



Registration Opens  
**3/5 at Noon!**



Spring 2019  
Enrichment Catalog

# **JOHN ROGERS AFTER SCHOOL ENRICHMENT CLASSES**

*Brought to you by:*  
**MEADOWBROOK  
COMMUNITY CENTER**  
10517 35th Ave. NE  
Seattle, WA 98125  
Ph: 206-684-7522



**Seattle**  
**Parks & Recreation**

healthy people healthy environment strong communities

This program is made possible through  
Seattle Parks and Recreation and the  
Associated Recreation Council.

# Spring 2019 Class Session: 4/15-6/14

## Program Contact Information

Meadowbrook Community Center  
10517 35th Ave. NE, Seattle, WA 98125  
Phone: 206-684-7522

• Program Administrator: Elizabeth Johnson  
Phone: 206-465-7064, Email: elizabeth.johnson2@seattle.gov

## Program Schedule

**John Rogers Release: 2:25 p.m. (Monday), 1:10 p.m. (Wednesday)**

**\*Please note that Wednesdays are Early Release Days and classes will be 90 minutes long.\***

**Check In: 2:25-2:45 p.m. (Monday), 1:10-1:30 (Wednesday)**

- Students report to the cafeteria upon dismissal to be signed in and eat snack.

**Session 1: 2:45-3:45 p.m. (Monday), 1:30-3 p.m. (Wednesday)**

- ALL PARENTS of students not enrolled in second session must come to the cafeteria and SIGN OUT their student at **3:45 p.m./3:05 p.m.**

**Session 2: 3:45-4:45 p.m. (Monday), 3:15-4:45 p.m. (Wednesday)**

- All parents must SIGN OUT their student by **4:45 p.m.**

**\*There are no after school classes on holidays, no school days, or early dismissal days at the Elementary School. These "No Class" days are figured into the price of each class.**

## How to Register

**All students must turn in, or have on file, a completed E-13 Participant Information and Authorization form to register for class. Once completed, E-13 forms are good for one school year. Though classes are held at the school, all paper work must be turned in to Meadowbrook Community Center, where you can receive more information about classes, registration, and scholarships.**

### **FIRST CHOICE**

Check out Seattle Parks and Recreation's new online registration software at [bit.ly/spr\\_registration\\_account](http://bit.ly/spr_registration_account). Sign in or create an account if this is your first time registering for classes with the new software. Once you are logged in you can choose your programs and pay online.

### **SECOND CHOICE**

Find your local recreation center at: [seattle.gov/parks/centers.asp](http://seattle.gov/parks/centers.asp) and stop by to register for programs and meet the staff. Take a peek at the recreation center and the program space. Staff welcomes face-to-face interaction! Please note hours of operation, as they vary across recreation centers.

### **THIRD CHOICE**

Call your local recreation center during their hours of operation at the phone number listed at: [seattle.gov/parks/centers.asp](http://seattle.gov/parks/centers.asp). All staff can assist you with registration during their operating hours listed on their home page linked from the above web address.

An additional \$5 insurance fee will be required when registering for all gymnastics, tumbling, or circus arts classes offered through Seattle Parks and Recreation. This non-refundable fee covers a child's participation in all gymnastics, tumbling, or circus arts classes for one year from the date of purchase. Please contact your local community center to purchase this insurance. **Note:** This insurance will only be utilized if expenses exceed your primary insurance coverage.

# What You Need to Know

## Registration and Payments:

Seattle Parks and Recreation launched new program Registration Software this winter.

If you do not already have an account, follow the steps below to set up an account:

**Step 1:** Go to the [www.seattle.gov/parks](http://www.seattle.gov/parks) and click on Sign Up for Classes and Programs

**Step 2:** Click on 'Create Account'.

**Step 3:** Complete your information!

If you have any questions about creating a new account, please reach out to your local Community Center directly. Once you have an account, you may call **Meadowbrook Community Center**, stop by, or register and pay online. If you register online, please email the community center coordinator who your child's classroom teacher is and where your child will be going after class. Registration is open for all classes until the day prior to the start of class. Remember: All students need a Participant Information and Authorization E-13 form prior to participating in any after-school classes.

