

---

*Totowa Education Foundation Sponsored....*

---

---

# TPK KOPS 4 KIDS

---

---

Patricia Capitelli, Superintendent  
Washington Park School  
10 Crews Street - Totowa, NJ 07512  
Phone: 973-956-0010 Fax: 973-956-9859

---

2017-2018  
Totowa School District



---

Kristen Flynn - 973-809-4311

---

*Totowa Education Foundation Sponsored...*

# TPK KOPS 4 KIDS

---

Welcome to the TPK Kops 4 Kids Extended Program. This program is sponsored by the Totowa Education Foundation.

The program will consist of a supervised atmosphere where students can participate in educational activities as well as engage in a less structured (but supervised!) activity time. Arts and crafts will also be an enjoyable component of the program.

The program will be funded by your tuition and profits realized will support the Totowa Education Foundation's annual schedule of programming that includes:

- Scholarships for graduating Totowa High School Seniors;
- Middle School extra-curricular activities: Bowling, Basketball, Volleyball, Middle School Musical;
- Funding of the district's Technology Plan.

While providing a service to you, the parent, you are in turn helping to support and fund programs for students and members of the Totowa School Community. We call this the "Cycle of Success."

Please read the following information in this booklet. If you have any questions do not hesitate to contact Lynn Smith at 973-956-0010 ext. 2001. All of us in the Totowa School Community wish you the very best this coming academic year.

Sincerely,

*Patricia Capitelli*

Patricia Capitelli, Superintendent

PLEASE CHECK OUR WEBSITE: [www.totowa.k12.nj.us](http://www.totowa.k12.nj.us)

In the event that medical treatment is necessary, it should be understood that if a parent or guardian does not sign this statement, treatment may not be rendered. I hereby authorize the Totowa School District and its faculty members in charge of my child to obtain all necessary medical care and further authorize any licensed physician and/or medical personnel to render all necessary medical treatment.

---

STUDENT'S NAME

---

PARENT/GUARDIAN SIGNATURE

DATE

---

SCHOOL ATTENDING

---

PRINCIPAL'S NAME

---

SCHOOL PHONE

---

CURRENT GRADE LEVEL / HOMEROOM TEACHER



STUDENT INFORMATION / ENROLLMENT FORM

CHILD'S NAME \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
STUDENT PHONE \_\_\_\_\_  
PARENT/GUARDIAN NAME \_\_\_\_\_  
PARENT/GUARDIAN PHONE \_\_\_\_\_  
PARENT/GUARDIAN WORKPHONE \_\_\_\_\_  
PARENT/GUARDIAN EMAIL \_\_\_\_\_  
CUSTODY AGREEMENT (Y) / (N) *If yes, please provide a copy.*

Please circle the days you child will be attending

M - T - W - Th - F

Please circle the time you child will be attending

A.M. - P.M. - BOTH

PERSON(S) RESPONSIBLE FOR PICK-UP \_\_\_\_\_

1. \_\_\_\_\_  
Phone \_\_\_\_\_

2. \_\_\_\_\_  
Phone \_\_\_\_\_

3. \_\_\_\_\_  
Phone \_\_\_\_\_

(Child will ONLY be released to the names indicated above.)

EMERGENCY CONTACT:

Name \_\_\_\_\_

Phone \_\_\_\_\_

DATE \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

(By signing this you are acknowledging you are responsible for the tuition payment and fees as stated and will adhere to the payment schedule and conditions set forth within this document.)

---

## Health History

This questionnaire has been developed so that we might better understand your child and meet his/her individual needs.

*\*This questionnaire will be kept with your child's records.*

How would you describe your child's general health?

Excellent  Good  Fair  Frequently ill

Does your child have any allergies? \_\_\_\_\_

What specific things is your child allergic to? \_\_\_\_\_

\_\_\_\_\_

Has your child ever had a severe allergic reaction which requires that medication be kept in school?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have any special fears or anxieties?  Yes  No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Any additional health/medical information about which we should be aware? \_\_\_\_\_

Health Care Provider Name \_\_\_\_\_

Health Care Provider Phone Number \_\_\_\_\_

## *Payment Fees & Schedule*

### SCHEDULE

Program Begins Monday, September 11,  
2017

The TPK Kops 4 Kids Program will be available five days per week, every day that the Totowa Public School District is open. The Program will be closed when schools are closed for holidays, emergency closings, etc. On one-session days, the program will be available from 1:15 P.M. until 6:00 P.M. On inclement weather days, when the district has a delayed opening, the A.M. program hours will be from 9:00 A.M. until 10:00 A.M. Please do not arrive any earlier than 9:00 A.M. on those days, as the extra time which was warranted by the delayed opening will be used to make the building as safe as possible. *Your child will not be admitted into the building before 9:00 A.M.*



**TUITION SCHEDULE  
TIME SCHEDULE - CONDITIONS**

**Morning Schedule - 7:30 A.M. - 9:00 A.M.  
After-School Schedule - 3:00 P.M. - 6:00 P.M.**

The TPK Kops 4 Kids Program will be available five days per week. Your child will not be released to anyone other than the persons indicated as "pick-up persons" on the application form - unless otherwise indicated to the teacher that morning by a note.

TUITION SCHEDULE

2 Days A.M.- \$50  
2 Days P.M.- \$100  
2 Days A.M. & P.M. - \$150

3 Days A.M.- \$60  
3 Days P.M.- \$120  
3 Days A.M. & P.M. - \$180

5 Days A.M.- \$100  
5 Days P.M.- \$200  
5 Days A.M. & P.M. - \$300

All checks must be received by the 1st of the month.  
Please see below for late payment fees

*A fee of \$20 will be assessed for bounced checks.  
A fee of \$50 will be charged for late payments.*

\*Late Pick-Up Charge: When a child is picked-up after the program ends at 6:00 P.M., this infringes on the instructors' time and they must be compensated. The following charge will be assessed as follows for children picked up after 6:00 P.M.

*1st 15 minutes - (6:00 P.M. - 6:15 P.M.) - \$10  
2nd 15 minutes - (6:15 P.M. - 6:30 P.M.) - \$20  
(\$10 for every 15 minutes thereafter)*

**Make checks payable to: Totowa Education Foundation, Inc.  
*All payments must be in check or money order form - No Cash.***



ABOUT THE PROGRAM

Kops 4 Kids will be housed at the student's respective school. The program will consist of a supervised atmosphere where students can study and complete homework as well as engage in a less structured (but supervised!) activity time.

TOTOWA EDUCATION FOUNDATION, INC.

*Eileen Corrado, President*  
*Cathy D'Angelo, Vice President*  
*Toby Giardiello, Treasurer*  
*Jackie Coral, Secretary*  
*Jane D'Aloia*

TOTOWA BOARD OF EDUCATION

*Michele Ruocco, President*  
*Marcello Guarneri, Vice President*  
*Heather Antonucci*  
*Gary Bierach*  
*Roe Carr*  
*Jennifer DeCeglie*  
*Ken Kerwin*  
*Sanders Reynoso*  
*Keith Schaffer*  
*Patricia Capitelli, Superintendent*  
*Vincent W. Varcadipane, Business Administrator*