
 2:45 pm - 5:15 pm

Button Hole Golf
 Provided by Providence Public School Department

Swing into Golf! Join us for fun activities that will teach skills on the game of golf. You will learn honesty, integrity, sportsmanship and perseverance through the game of golf...lessons in life through lessons in golf!

TUE THU
 MAR JUEV
 2:45 pm - 5:15 pm

After School Soccer
 Provided by One on One Basketball
 Located at Neutaconkonut Recreation Center

Come out on the field, learn some new skills, and play together as a team! For beginners and future World Cup players, you'll find out how to become a better soccer player while having fun. This is a TWO hour program! This is a TWO hour program!

TUE THU
 MAR JUEV
 2:45 pm - 5:15 pm

<p>Take CoMMAnd Provided by Active Sports and Technology Resource Organization</p> <p>Learn MMA and self defense from the best athletes, at the best facilities in Rhode Island. This program will teach the basics of striking and grappling while pushing students to their limits of physical fitness. Challenge your body and your mind as you discover your path to Take CoMMAnd of your life. Includes Club AfterZone from 4:15pm – 5:15pm.</p>	<table border="0"> <tr> <td>MON</td><td><input type="checkbox"/></td> <td>WED</td><td><input type="checkbox"/></td> </tr> <tr> <td>LUN</td><td><input type="checkbox"/></td> <td>MIER</td><td><input type="checkbox"/></td> </tr> </table> <p>2:45 pm - 5:15 pm</p>	MON	<input type="checkbox"/>	WED	<input type="checkbox"/>	LUN	<input type="checkbox"/>	MIER	<input type="checkbox"/>
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<p>P.A.S.S. Flag Football Provided by Providence Police Department</p> <p>Hut, hut...Hike! Get outside and learn the fundamentals of football without getting tackled. Your team will be coached by local student resource officers and will have the opportunity to scrimmage other AfterZone flag football teams coached by school resource officers from the Providence Police Department. Includes Club AfterZone from 3:10 pm-4:10 pm.</p>	<table border="0"> <tr> <td>MON</td><td><input type="checkbox"/></td> <td>WED</td><td><input type="checkbox"/></td> </tr> <tr> <td>LUN</td><td><input type="checkbox"/></td> <td>MIER</td><td><input type="checkbox"/></td> </tr> </table> <p>2:45 pm - 5:15 pm</p>	MON	<input type="checkbox"/>	WED	<input type="checkbox"/>	LUN	<input type="checkbox"/>	MIER	<input type="checkbox"/>
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program choices / opciones de programa

Please list your first and second choices. / Por favor escribe su primera y segunda elección.
Programs must also be checked off on the sign-up form above. / Los programas también deben estar marcados en el formulario de inscripción anterior.

Monday (Lunes) / Wednesday (Miércoles)

First Choice: _____
 Elección Primera: _____

Second Choice: _____
 Elección Segunda: _____

Tuesday (Martes) / Thursday (Jueves)

First Choice: _____
 Elección Primera: _____

Second Choice: _____
 Elección Segunda: _____

- providers / proveedores**
- | | |
|--|---|
| Providence CityArts for Youth, Inc.
Smart Test, Inc.
Providence Public School Department
Tri-Tech Pathways, Inc.
CityYear, Inc. | One on One Basketball
Providence Police Department
Beat the Streets Providence
Woonasquattucket River Watershed Council
Active Sports and Technology Resource Organization |
|--|---|

permission

Parent/Guardians:

Please carefully read and sign the following

I, the undersigned, hereby understand, acknowledge, and agree that:

- I have read and understood the foregoing information.
- Participation by my child in the AfterZone Program (the "Program") and providing information about my child may involve certain risks.
- by allowing my child to participate in the Program and consenting to provide information as described herein, I am assuming all of these risks, including (but not limited to) any physical risks or risk of injury that may be associated with the nature of the Program.
- All Program employees are employees of the individual providers operating the Program and that these providers are responsible for the operation of the Program and the supervision of the personnel associated with their individual programs or handling my child's information.
- The Providence After School Alliance, Inc. and its partners as listed in this brochure take no responsibility for any occurrence relating to or arising out of these programs operated by the individual providers or the use or receipt of my child's information.
- my child may ride on school buses, and Program partner vehicles between program sites
- My child may participate in activities at my child's school as well as other off-site locations throughout Providence, as specified in the registration brochure, realizing that this might include special activities, such as off-site events, end-of-the-year celebrations, performances, and field trips and realize that some of these may take place outside of regular AfterZone program hours.
- My child may receive first aid and/or CPR, or emergency medical treatment as authorized by the program staff, if needed, while participating in the Program.

