

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....

KOPS 4 KIDS

Kellie Zarek - Director

10 Crews Street - Totowa, NJ 07512

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

kops4kids@totowa.k12.nj.us

2019-2020



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:

- 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.

Student's Name

Parent/Guardian Signature

Date

School Attending

Principal's Name

School Phone

Current Grade Level / Homeroom Teacher



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?

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 student(s).

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 your child will be attending

M - T - W - Th - F

Please circle the time your 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 that 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 9, 2019

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)	\$300.00	\$380.00

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 returned 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.