# Safe Kids In Parsippany

A before & after school care and enrichment program for students in grades K-8

2015-2016



Parsippany Adult & Community Education 292 Parsippany Road Parsippany, NJ 07054

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Mrs. Susan Giorgino, Head Secretary
Mrs. Giselle Ilic, SKIP & Wide World of Summer Secretary

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### PHILOSOPHY & GOALS

- Parsippany Adult and Community Education believes that since learning is lifelong, it has the responsibility to provide programming to meet the needs of all members of the Parsippany-Troy Hills community.
- The PACE program operates under the auspices of the Parsippany-Troy Hills Board of Education and includes a before and after school childcare program called SKIP (Safe Kids In Parsippany) that provides quality care and enrichment for K-8 children enrolled in the Parsippany School District.

### The goals of the SKIP program are:

- To provide a safe haven before and after school hours and on certain school holidays in order to prevent the elementary school child from becoming a victim of loneliness, fear, accidents, delinquency or criminal acts.
- To provide working parents with the emotional security of knowing their children are well cared for and supervised.
- To fulfill the needs of the elementary child by providing an environment in which children can develop the social and emotional skills needed in adulthood.

### **STAFF**

Our qualified and caring staff of certified teachers and aides, plan, supervise, guide and provide a wide variety of enrichment activities. Every staff member is certified in First Aid and CPR and participates in staff development sessions. They encourage the development of self-esteem, cooperation and problem solving, leadership and social skills through a variety of stimulating activities. Your child will not only be in good hands, he/she will also be making good use of that valuable period called out-of-school time.

### PROGRAMS, FEES & DISCOUNTS

1. **BEFORE SCHOOL PROGRAM** – 7:15 am to the start of school. Children may read or take part in recreational activities.

**Fee:** \$93.00 monthly for one child and \$88.00 monthly for each additional child payable from August – May.

2. <u>AFTER SCHOOL PROGRAM</u> – Dismissal to 6:00 pm. Sites are determined by enrollment. Children are engaged in organized activities, free play, cooperative games, arts and crafts and begin homework. A snack is provided.

Fee: \$243.00 monthly for one child and \$198.00 for each additional child payable from August — May. There is a non-refundable registration fee of \$50.00 per family. All registrations must be submitted with the first month's tuition and registration fee. The \$50.00 registration fee will be waived for all registrations received with the first month's tuition before July 31, 2015.

REGISTRATIONS SUBMITTED WITHOUT THE FIRST MONTH'S TUITION WILL BE RETURNED WHICH MAY RESULT IN A DELAY OF STARTING DATE.

\*\*\*\*\*ALL NEW STARTS BEGIN ON THE MONDAY AFTER

**REGISTRATION.\*\*\*\*** 

STUDENT MUST BE REGISTERED BY THURSDAY AT NOON IN ORDER TO BEGIN ON THE FOLLOWING MONDAY **IMPORTANT:** All SKIP fees are based on 180 school days, broken down to ten equal monthly installments for your convenience. The fee is <u>NOT</u> based on the number of days of SKIP for each individual month. Enrollment is monthly. Students who are withdrawn and re-enrolled in the same school year are subject to a \$40 service fee.

<u>HALF-DAY PROGRAMS</u> - Available for one-session school days scheduled for Parent/Teacher Conferences or In Service Teacher Training. SKIP opens immediately following dismissal at each elementary school.

**Fee:** \$25 per day for one child, \$20 for any additional children registered in AM SKIP only. There is no charge on these days for children registered in PM SKIP.

SCHOOL BREAK FULL-DAY PROGRAM – Available on some days when school is closed. The full day program begins at 7:15 am and ends at 6:00 pm. Please note: SKIP is not available during the Thanksgiving or December break, Good Friday or Memorial Day. The precise SKIP calendar will be determined each year after the Board of Education approves the official school calendar.

Fee: Non refundable, \$35 per day for the first child, \$30 for the second child and \$25 for each additional child registered. Approximately four weeks before each full day event, registration fliers will be sent to each SKIP site to be distributed. Registration closes approximately one week before the full day.

All registrations must be in by the dates specified on the fliers and all tuition payments must be up-to-date.

### **CALENDAR**

SKIP follows the Parsippany-Troy Hills District school calendar. The program is available each of the 180 school days, including most half days. SKIP is not available during the Thanksgiving or December break, Good Friday or Memorial Day. Additional school recess days when SKIP programs will be open will be announced each year after the formal adoption of the calendar by the Board of Education.

### **DAILY STRUCTURE**

Developmentally appropriate activities are carefully planned for each PM schedule. They generally include:

- 1. Physical Activity Time free or organized physical playtime to encourage good health habits via outdoor/indoor activities and games, nature explorations, etc.
- 2. Snack & Social Time a nutritious snack is included in the PM program.
- 3. Social Interaction/Project Time Collaboratively or individually, students build, draw, craft, paint, read, play board games and interact with one another in a variety of projects intended to expand their social skills and their creative horizons.
- 4. Homework Time an opportunity to begin homework assignments with a teacher or aide nearby to encourage good study/work habits.

