



### Español

Si desea ó necesita asistencia en la interpretación ó traducción al español del presente documento, por favor comuníquese con PASA al (401) 490-9599, extensión 160

- Return the completed form to your school's main office **ONLY**.
- ALL sections 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: **January 23, 2012 - April 5, 2012.**
- Students who have more than two unexcused absences or do not follow the Code of Conduct can be removed from programs.
- Please note that due to early release programs will end at **4:00 pm on Tuesdays**
- **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: \_\_\_\_\_

birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 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: \_\_\_\_\_



### Español

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- Entregue los formularios completos **SOLAMENTE** a la oficina central de su escuela.
- Se tiene que llenar **TODAS** las secciones antes que entregue este formulario. Necesita la firma de su padre o tutor legal.
- ¡REGISTRESE TEMPRANO - los programas se llenan rapidamente!
- Los programas son gratis y se registran los estudiantes con prioridad dado a los que entregan sus formularios primeros. No podemos garantizar que los estudiantes estarán matriculados en los programas que eligen. Las familias van a recibir confirmación escrita o una llamada telefónica dejándoles saber si su estudiante es aceptado en sus programas particulares.
- Se requiere a los estudiantes asistir **TODOS** los días de su programa particular, desde **enero 23, 2012 - abril 5, 2012.**
- Se puede eliminar de los programas los estudiantes que no cumplen con El Código de Conducta de AfterZone o aquellos que tienen más que dos ausencias no autorizadas.
- **Tenga en cuenta el despido temprano del Martes, el AfterZone terminará a las 4:00 pm**
- Aunque los autobuses dejan a los jóvenes cerca de su casa en el fin del día, las familias son responsables finales para el transporte.

Si usted desea que una persona le llame a su casa en **ESPAÑOL**, indíquelo aquí

## información del estudiante

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

primer nombre: \_\_\_\_\_ fecha de nacimiento: \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 apellido: \_\_\_\_\_ género:  varón  mujer  
 escuela: \_\_\_\_\_ grado:  6  7  8  
 maestro central: \_\_\_\_\_ estudiante id \_\_\_\_\_ -  
 correo electrónico: \_\_\_\_\_

## información familiar

### \* padre / madre / tutor 1

número: \_\_\_\_\_  
 relación: \_\_\_\_\_  
 teléfono casa: \_\_\_\_\_  
 teléfono trabajo: \_\_\_\_\_  
 otro teléfono: \_\_\_\_\_  
 correo electrónico: \_\_\_\_\_  
 dirección: \_\_\_\_\_  
 ciudad: \_\_\_\_\_  
 estado: \_\_\_\_\_ código postal: \_\_\_\_\_

### \* padre / madre / tutor 2 (y/o contacto de emergencia)

número: \_\_\_\_\_  
 relación: \_\_\_\_\_  
 teléfono casa: \_\_\_\_\_  
 teléfono trabajo: \_\_\_\_\_  
 otro teléfono: \_\_\_\_\_  
 correo electrónico: \_\_\_\_\_  
 dirección: \_\_\_\_\_  
 ciudad: \_\_\_\_\_  
 estado: \_\_\_\_\_ código postal: \_\_\_\_\_

### STAFF ONLY

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 above between 5:15-5:30 p.m. on all Program days. 4:15-4:30 p.m. on Tuesday.

## \* 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: _____
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: _____

# transporte

## \* llegar a casa

### ESTA SECCION ES REQUERIDA

Por favor, marque sí o no para CADA frase. Es importante que sepamos su preferencia para TODAS las opciones listadas abajo:

- si     no    Voy a recoger a mi hijo en la escuela al final del día.
- si     no    Otorgo a mi hijo/a permiso para caminar a la casa solo/a al fin del día después del programa.
- si     no    Otorgo a mi hijo/a permiso para tomar el autobús escolar en la tarde. En el caso que yo y las personas autorizadas para recoger a mi hijo/a no podemos llegar a la hora, dejaré a mi hijo/a tomar el autobús tarde.

**Al fin del día, habrá transporte de autobús tarde a los vecindarios cercanos a los hogares para todos los jóvenes que participan en AfterZone.** El Departamento Escolar de Providence proveerá información sobre las paradas en las esquinas.

Si el joven no tiene permiso para caminar a casa o tomar el bus al final del día, él debe ser recogido por una persona registrada entre las 5:15-5:30 PM los días Lunes, Miércoles y Jueves y entre las 4:15- 4:30 los días Martes.

