



ABOUT THE PROGRAM

Kops 4 Kids will be housed at Washington Park School. Students should bring their own lunch. Snacks and juice will be provided. The program will contain an arts & crafts component as well as athletic activities.

TOTOWA EDUCATION FOUNDATION, INC.

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KOPS 4 KIDS

Patricia Capitelli, Superintendent

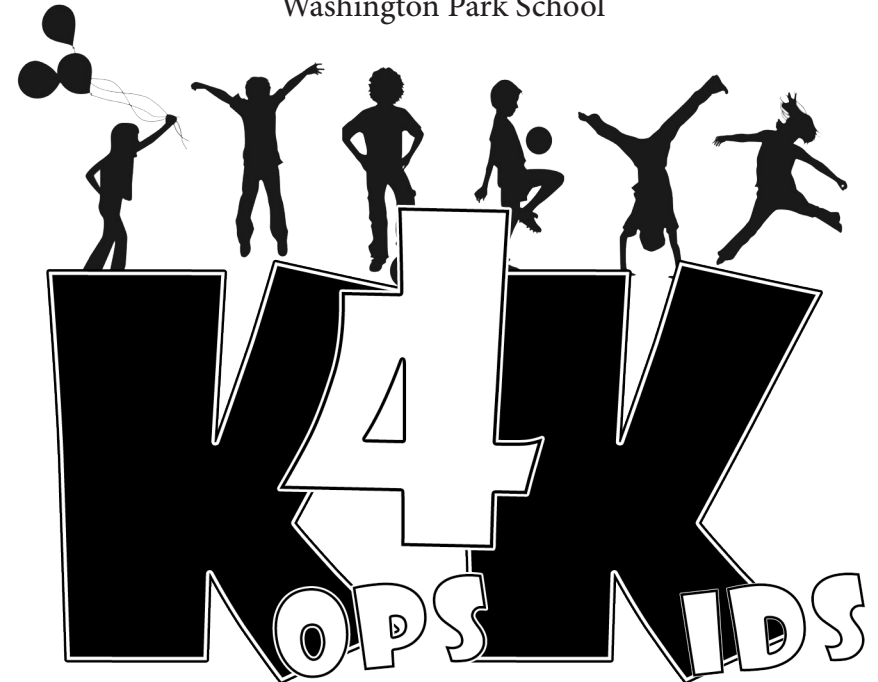
Washington Park School

10 Crews Street - Totowa, NJ 07512

Phone: 973-956-0010 Fax: 973-553-2257

SUMMER 2018

Washington Park School



Kellie Zarek- 973-809-4311

Totowa Education Foundation Sponsored...

KOPS 4 KIDS

Welcome to the Kops 4 Kids S.A.C.C. Program. This program is sponsored by the Totowa Education Foundation.

Ms. Zarek is the summer program's Director with assistance from various other personnel. The program will be housed in the Washington Park School Gymnasium. The program will consist of a supervised atmosphere where students can engage in structured activities as well as participate in a less structured (but supervised!) activity time. Arts and crafts will also be an enjoyable component of the program, in addition to special projects.

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

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

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.

Sincerely,

Patricia Capitelli

Patricia Capitelli, Superintendent

PLEASE CHECK OUR WEBSITE: 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

Grade Completed



Health History

STUDENT INFORMATION / ENROLLMENT FORM

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 _____

CHILD'S NAME _____

DATE OF BIRTH _____

ADDRESS _____

CITY, STATE, ZIP _____

STUDENT PHONE _____

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN PHONE _____

PARENT/GUARDIAN WORK PHONE _____

PARENT/GUARDIAN EMAIL _____

CUSTODY AGREEMENT (Y) / (N)

If yes please provide a copy

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.)

Payment Fees & Schedule

SCHEDULE

Program Begins Monday, June 25, 2018
(Closed July 4th)
Program Ends Friday, August 17, 2018

Registration - \$25

- *Week 1 - 6/25- 6/29 (Payment Due 6/22)*
- *Week 2 - 7/2 -7/3, 7/5- 7/6 (Payment Due 6/29)*
- *Week 3 - 7/9 - 7/13 (Payment Due 7/6)*
- *Week 4 - 7/16 - 7/20 (Payment Due 7/13)*
- *Week 5 - 7/23- 7/27 (Payment Due 7/20)*
- *Week 6 - 7/30- 8/3 (Payment Due 7/27)*
- *Week 7 - 8/6- 8/10 (Payment Due 8/3)*
- *Week 8 - 8/13- 8/17 (Payment Due 8/10)*
- *Program ends 8/17*



TUITION SCHEDULE TIME SCHEDULE - CONDITIONS

Daily Schedule - 7:30 a.m. - 5:30 p.m.
Kops 4 Kids will be closed July 4th 2018

The 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 advisor that morning by a note.

TUITION SCHEDULE

\$25 - Registration Fee
\$130 for 5 days a week
\$78 for 3 days a week
\$52 for 2 days a week

*\$26 per day for the week of 7/2 - 7/6

*Monies will be accepted only by payment due dates.
Checks should be made payable to the
Totowa Education Foundation, Inc.*

Please circle the days your child will be attending

M - T - W - Th - F

Family Plan:

1st child - Full tuition plus Registration Fee
2nd Child - Half Price
3rd Child - No Charge

A fee of \$35 will be assessed for bounced checks.

A fee of \$25 a day will be charged for late payments.

*Late Pick-Up Charge: When a child is picked up after the program ends at 5:30 p.m., this infringes on the instructors' time and they must be compensated. The following charges will be assessed as follows for children picked up after 5:30 p.m.:

1st 15 minutes - (5:30 - 5:45) - \$10
2nd 15 minutes - (5:45-6:00) - \$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.