





Dear Parent/Guardian:

The Totowa Education Foundation, Inc. SUMMER ENRICHMENT CLASSES are designed to provide a broad array of different summer workshops for students to learn something new or reinforce a subject. All instructors are NJ State Certified Teachers.

REFUNDS will not be provided for students removed from the program for disciplinary reasons, or after the first day of class.

We look forward to serving the needs of your child. Mr. O'Brien will serve as SUMMER ENRICHMENT CLASSES Principal and can be reached at 973-956-0010 ext. 2501.

Sincerely,

*Patricia Capitelli*

Patricia Capitelli, Superintendent of Totowa Public Schools

STUDENT INFORMATION

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

City, State, Zip \_\_\_\_\_

STUDENT PHONE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN PHONE \_\_\_\_\_

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

(Please return this booklet with Student Information, Health History and course selection properly filled out. Please enclose check or money order for the full amount due payable to the Totowa Education Foundation, Inc. Payments are due by June 17, 2016.)



# -Enrichment- Descriptions

## *“Artistic Readers” Grade level: K-3*

Throughout this class, children will explore art and literature. The young artists will enjoy connecting art to their favorite stories. In this class, we will blossom our love of art and reading.

*Instructed by Nicole Savastano.*

<u>Dates</u>	<u>Session(s)</u>	<u>Fee</u>
7/11 - 7/14	8:00 am- 10:15 am	\$60
7/18 - 7/21	8:00 am- 10:15 am	\$60
7/11 - 7/14	10:15 am- 12:30 pm	\$60
7/18 - 7/21	10:15 am- 12:30 pm	\$60

## *“Geography for Kids” Grade level: 1-3*

Students will explore the history, culture, and customs of various countries.

Schedule:	6/27 - 6/30	Session 1: Italy,	Session 2: Greece
	7/5 - 7/8	Session 1: Greece,	Session 2: Italy
	7/11 - 7/14	Session 1: Ireland,	Session 2: France
	7/18 - 7/21	Session 1: France,	Session 2: Ireland

*Instructed by Catherine Sofocleous.*

<u>Dates</u>	<u>Session(s)</u>	<u>Fee</u>
6/27 - 6/30	8:00 am- 10:15 am	\$75
7/5 - 7/8	8:00 am- 10:15 am	\$75
7/11 - 7/14	8:00 am- 10:15 am	\$75
7/18 - 7/21	8:00 am- 10:15 am	\$75
6/27 - 6/30	10:15 am- 12:30 pm	\$75
7/5 - 7/8	10:15 am- 12:30 pm	\$75
7/11 - 7/14	10:15 am- 12:30 pm	\$75
7/18 - 7/21	10:15 am- 12:30 pm	\$75



# -Enrichment- Pricing

Please select the programs and sessions from the menu below.

\*Session 1: 8:00 am - 10:15 am

\*Session 2: 10:15 am - 12:30 pm

Dates are as follows:

Week 1: June 27th-June 30th

Week 2: July 5th-July 8th

Week 3: July 11th-July 14th

Week 4: July 18th-July 21st

Please note the dates and times of the classes you enroll in as each class is different.

“*Artistic Readers*” Grade level: K-3 \$60.00

7/11-7/14 - Session 1

7/11-7/14 - Session 2

7/18-7/21 - Session 1

7/18-7/21 - Session 2

“*Geography for Kids*” Grade level: K-3 \$75.00

6/27-6/30 - Session 1

6/27-6/30 - Session 2

7/5 -7/8 - Session 1

7/5 -7/8 - Session 2

7/11-7/14 - Session 1

7/11-7/14 - Session 2

7/18-7/21 - Session 1

7/18-7/21 - Session 2

## 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? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

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*Student's Name*

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*Parent/Guardian Signature*

*Date*

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SCHOOL ATTENDED 2015-2016

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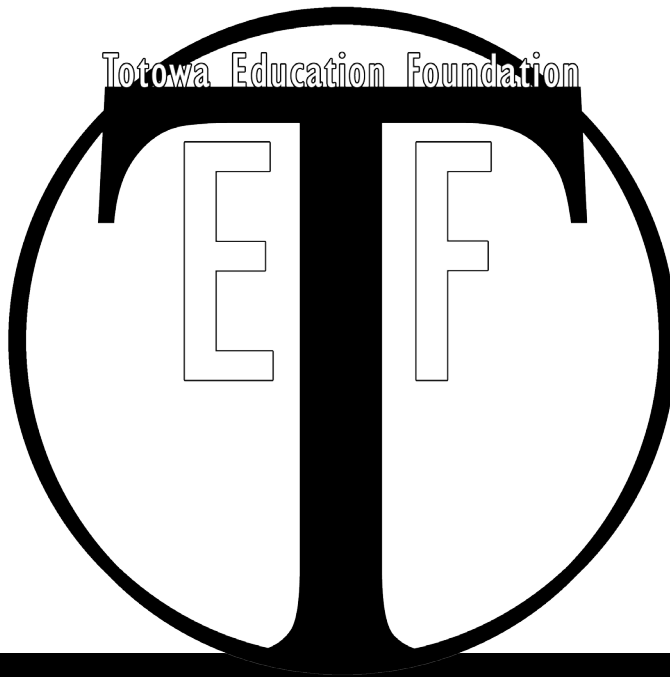
PRINCIPAL'S NAME

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SCHOOL PHONE

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GRADE COMPLETED



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

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**Totowa School District Administration**

*Patricia Capitelli, Chief School Administrator*  
*Michael O'Brien, Principal Washington Park School*  
*Lauren Terranova, Vice Principal Washington Park School*  
*Joseph Compel, Principal Memorial School*  
*Barbara Chichele, Supervisor of Pupil Personnel Services*  
*Vincent W. Varcadipane, School Business Administrator*  
*Domenic Picarelli, Assistant Business Administrator*  
*Peter Campilango, Supervisor of Buildings and Grounds*