## Scholarship:

To apply for a scholarship, complete and return a scholarship application to the community center. Applications can be found in the **John Rogers** main office, **Meadowbrook CC**, or can be downloaded at [bit.ly/sprscholarships](http://bit.ly/sprscholarships). Scholarship award and co-payment will be determined based on income qualification and fund availability.

## Refund Policy:

It is the policy of Seattle Parks and Recreation and the Associated Recreation Council that:

- Anyone who registers for a class that is cancelled for any reason will receive a full refund.
- **DROPPING A PROGRAM BEFORE THE SECOND SESSION:** A participant may be issued a refund if he/she withdraws from a program, and notifies the program coordinator, prior to the second class session. The facility will retain the pro-rated class fee of 10% of the fee.
- **DROPPING A PROGRAM AFTER THE SECOND SESSION:** If a participant withdraws from a program after the second session of a series, no refund will be given.
- **CANCELLATION OF ONE SESSION:** In the event of an unplanned cancellation of a single session, that class will be rescheduled, and if it cannot be rescheduled, the participant will receive a refund.
- For full details of the Department's Refund Policy, please see Policy Number 060-P 7.16 under PROGRAM which can be found here: <http://www.seattle.gov/Documents/Departments/ParksAndRecreation/PoliciesPlanning/RefundPolicy.pdf>

## OH NO! My class got cancelled!

Most classes require a minimum of 6 participants in order to be financially sustainable. We do our best to avoid cancelling classes. However, classes that do not meet minimum enrollment requirement are cancelled prior to their start date. We do prorate class fees to reflect late registration for classes that meet minimum enrollment requirement prior to their start dates.

**PLEASE REGISTER EARLY!**

## Snack and Clothing:

The After School Enrichment Program will provide a snack for each student. Please send your children with clothing appropriate for their classes.

## Behavior:

We have the expectation of respect for teachers/instructors and good behavior during classes. Students are expected to maintain the same behavioral standards that they would during the formal school day. If an instructor determines this is not the case the following steps will be taken:

- At the first incident, the Program Administrator will contact parents/guardians regarding student behavior.
- The student will be given one trial class to improve.
- If the disruptive behavior continues, the student will be removed from class.

The program is unable to issue a refund if the student is removed from a class due to a behavioral issue. Please discuss enrollment with your child to be sure they want to attend an after school class.

## Picking up Your Child:

Your child must be picked up on time. Our program does not provide childcare after class is over and the playground is not supervised at that time. If your child is picked up late, you will be charged \$1/minute for every minute past your pick up time that you are late. Please call the **Program Administrator** if you are going to be late. Your student can only be picked up by persons listed on the E-13 form.

## Absences/Changes:

Please contact the **Program Administrator** as soon as possible with any of the following:

1. Your student will not be attending class (but was at school).
2. Your student was absent from school and will not be attending the After School Program.

## Questions/Concerns:

Once a class has begun, if you have any issues or concerns regarding a class, please contact the **Program Administrator**, or email the **Community Center Coordinator**. The **Program Administrator** will be on-site and available during program hours all quarter.

## Inclement Weather and City Wide Emergencies:

**Please call our CHILD CARE/ENRICHMENT HOTLINE: 206-684-4203**, This is a 24-hour line giving information about program closures due to extreme weather or emergencies. It is updated each day by 6 a.m. and as needed.

## Spring 2019 Class Session: 4/15-6/14

The **John Rogers after-school** Enrichment program is run by Meadowbrook Community Center in partnership with the Associated Recreation Council. Please contact your Program Administrator if you have any program questions. Thank you!

**Meadowbrook Community Center**  
206-684-7522  
10517 35th Ave. NE  
Seattle, WA 98125

**Program Administrator**  
Elizabeth Johnson  
206-465-7064  
elizabeth.johnson2@seattle.gov

<b>MONDAYS</b> 8 weeks (No class 5/27)	<b>Time</b>	<b>Grades</b>	<b>Price</b>	<b>Barcode</b>
<b>Session 1</b>				
Girls African Drumming	2:45-3:45 p.m.	K-5	\$130	16658
Jewelry Making	2:45-3:45 p.m.	K-5	\$150	16656
Ultimate Frisbee	2:45-3:45 p.m.	K-5	\$122	16657
<b>Session 2</b>				
Outdoor Exploration	3:45-4:45 p.m.	K-5	\$130	16663
Pokémon	3:45-4:45 p.m.	1-5	\$120	16666