## \* contactos de recoger / emergencia

### ESTA SECCION ES REQUERIDA

**Al fin del día, habrá transporte de autobús tarde a los vecindarios cercanos a los hogares para todos los jóvenes que participan en AfterZone, si los padres dan su aprobación.** Los padres siempre son bienvenidos a recoger sus estudiantes al fin de los programas. Si los padres no vienen a la hora para recoger sus hijos, es posible que se suspenda al estudiante del programa.

**Si puede recoger a mi hijo/a:**

nombre: _____	relación: _____	teléfono: _____
nombre: _____	relación: _____	teléfono: _____
nombre: _____	relación: _____	teléfono: _____
nombre: _____	relación: _____	teléfono: _____
nombre: _____	relación: _____	teléfono: _____

**Por favor, agregue todos los nombres que quiera a la lista para recoger a su hijo/a en otra hoja adicional.** Solo las personas listadas arriba o en la otra hoja van a poder recoger a los estudiantes.

**NO puede recoger a mi hijo/a:**

nombre: _____	relación: _____	teléfono: _____
nombre: _____	relación: _____	teléfono: _____
nombre: _____	relación: _____	teléfono: _____

# 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.



If your program is scheduled for **TWO** days, you must attend **TWO** days!

Si su programa es **DOS** días, usted debe asistir los **DOS** días!

## arts / artes

### Drum Circle

Roger Williams Middle School

Do you want to learn how to play percussion instruments? Learn to play the congas, and most of all, have fun!

MON	<input type="checkbox"/>	WED	<input type="checkbox"/>
LUN	<input type="checkbox"/>	MIER	<input type="checkbox"/>

3:30 pm - 5:00 pm

### !City Arts! - Dance Jam

Roger Williams Middle School

Got some moves of your own? Bring them on! This program will show you some new moves, combine them with yours, and create a hot dance piece to perform at the end of the session celebration.

<input type="checkbox"/>	TUE	<input type="checkbox"/>	THU
<input type="checkbox"/>	MAR	<input type="checkbox"/>	JUEV

Tue/Mar 2:30 pm – 4:00 pm  
Thu/Juev 3:30 pm - 5:00 pm

### Bling Bling: Jewelry Design

Roger Williams Middle School

Design, create and learn how to sell your own jewelry through Bling Bling! The jewelry-design program that lets you hang with friends and learn how your passion can be your business.

<input type="checkbox"/>	TUE	<input type="checkbox"/>	THU
<input type="checkbox"/>	MAR	<input type="checkbox"/>	JUEV

Tue/Mar 2:30 pm – 4:00 pm  
Thu/Juev 3:30 pm - 5:00 pm

### AfterZone Cinema

Roger Williams Middle School

Looking for a good place to relax after school while learning about the connection of literacy and cinema? Come to AfterZone Cinema for great movies, great discussion, snacks and fun. It's like the movie theatre, only it's free!

<input type="checkbox"/>	TUE	<input type="checkbox"/>	THU
<input type="checkbox"/>	MAR	<input type="checkbox"/>	JUEV

Tue/Mar 2:30 pm – 4:00 pm  
Thu/Juev 3:30 pm - 5:00 pm

### Roger Williams Yearbook Club

Roger Williams Middle School

Do you want to help preserve your middle school memories? Join us to create a yearbook that Roger Williams Middle School will be proud of for years to come.

MON	<input type="checkbox"/>	WED	<input type="checkbox"/>
LUN	<input type="checkbox"/>	MIER	<input type="checkbox"/>

3:30 pm - 5:00 pm

### CRAFTernoon Delight

Roger Williams Middle School

CRAFTernoon Delight will show you ways to live a resourceful and creative life, through an active exploration of crafts like soap production, paper making, and knitting. We will investigate hot topics like sustainability, disposability, and the environmental impact of our actions through fun, hands-on activities.

MON	<input type="checkbox"/>	WED	<input type="checkbox"/>
LUN	<input type="checkbox"/>	MIER	<input type="checkbox"/>

3:30 pm - 5:00 pm

### Latin Dance

Roger Williams Middle School

Want to learn how to dance merengue, salsa, bachata, hip hop, chachacha, mambo and cumbia? Sé habla Español!

