



82<sup>nd</sup> Street Academics



*"Developing Leaders for the Renaissance of New York"*

5<sup>th</sup>, 9<sup>th</sup> and 10<sup>th</sup> Grades  
2023-2024

## **After School @ TRCS** INFORMATION

### **About the Program**

82<sup>nd</sup> Street Academics operates a free 5<sup>th</sup>-10<sup>th</sup> Grade After School program at The Renaissance Charter School. We are a not-for-profit educational institution in Jackson Heights with the mission of helping New York City students get to college.

The After School program will feature homework help, tutoring, and social emotional skill building. Students will be interacting with a metaphor to drive their enthusiasm and interest in the program. Our instructors will be working closely with Renaissance staff members to identify students' needs. Together, we will provide the academic and social support necessary for a successful school year!

The program will run 5 days a week from September 18<sup>th</sup> to June 14<sup>th</sup>, starting at 3:10 ending at 6pm. There is **no fee** required to participate. Our funding is provided through The After School Corporation (TASC), The Renaissance Charter School, and the New York City Council.

### **Parent Expectations**

Students will be working in a clean, secure, and welcoming classroom during After School hours. Your child will be treated with respect, dignity, and fairness by our staff members. Students will participate in engaging and productive enrichment activities that match their interests.

Our staff will supervise students during homework time, offering help and guidance. Since academic success is a joint effort, we help students understand the importance of homework; we need their cooperation to meet our goal. Parents should understand homework completion is not guaranteed each day as we have many activities planned. Students may go home with homework still to be completed.

### **Student Responsibilities**

Students are expected to make an honest good faith effort everyday to complete their homework. We expect students to bring all necessary materials to do so. During in-class and enrichment activities, we expect students to be respectful of their peers and instructors and participate appropriately in lessons.



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The Renaissance  
Charter School

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## After School @ TRCS REGISTRATION FORM

Student's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birth Date: \_\_\_/\_\_\_/\_\_\_ Sex:  Male  Female Grade: \_\_\_\_\_

Home Language \_\_\_\_\_ Ethnicity(optional) \_\_\_\_\_

Home Address \_\_\_\_\_

Student I.D. (9 digit NYC DOE number): \_\_\_\_\_

Does this student receive free/reduced lunch?  Yes  No

Does the student have permission to leave alone at the end of the program each day?  Yes  No

Parent's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent's Address \_\_\_\_\_

Phone Number #1 \_\_\_\_\_ #2 \_\_\_\_\_

Parent's E-mail Address \_\_\_\_\_

Parent's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Parent's Address \_\_\_\_\_

Phone Number #1 \_\_\_\_\_ #2 \_\_\_\_\_

Parent's E-mail Address \_\_\_\_\_

Does the student have a sibling in either this program or the Renaissance PTA K-4 After School program?  Yes  No

If yes, name of sibling(s): \_\_\_\_\_

Does your child have any allergies, dietary restrictions, health problems, or medications that we should know about?

\_\_\_\_\_  
\_\_\_\_\_

### EMERGENCY CONTACTS:

Persons authorized to pick up OR to contact in case of emergency

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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### PARENT CONTRACT

Parents: Please carefully read the following information. Your signature below confirms that you have read and agree to the terms outlined:

- I give my child permission to participate in all after-school program, including activities, including academic support, enrichment, social development, arts, sports, recreation, fitness, and wellness. I understand that all program activities will be supervised by 82<sup>nd</sup> Street Academics. I agree that the professional staff of the after-school program may meet with my child and review my child's attendance, achievement, and progress when appropriate.
- In case of emergency, I give my permission for the staff of 82<sup>nd</sup> Street Academics to sign authorization allowing **ELMHURST HOSPITAL** to give my child the emergency medical attention that he/she requires.
- I give permission to the The Renaissance Charter School to release my child's academic and medical information to authorized 82<sup>nd</sup> Street Academics personnel to monitor student progress and achievement. This includes test scores, report card grades, and other related information.
- I understand that 82<sup>nd</sup> Street Academics has the right to suspend or dismiss a child for unsatisfactory or inappropriate behavior, for violations of our policies, or if for any reason we determine it to be in the best interests of the School and/or the other students.
- I will not hold 82<sup>nd</sup> Street Academics responsible for any liability for allowing anyone authorized by me to pick up my child. My written authorization will remain effective until I notify 82SA in writing of its termination. I will notify 82SA in writing if I wish to add a new person to be authorized to pick up my child and agree that, if circumstances prevent me from delivering an authorization in person, 82SA may rely on an authorization provided by me by fax or pdf by email.
- I recognize that, while the Internet has the potential to provide vast resources and tremendous learning opportunities for my student, searching the Internet can expose my child to inappropriate material. I agree to release the 82SA and its employees from all claims, charges and damages of any nature arising from use or misuse of the Internet. I further agree that the School may condition my child's use of the Internet upon execution by me and my child of further documentation as may be required by the School.
- I give permission for my child to have her/his picture taken for publicity purposes.
- I give permission for my child to attend neighborhood walks with his/her After School class.
- I have disclosed all of my child's serious medical concerns on this form. If my child has a serious allergy, I have approved of the individualized allergy prevention plan attached to this registration form.

**Initial and Date:** \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

- I will require my child to have regular attendance.
- I will require my child to always demonstrate respect for teachers, peers and all others.
- I will communicate regularly with my child about his or her progress in the program.
- I will encourage my child to do his or her best work and ask questions when further explanation is needed.
- I am aware that the student to teacher ratio is 15:1 and I believe that my child is able to participate in program activities and show respect for others in this setting.
- I understand that DYCD and the Renaissance Charter School are paying for my child's attendance in this program so that he or she can benefit. I will respect this opportunity by complying with all above terms.

## 82nd Street Academics

I hereby release and discharge the School and its employees from all claims, demands or causes of action which are in any way connected with my child's participation in the School's activities, except if such claims arise out of the gross negligence or willful misconduct of the School or its employees. My signature below acknowledges that I have read and accept the terms listed on the Parent Contract.

Parent's Name:

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Parent's Name:

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Parent's Signature

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Date

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Parent's Signature

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Date

82<sup>nd</sup> Street Academics is committed to the principle of equal opportunity in education and employment. Consistent with Federal and State laws, 82<sup>nd</sup> Street Academics does not discriminate on the basis of race, color, creed, disability or gender. Admission is on a first-come-first-served basis only.