



Totowa Education Foundation Sponsored....

# TPK KOPS 4 KIDS

## 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.

Melissa Stys - Director

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Phone: 973-809-4311 Fax: 973-553-2257

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2023-2024

## TOTOWA EDUCATION FOUNDATION, INC.

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



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# TPK KOPS 4 KIDS

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

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. 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:

- Middle School extra-curricular activities: Bowling, Basketball, Volleyball, Middle School Musical;
- Technology donations to the school district;
- Scholarships for graduating Totowa High School Seniors.

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 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 Linda Paese at 973-956-0010 ext. 6002. All of us in the Totowa Education Foundation wish you the very best this coming year.

Sincerely,

*Eileen Corrado*

Eileen Corrado, President

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 Education Foundation 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

---

PARENT/GUARDIAN SIGNATURE

DATE

---

SCHOOL ATTENDING

---

PRINCIPAL'S NAME

---

SCHOOL PHONE

---

CURRENT GRADE LEVEL / HOMEROOM TEACHER



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

Physician Name \_\_\_\_\_

Physician Phone Number \_\_\_\_\_

\*Misrepresenting or omitting pertinent information from the enrollment form or the health history are grounds for expulsion.

\*\*The Totowa Education Foundation does not provide health insurance coverage for students. It is highly recommended that the Parent/Guardian obtain health insurance coverage for their child(ren).

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

DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

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

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

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

PARENT/GUARDIAN WORKPHONE \_\_\_\_\_

PARENT/GUARDIAN EMAIL \_\_\_\_\_

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.)