<input type="checkbox"/>	TUE	<input type="checkbox"/>	THU
<input type="checkbox"/>	MAR	<input type="checkbox"/>	JUEV

Tue/Mar 2:30 pm–4:00 pm  
Thu/Juev 3:30-5

<p><b>Teen Art Riot</b> Roger Williams Middle School</p> <p>Do you like art, watching movies, making things, talking, or skateboarding? Then this program is for you. Learn cool stuff, do cool stuff!</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>3:30 pm - 5:00 pm</p>	MON	<input type="checkbox"/>	WED	<input type="checkbox"/>	LUN	<input type="checkbox"/>	MIER	<input type="checkbox"/>
MON	<input type="checkbox"/>	WED	<input type="checkbox"/>						
LUN	<input type="checkbox"/>	MIER	<input type="checkbox"/>						

 <h1 style="margin-left: 20px;">skills / habilidades</h1>
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**Going Global**  
Roger Williams Middle School

If you've ever dreamed about traveling the world, then this is the place for you. Together we will explore different countries and cultures around the world by taking a look at their traditions, what they eat, how they speak, and much more. Some of our daily activities will include jewelry and mask making, listening to cultural music, and sampling traditional cuisine.

MON	<input type="checkbox"/>	WED	<input type="checkbox"/>
LUN	<input type="checkbox"/>	MIER	<input type="checkbox"/>

3:30 pm - 5:00 pm

**Deep Lessons for Life**  
Roger Williams Middle School

Do you want to go on TV? Do you want to be a positive role model for your friends and peers? Do you want to learn about important Life Lessons by playing games, having discussions and hearing Mr. Deep Positivity's powerful raps? If so then come join the Deep Lessons for Life after school program.

MON	<input type="checkbox"/>	WED	<input type="checkbox"/>
LUN	<input type="checkbox"/>	MIER	<input type="checkbox"/>

3:30 pm - 5:00 pm

**AfterZone Voice**  
Roger Williams Middle School

Are you a leader? AZ Voice is a student advisory board. You'll plan events, pick programs, decide on expectations, assist the staff, and be the voice of the AfterZone. It's YOUR program, so YOU get to lead it. Members must maintain a C-average in all classes and represent the 4 P's of RWMS. Sé habla Español!

MON	<input type="checkbox"/>	WED	<input type="checkbox"/>
LUN	<input type="checkbox"/>	MIER	<input type="checkbox"/>

3:30 pm - 5:00 pm

**Everyday Explorers**  
Roger Williams Middle School

Learn how to extract DNA from a strawberry or make your very own lava lamp! We'll explore the science behind things we see every day with hands-on experiments. We might make a mess, and will definitely have fun! Sé habla Español!

MON	<input type="checkbox"/>	WED	<input type="checkbox"/>
LUN	<input type="checkbox"/>	MIER	<input type="checkbox"/>

3:30 pm - 5:00 pm

**Weird Science**  
Roger Williams Middle School

If you like magic, want to make chemicals react in crazy ways, colors and shapes, create wild potions that go "boom" this is the class for you! We will be making things bubble, disappear and fly up into the sky. Join us as we perform some awesome Weird Science experiments!

<input type="checkbox"/>	TUE	<input type="checkbox"/>	THU
<input type="checkbox"/>	MAR	<input type="checkbox"/>	JUEV

Tue/Mar 2:30 pm – 4:00 pm  
Thu/Juev 3:30 pm - 5:00 pm

**Food and Fun**  
Roger Williams Middle School

Hungry after School? Want to learn how to prepare your own snacks right in the AfterZone? If the answer is YES, be sure to sign up for Food and Fun. There will be plenty of both.

<input type="checkbox"/>	TUE	<input type="checkbox"/>	THU
<input type="checkbox"/>	MAR	<input type="checkbox"/>	JUEV

Tue/Mar 2:30 pm – 4:00 pm  
Thu/Juev 3:30 pm - 5:00 pm



# sports / deportes

## AfterSchool Hoops

Roger Williams Middle School

Come out on the court, learn some new skills, and play together as a team! For beginners and future pros, you'll find out how to become a better basketball player.

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	TUE		THU
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MAR		JUEV

Tue/Mar 2:30 pm – 4:00 pm  
Thu/Juev 3:30 pm - 5:00 pm

## Karate Club

Roger Williams Middle School

Have you ever wanted to learn Karate? Karate is both a sport and a discipline. Learn all the kicks and moves at Karate Club. Sé habla Español!

