

LACASA

Learning Action Center for Academic Success and Achievement

Mailing Address: 105 W. 86th Street, New York, NY 10025 | Tel: 212-874-7272 | Fax: 917-595-4995 | Email: info@stryckersbay.org

Dear LACASA Families and Friends,

Welcome back to another year of LACASA After School programming at PS 84. This year we are offering new and exciting enrichment activities for your child. Below is the schedule for each group.

DAY/ GROUP	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
KINDERGARTEN	(1 st) MOVE TO IMPROVE	(1 st) SOCCER	(1 st) CREATIVE CORNER	(1 st) CHESS/ COOKING	*POP UP FRIDAYS BY LACASA
	(2 nd) PHONICS/ STUDY HALL	(2 nd) PHONICS/ STUDY HALL	(2 nd) PHONICS/ STUDY HALL	(2 nd) PHONICS/ STUDY HALL	
1 ST /2 ND GRADE	(1 st) CREATIVE CORNER	(1 st) SOCCER	(1 st) PERCUSSION/ STEM	(1 st) CHESS/ COOKING	
	(2 nd) STUDY HALL	(2 nd) STUDY HALL	(2 nd) STUDY HALL	(2 nd) STUDY HALL	
3 RD /4 TH GRADE	(1 st) PERCUSSION	(1 st) CREATIVE CORNER	(1 st) COOKING/ YOUNG SCIENTISTS	(1 st) SOCCER	
	(2 nd) STUDY HALL	(2 nd) MATH LITERACY	(2 nd) STUDY HALL	(2 nd) MATH LITERACY	
5 TH GRADE	(1 st) STUDY HALL	(1 st) STUDY HALL	(1 st) STUDY HALL	(1 st) STUDY HALL	
	(2 nd) CREATIVE CORNER	(2 nd) MATH LITERACY	(2 nd) FITNESS	(2 nd) MATH LITERACY	

****Supper will be served Monday through Friday from 3 PM to 3:45 PM****

***Pop up Fridays will include the following club activities: Hip Hop Dance, Chess, Young Scientists, Community Service, Little Yoginis, Art, Fashion Design, Fun Treats, Taekwondo, plus more to come!!!**

**Please Sign The Attached Enrollment Agreement
And Attach To Your
LACASA After School Program Enrollment Form**



LACASA Youth Program
is a project of
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ENROLLMENT AGREEMENT 2014-2015

Child's Name: _____

Grade: _____

Address: _____

Phone #: _____

Email: _____

FEE PAYING

I, _____, acknowledge that my child will be attending LACASA After School Program, and that I am responsible for the weekly fee of \$100 for the 2014-2015 program year. I also acknowledge that I will submit a deposit of \$750.00 in order to secure a slot for my child.

SCHOLARSHIP

I, _____, acknowledge that without a full scholarship, my child will not be able to participate in the LACASA After School Program at P.S.84. Therefore, I am requesting *one* of the limited scholarships, if available. *(If awarded a scholarship slot, you will receive notification from our Program Director)*

Parent Signature: _____

Date: _____



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