In accordance with Section 7-6-9 of the Rhode Island General Laws (Entitled "Exemption from Liability to Participants in Sponsored Athletic or Sports Events," I hereby waive any liability that PASA, AfterZone Site Management Agencies, Program providers, and any of their officers, directors, trustees, agents, servants, or employees might have for, and agree that they shall not be liable for any bodily injury to my child incurred while he/she is practicing for, or participating in, any contest or exhibition of an athletic, or sports nature AfterZone-sponsored activity, I hereby assume the risk of any bodily injury incurred by my child while practicing for or participating in any of these activities.

Further I agree that I will not seek to hold The Providence After School Alliance, Inc., nor its partners as listed in this brochure responsible for any losses or damages which I or my child may incur in connection therewith, including any mistakes, negligence, omissions, or acts whatsoever of any party in connection with the Program.

Parent

Signature: _____

Print Parent

Name: _____

Date: _____

Return completed brochures to your school's main office ONLY.

permiso

padres/tutor legal:

por favor leer con cuidado y firmar.

Yo, el firmante, entiendo, reconozco y acepto que:

- He leído y entendido la información anterior.
- La participación de mi hijo en el Programa AfterZone (el "Programa") y el suministro de información sobre mi hijo puede implicar ciertos riesgos.
- Al permitir que mi hijo/a participe en el Programa y consiente en proporcionar la información descrita aquí, estoy asumiendo todos estos riesgos, incluyendo (pero no limitado a) cualquier riesgo físico o riesgo de lesión que pueda estar asociado con la naturaleza del Programa.
- Todos los empleados del Programa son empleados de la operación del Programa y la supervisión del personal asociado con sus programas individuales o el manejo de la información de mi hijo.
- La Providence After School Alliance, Inc. Y sus socios mencionados en este folleto no asumen ninguna responsabilidad por cualquier incidente relacionado o derivado de estos programas operados por los proveedores individuales o el uso o recepción de la información de mi hijo.
- Mi hijo(a) puede viajar en las autobuses escolares, y los vehículos asociados del Programa entre los sitios del programa.
- Mi hijo/a puede participar en actividades en la escuela de mi hijo así como en otras ubicaciones fuera de la escuela en Providence, como se especifica en la folleto de inscripción, comprendiendo que esto podría incluir actividades especiales, tales como eventos fuera del sitio, celebraciones, actuaciones u excursiones y se dan cuenta de que algunas de ellas pueden tener lugar fuera de las horas regulares del programa AfterZone.
- Que mi hijo/a reciba primeros auxilios y/o RCP u otro tratamiento médico de emergencia autorizado por el personal del programa, si es necesario, mientras participa en el programa.

De acuerdo con la Sección 7-6-9 de las Leyes Generales de Rhode Island (titulada "Exención de responsabilidad a los participantes en eventos deportivos o deportivos patrocinados", renuncio a cualquier responsabilidad de PASA, agencias de gestión de sitios AfterZone, proveedores del programa y cualquiera de Sus funcionarios, directores, fideicomisarios, agentes, empleados o empleados podrían tener y aceptar que no serán responsables de ninguna lesión corporal a mi hijo incurrido mientras está practicando o participando en cualquier concurso o exhibición de Una actividad deportiva o deportiva patrocinada por AfterZone, por la presente asumo el riesgo de cualquier lesión corporal incurrida por mi hijo durante la práctica o participación en cualquiera de estas actividades.

Además, estoy de acuerdo en que no trataré de retener a La Providence After School Alliance, Inc., ni a sus socios como se enumeran en este folleto, responsables de las pérdidas o daños que yo o mi hijo pueda incurrir en relación con ellos, incluyendo cualquier error, negligencia, Omisiones o actos de cualquier parte en relación con el Programa.

Firma de

Padre: _____

Nombre del

Padre: _____

Fecha: _____

SOLAMENTE devuelva los folletos a la oficina principal de su escuela.



To learn more about PASA and the AfterZones visit
www.mypasa.org
www.facebook.com/providenceafterschoolalliance
www.twitter.com/MyPASA

Or contact:
Fairleigh Barnes
DelSesto Site Coordinator
Work Cell: (401) 474-9165
fbarnes@mypasa.org



The AfterZone is made possible through the support of:



Rhode Island Department of Elementary and Secondary Education

