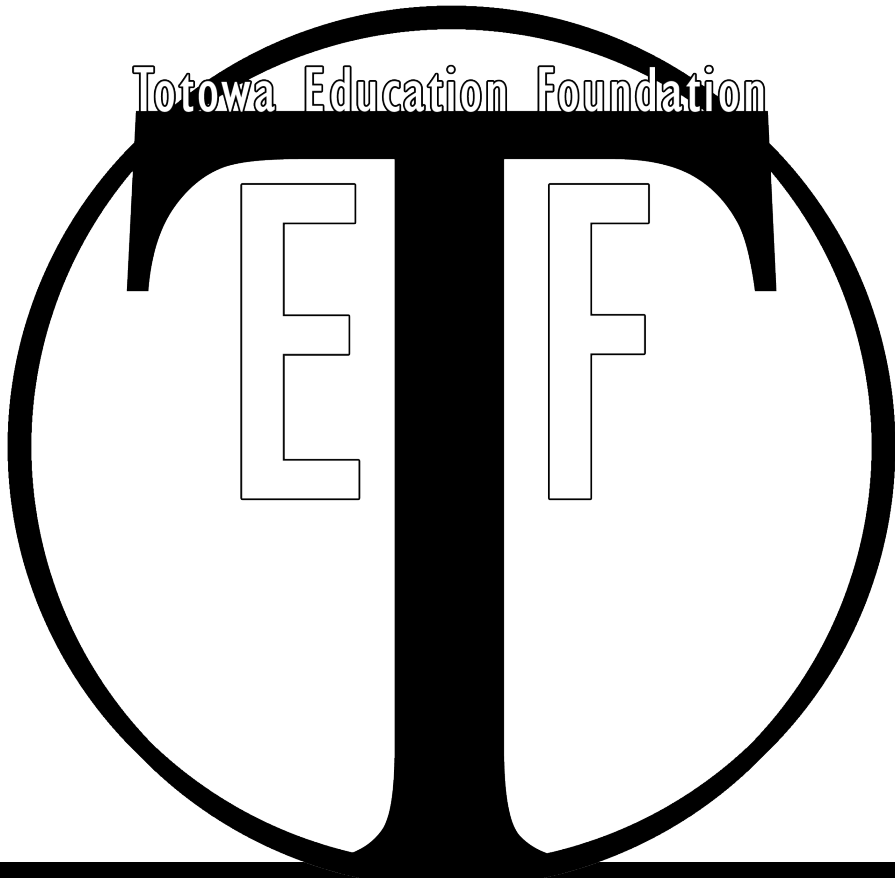


Totowa Education Foundation



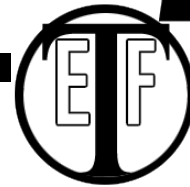
*Eileen Corrado, President
Cathy D'Angelo, Vice President
Toby Giardiello, Treasurer
Jackie Coral, Secretary
Jane D'Aloia*



Totowa Education Foundation, Inc.

SUMMER ACADEMY

2019



*Washington Park School
10 Crews Street
Totowa, NJ 07512*

*Phone: 973-956-0010
Fax: 973-389-2270
www.totowa.k12.nj.us*



Dear Parent/Guardian:

The Totowa Education Foundation Inc. SUMMER ACADEMY is designed to provide instruction for Middle School students who have not met the requirements of their local school districts. The SUMMER ACADEMY is also designed to provide additional instruction for students who may need extra assistance in a subject area. All instructors are NJ State Certified Teachers.

Attendance is MANDATORY through the 16 sessions offered. Excused absences must be made up at a fee of \$50.00 per session, limited to two excused absences. Attendance is not mandatory for students enrolled for extra assistance.

REFUNDS will not be provided for students removed from the program for disciplinary reasons, unexcused absences and more than two excused absences.

We look forward to serving the needs of your child. Mr. Bower will serve as SUMMER ACADEMY Principal and can be reached at 973-956-0010 ext. 2103.

Sincerely,

Eileen Corrado
President
Totowa Education Foundation



Totowa Public Schools

————— Our kids come first —————

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

SCHOOL ATTENDED 2018-2019

PRINCIPAL'S NAME

SCHOOL PHONE

GRADE COMPLETED

Make checks/money orders payable to "The Totowa Education Foundation, Inc."

STUDENT INFORMATION / ENROLLMENT FORM

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 that 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.)

Make checks/money orders payable to "The Totowa Education Foundation, Inc."

**COURSE REGISTRATION FOR MIDDLE SCHOOL
STUDENTS IN GRADES 5-8**

- Mathematics
- Reading
- English
- Science
- Social Studies
- Pre-Algebra
- Algebra

Please indicate the grade level enrolled during the 2018-2019 school year for the course(s) desired.

Is there an IEP governing instruction? YES____ NO____



MIDDLE SCHOOL STUDENTS

June 24 - June 27 (Mon-Thurs)
July 1 - July 3 & July 5 (Mon, Tues, Wed, Fri)
July 8 - July 11 (Mon-Thurs)
July 15 - July 18 (Mon-Thurs)

SESSION I:
8:30 A.M. - 10:15 A.M.

SESSION II:
10:30 A.M. - 12:15 P.M.

Either Session I or Session II: \$250.00
Both Sessions: \$450.00

Make checks/money orders payable to "The Totowa Education Foundation, Inc."

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?_____

Health Care Provider Name_____

Health Care Provider Phone Number_____