<b>WEDNESDAYS</b> 9 weeks	<b>Time</b>	<b>Grades</b>	<b>Price</b>	<b>Barcode</b>
<b>Session 1</b>				
Soccer	1:30-3 p.m.	K-5	\$157	16669
Intro to Digital Photography	1:30-3 p.m.	1-5	\$172	16670
Comic Book Writing	1:30-3 p.m.	1-5	\$185	16671
<b>Session 2</b>				
Yoga	3:15-4:45 p.m.	K-5	\$165	16675
Garden Club	3:15-4:45 p.m.	K-5	\$165	16676

### Help Wanted!

**Are you interested in assisting with an Enrichment class or teaching one of your own? We'd love your help!**

**Contact Elizabeth for more information**

**email: [elizabeth.johnson2@seattle.gov](mailto:elizabeth.johnson2@seattle.gov), ph: 206-465-7064**

Course pricing is based on contractual agreements, number of class days and supply costs.



## Spring 2019 Class Descriptions A-Z

### **Comic Book Writing**

Step into the world of fantasy and superheroes! In this class students explore the craft of comic book writing, imaginative drawing, story-telling, and creative art. No experience necessary. At the end of the quarter, each student will have their very own #1 comic issue.

### **Garden Club**

Does your child like to dig in the dirt? In the Garden Club, kids will learn to plant and seed a variety of local herbs and vegetables suited for Seattle's unique gardening climate. This hands on approach to gardening that will bring out your child's inner gardener.

### **Girls African Drumming**

Your child will learn fun and physically engaging West African music, songs and dance. Students will learn to play traditional African drums, building up to a performance, all in the dynamic style of West African culture.

### **Intro to Digital Photography**

Your child will come home excited about taking their photography skills to the next level. Young photographers learn the importance of lighting, framing, and camera settings to take great shots and unlock their passion for photography!

### **Jewelry Making**

Born to bling! This fun DIY class will teach students the basics of making simple earrings, stringing beads for bracelets and necklaces, making pendants, and crimping beads to finish off their custom designs.

### **Outdoor Exploration**

It's time to get outside! Your child will focus on the beauty of the great outdoors. Learning how to be safe and thrive in the wilderness through activities like scavenger hunts and safety skits!

### **Pokémon**

Your child will be able to play the game they love, with the supervision and assistance of experienced instructors. Players of all levels are welcome. We will have cards for beginners.

### **Soccer**

GOAL! Our curriculum is filled with energetic and inclusive games that teach kids the basics of soccer while focusing on the importance of teamwork. We'll be dribbling, passing, shooting, and everything in between. Join us!

### **Ultimate Frisbee**

Ultimate Frisbee mixes elements from a variety of sports, and the simplicity of the rules makes it easy and fun for newcomers to pick-up. Your child will build and develop skills on the field, while learning in a fun teambuilding environment.

### **Yoga**

Your child will enjoy calming breathing and easy yoga poses designed to increase well-being, focus, and self-confidence. The class includes group games and crafts activities such as making sparkle jars, self-esteem hearts, and mindful bracelets.

**Register early so your  
child's favorite classes run!**

Classes can be canceled if class  
minimums are not met.



**Seattle**  
Parks & Recreation

**John Rogers**  
**After School Enrichment**  
**Cover Sheet**  
**Spring Class Session: 4/15-6/14**

**Meadowbrook Community Center: 10517 35th Ave. NE, Seattle, WA 98125**

**Phone: 206-684-7522**

**Program Administrator: Elizabeth Johnson, [Elizabeth.johnson2@seattle.gov](mailto:Elizabeth.johnson2@seattle.gov)**

Student Names: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

Grade and Teacher: \_\_\_\_\_ Age/DOB: \_\_\_\_\_

Phone Number/s: \_\_\_\_\_ Email: \_\_\_\_\_

To sign up online at the Seattle Parks and Recreation website (SPARC), go to <https://class.seattle.gov/parks>

**This form must be turned in to the community center,  
turning it in to the school does not register your child for any class(s).**

Class Name	Barcode #	Day	Fee
Total Due:			