<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	TUE		THU
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	MAR		JUEV

Tue/Mar 2:30 pm – 4:00 pm  
Thu/Juev 3:30 pm - 5:00 pm

## AfterZone Sports

Roger Williams Middle School

Need a place to sweat it out after-school? Join AfterZone Sports and keep it movin'. We'll try a new sport each week, and give everyone a chance to show their stuff. All grades and genders welcome!

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
MON		WED	
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LUN		MIER	

2:45 pm - 5:00 pm



BOYS & GIRLS CLUBS  
OF PROVIDENCE

The Boys & Girls Club of Providence is proud to hold the 21<sup>st</sup> Century Community Learning Center grant for Roger Williams Middle School. As part of this partnership, AfterZone participants are offered a **FREE MEMBERSHIP** to all Boys & Girls Clubs in Providence. Here, club members can use the gym, play in the games room, receive homework help, use the computer lab, or join one of our many sports leagues. If you are interested in this membership, please check the box below:

Yes, I give my child permission to receive a FREE MEMBERSHIP to the Boys & Girls Clubs of Providence.

## program choices

Please list your first and second choices.

**Programs must also be checked off on the sign-up form above.**

**Monday / Lunes & Wednesday / Miércoles**

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

**Tuesday / Martes & Thursday / Jueves**

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

# providers

Hispanic United Development Organization

One on One Basketball

Providence City Arts for Youth,  
Inc.

Greater Providence YMCA

Inspiring Minds

Deep Righteous Records

Center for Dynamic Learning

Everyday Explorers  
Americorps

City Year RI

Roger Williams Middle School

# medical information

medicine:  yes  no      allergies:  yes  no

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

Others:

# información médica

medicina:  si  no      alergias:  si  no

Si Ud. Marcó 'si' para medicina o alergia, por favor, explique:

Otra informacion:



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

# permiso

## Padres/Apoderados:

### Por favor lean cuidadosamente y firmen lo siguiente

Yo, el/la abajo firmante, entiendo, reconozco y concuerdo en que:

- He leído y entendido la información anterior.

La participación de mi hijo/a en el programa de AfterZone (el "programa") y proveer información sobre mi hijo/a puede involucrar ciertos riesgos.

- 
- Por la presente estoy asumiendo todos los riesgos, incluyendo (pero no limitados a) cualquier riesgos físicos o riesgo de herida que se puede asociar con el carácter del programa.
- Todos los empleados del programa, proveedores individuales que estén operando el programa y aquellos proveedores son responsables de la operación del programa y la supervisión del personal asociado con los programas individuales o encargarse de la información de mi hijo/a.
- The Providence After School Alliance, Inc. y sus socios que figuran en este folleto no se hacen responsables de cualquier suceso que tenga relación con o que surjan de estos programas operados por los proveedores individuales o el uso o la recepción de información de mi hijo.
- Mi hijo(a) puede tomar el autobús escolar y vehículos asociados. al programa a y desde sitios del programa.
- Que mi hijo/a participe en actividades en la escuela así como otros sitios en Providence, según se especifica en el folleto de inscripción, consciente de que esto puede incluir actividades especiales, tales como eventos en sitios fuera de la escuela y celebraciones de fin de año, presentaciones, y viajes de campo. Comprendo que algunas de estas actividades pueden tener lugar fuera del horario regular de los programas 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 del Estado de RI (en ingles: "Exemption from Liability to Participants in Sponsored Athletic or Sport Events.") por la presente libero de cualquier responsabilidad a PASA, las Agencias Administradoras del sitios AfterZone, Proveedores de Programas, y cualesquiera de sus oficiales, directores, accionistas o empleados. Y concuerdo en que estos no serán responsables por cualquier herida física resultante de la participación de mi hijo/a en practicas, competencias, concursos o exhibiciones atléticas o deportes naturales patrocinados por las actividades AfterZone. Por la presente asumo todos los riesgos por cualquier lesión física por la participación de mi hijo/a en esas actividades

Además concuerdo en que no considero La Alianza Después de Escuela (Providence Alter School Alliance, Inc.), el Distrito de Escuelas Públicas de Providence (Providence Public School District), ni los proveedores de los programas de AfterZone en los cuales mi hijo/a participa como responsables por cualquier pérdida o daño que yo o mi hijo/a podemos sufrir en conexión a, incluyendo cualquier errores, negligencia, omisiones, o actos de cualquier parte en conexión con el programa.

**Firma Del**

**Padre:**

**Nombre Del**

**Padre:**

**Fecha:**