

**K4K**

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 Education Foundation Sponsored....*

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# KOPS 4 KIDS

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

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2018-2019



*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.

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:

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

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 Lynn Smith at 973-956- 0010 ext. 2001. All of us in the Totowa Education Foundation wish you the very best this coming year.

Sincerely,

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*

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*Parent/Guardian Signature*

*Date*

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SCHOOL ATTENDING

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PRINCIPAL'S NAME

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SCHOOL PHONE

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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?

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

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

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

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 Tution 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, September 10,  
2018

Registration - \$35

The 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 - 3:20 P.M. - 6:00 P.M.

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.

	A.M. or P.M.	A.M. and P.M.
1 Day per week	\$70.00	\$90.00
2 Days per week	\$140.00	\$180.00
3 Days per week	\$210.00	\$270.00
4 Days per week	\$280.00	\$360.00
5 Days per week (Discounted Rate)	\$250.00	\$350.00

*All checks must be received by the 1st of the month*

*Family Plan:*

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

*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.*