After class my child will:

\_\_\_\_\_ Get picked up by approved parent/guardian

\_\_\_\_\_ Goes to onsite childcare

\_\_\_\_\_ Other \_\_\_\_\_

**All students must also turn in a completed E-13 Participant Information and  
Authorization form to be registered.**

## 2019 PARTICIPANT INFORMATION AND AUTHORIZATION FORM

Facility/Program: \_\_\_\_\_

SAC Start Date: \_\_\_\_\_

This information is considered confidential and is used only to help staff meet the needs of your child. **Please fill out all sections completely (mark N/A if a section does not apply) and sign and initial where indicated.** Additional information may be required, including but not limited to immunization records, medical treatment, medication administration instructions and authorization, and special field trip permission. If you have updated information on this form, please contact staff immediately to update.

### PARTICIPANT AND PARENT INFORMATION

Child's Name (First and Last)		Age	<input type="checkbox"/> Boy <input type="checkbox"/> Girl <input type="checkbox"/> _____
Birthdate	School		Grade
Address		City	Zip Code
Parent/Guardian Name (First and Last)			Signature
Cell Phone	Other Phone	Email	
Address (if different than above)		City	Zip Code
Relationship to Child <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Foster Parent		Language(s) Spoken at Home	

### GENERAL AUTHORIZATIONS AND INFORMATION

- My child has previously attended a Seattle Parks and Recreation School Age Care Program. ☐ No ☐ Yes – Location: \_\_\_\_\_
- My child has permission to attend field trips as posted in activity schedule, by means of walking, public bus, department van, yellow bus.  
(YES) Initial Here \_\_\_\_\_ (NO) Initial Here \_\_\_\_\_
- My child has permission to participate in swimming and other water activities at Seattle Parks and Recreation facilities, including swimming pools, lifeguarded beaches, boating facilities, and wading pools. Swimming Ability: ☐ Non Swimmer ☐ Beginner ☐ Intermediate ☐ Advanced (YES) Initial Here \_\_\_\_\_ (NO) Initial Here \_\_\_\_\_
- I will provide sunscreen and my child may apply it \_\_\_\_\_ times during the day. (YES) Initial Here \_\_\_\_\_ (NO) Initial Here \_\_\_\_\_
- Photographs (stills and video) of your child may be used for the City of Seattle, its Department of Parks and Recreation, or Associated Recreation Council or Advisory Council, publications.  
If you **DO NOT** agree Initial Here \_\_\_\_\_ (Do NOT use photographs of my child)
- LEGAL DOCUMENTATION:** Information for your child about parenting plan or current restraining order issued by a legal authority in the State of Washington:

<b>PARENTING PLAN</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____ If yes, provide copy for child's program file.		<b>RESTRAINING ORDER</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Expiration Date: _____ If yes, provide copy for child's program file.	
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### EMERGENCY CONTACTS (Also authorized for participant pick-up) *Please list secondary contacts if we cannot reach you.*

1) Contact Name (First and Last)			Relationship
Cell Phone	Other Phone	Email	
Address		City	Zip Code
2) Contact Name (First and Last)			Relationship
Cell Phone	Other Phone	Email	
Address		City	Zip Code

### PICK-UP AUTHORIZATION AND INFORMATION (MINIMUM AGE 14)

*List all individuals authorized to pick up your child. If an individual is not listed, your child will not be released. No voice authorization for pick-up accepted.*

1) Name	Relationship	Cell Phone	Other Phone
Address			
2) Name	Relationship	Cell Phone	Other Phone
Address			
3) Name	Relationship	Cell Phone	Other Phone
Address			

### CHILD SIGN-IN AND SIGN-OUT PROCEDURES (WAC 170-297-2125)

The parent or authorized person to take the child to and from the program site shall sign-in the child on arrival and sign-out the child at departure using a full, legal signature. When the child leaves the program site to attend school or other off-site activities as authorized by the parent, staff shall sign-out the child and sign-in the child upon return to the program.

## MEDICAL HISTORY AND AUTHORIZATION INFORMATION

My child experiences the following: Please **CHECK** all that apply or 'None'. Additional forms are required prior to your child attending if medical conditions are checked. Providing this additional information will help us to ensure your child has a positive experience. Efforts will be made to provide reasonable accommodation in accordance with the Americans with Disabilities Act.

- |  |  |  |  |  |
|--|--|--|--|--|
| <input type="checkbox"/> NONE  | <input type="checkbox"/> ADD               | <input type="checkbox"/> ADHD                | <input type="checkbox"/> Allergies           | <input type="checkbox"/> Asthma              |
| <input type="checkbox"/> Autism Spectrum Disorder                            | <input type="checkbox"/> PTSD              | <input type="checkbox"/> Behavior Disorder   | <input type="checkbox"/> Diabetes            | <input type="checkbox"/> History of Seizures |
| <input type="checkbox"/> Hearing Impairment/Deaf                             | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Physical Disability | <input type="checkbox"/> Dev. Disability     |
| <input type="checkbox"/> Sensory Processing Disorder/Integration Dysfunction | <input type="checkbox"/> Mental Disability | <input type="checkbox"/> Type: _____         |  |  |

Currently taking

Medication at:

- ☐ Program  
☐ School  
☐ Home

My child has the following behavioral issues which staff should be aware: ☐ None

I handle these behaviors in the following way:

Unless you have religious objections, we cannot allow your child to participate without the following authorizations. If you have religious objections, please submit a written statement of those objections. A MEDICAL TREATMENT AUTHORIZATION Form signed by a physician is required for any medication taken or administered while in a Seattle Parks and Recreation, Associated Recreation Council or Advisory Council program. Forms are available at each facility.

Child's Name (First and Last)	Age	Birth Date
Medical Provider (First and Last)	Dental Provider (First and Last)	
Address, City, Zip Code	Address, City, Zip Code	
Phone	Phone	
Date of Last Physical Exam: Month _____ Year _____	Date of Last Dental Exam: Month _____ Year _____	
If you do not have a medical provider, in case of injury or incident, what is your plan:	If you do not have a dental provider, in case of injury or incident, what is your plan:	
Preferred Hospital for Treatment:		

I authorize the administration of all medical, dental, and surgical examinations, operations, treatment, and all related care, including emergency or ambulance transportation and the administration of drugs, tests, anesthesia and blood transfusions to the above-named minor when a physician or dentist at the treating medical facility deems those procedures necessary for emergency treatment. I consent to the release of medical report(s) to any doctor or agency and consent to the admission of the above-named minor person to the hospital. I understand that the City of Seattle, its Department of Parks and Recreation, Associated Recreation Council, Advisory Councils, the Community Center, and their officers, employees, and volunteers assume no financial obligation or liability in case of my child's accident or illness. **I also assume full financial responsibility for emergency treatment for my child.**

Initial Here \_\_\_\_\_

### PARENTAL CONSENT, RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT

IN CONSIDERATION of my minor child ("the Minor") being permitted to participate in any way in the EVENT(S), I agree:

I know the nature of the EVENT(S) and the Minor's experience and capabilities, and believe the Minor to be qualified to participate in the Event(s). The Minor and I will inspect the premises, facilities, and equipment to be used or with which the Minor may come in contact to ensure it is safe to our satisfaction. I have spoken with the Minor about the dangers of the activities and the fact that the Minor could—for a variety of known, unknown, foreseeable and unforeseeable reasons, **including negligence** of the City of Seattle, its employees and volunteers, officers and agents—be seriously injured. In extreme cases, such injuries could include permanent disability, paralysis or even death ("risks"). Even understanding these risks I consent to the Minor's participation in the Event(s) and assert that the Minor is willing to participate in the event.

I accept and assume all risks, and assume all responsibility for the losses, costs and/or damages following an injury related to the Event(s), including disability, paralysis or death, even if caused in whole or in part by the negligence of the following releasees: the City of Seattle, its employees and volunteers, officers and agents. **My acceptance of these risks includes releasing and agreeing not to sue the releasees. I also agree to indemnify and save and hold harmless the releasees and each of them from any and all litigation expenses, attorney fees, loss, liability, damage, or cost they may incur due to a claim made against any of the releasees identified above based on an injury to the Minor, whether the claim is based on the negligence of the releasees or otherwise and whether the claim is made by me, is made on behalf of the minor, or is otherwise made.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
Date