The SKIP program provides reasonable accommodations for students with special needs. It is helpful for the staff to be aware of children whose medical, physical, learning, or social disabilities require special consideration. The accommodations are made within the framework of existing staffing ratios and program organization, but do not extend to substantial modifications in the childcare purpose, cost, or availability of appropriate supervision for all participants. Students must have independent toileting skills.

### INCLEMENT WEATHER OR EMERGENCY CLOSINGS

- 1. If schools are closed, SKIP IS CLOSED.
- 2. If there is a delayed opening, AM SKIP IS CLOSED.
- 3. If students are sent home prior to regular dismissal time, **SKIP IS CLOSED**.
- 4. If after school and evening activities are cancelled, but students are dismissed at regular school closing time, **SKIP SITES REMAIN OPEN**.

### **ATTENDANCE**

Your child's safety is very important to us, and each child's whereabouts on days he/she is scheduled to attend a SKIP program is a critical issue of safety. The SKIP PM program maintains a listing of all students who are registered to be in attendance on a daily basis. Attendance is taken promptly after the school's dismissal to SKIP, and the names of absent children are thoroughly checked against the school's absentee list and early sign out list. Additionally, the staff checks the SKIP site cell phone for messages as well as the mailbox located in the school office for any notes or messages regarding SKIP students. If your child is going to be absent, you must call the SKIP cell phone to inform the staff.

### SIGN OUT/PICK UP TIME POLICY

All SKIP students must be signed out daily in the sign out log at each program by a parent, guardian or previously authorized adult duly noted on emergency forms as an authorized adult. If you wish to send another adult to pick up your child, you must first contact the SKIP site via cell phone to give the name and description of the authorized individual. The individual will have to present identification at the site.

Parents are expected to pick up their children no later than 6:00 pm. If you arrive later than this time for Pick-up, a late fee of \$10.00 will be charged for every 10 minutes or portion thereof. After three times, your child may be removed from the program.

### **ILLNESS/MEDICINES**

- Should your child become ill during regular SKIP hours, a staff member will discuss the situation with a nurse on call and contact you. It is the decision of the nurse as to whether the child can or cannot remain at the program. In the event your child becomes ill, please have someone available to assist in emergency pick ups.
- Should your child require medication it must be administered by the school nurse prior to dismissal from school. The district policy for the administration of medication must be followed: "Medication may be taken in school only when a note from the parent is sent with the medication to the school nurse and accompanied by a written order from the physician. All medication must remain in the original dispenser in the Nurse's office." Please note: Neither the SKIP nurse nor any staff member has access to school site medicine cabinets. Indicate any and all medical concerns on your registration form and the SKIP nurse will call to discuss them.

### PROGRAM VISITATION

To insure everyone's safety **NO VISITORS are permitted at SKIP** programs without written approval from the Coordinator. Anyone interested in observing a program must contact the PACE office at 973-263-7200 x 4342.

## **SKIP REGISTRATION 2015/2016**

\_\_\_AM SESSION \_\_\_PM SESSION \_\_\_BOTH
ALL NEW STARTS BEGIN ON THE MONDAY AFTER REGISTRATION. REGISTRATION MUST BE RECEIVED
BY NOON ON THE THURSDAY BEFORE START.

(Students registered after August 21, 2015 may not be able to attend SKIP on the first day of school.) Register and pay first month's tuition before July 31, 2015 and the registration fee is waived.

### **STUDENT INFORMATION**

SCHOOL	GRADE IN SE	EPT. 2015	SEX M F
CHILD'S NAME			BIRTHDATE
ADDRESS(Last))		(First)	
HOME PHONE			
<u>PA</u>	RENT/GUARDIA	N INFORMATION	
MOTHER'S NAME			
(If different) MOTHER'S ADDRESS	(Last)	(First)	
WORK PHONE	CELL	EMAIL	
FATHER'S NAME(Las			
(Las (If different) FATHER'S ADDRESS			
WORK PHONE	CELL	EMAIL	
I understand that I am enrolling my that I am responsible for picking u with all procedures as outlined in that the first month's tuition, regist	up my child by 6:00 pm. I a the Parent/Guardian Handbo	also understand that my child and ook. I understand and agree to all	I I are responsible for complying fees and payment deadlines and
Parent's S	Signature		
	o charge the credit card listed s request at anytime by notify to transfer funds from the according	ving the SKIP office.  ount listed below on the 15 <sup>th</sup> of ea	
I understand that I may rescind this	request at anytime by notify	ying the SKIP office.	
Name as it appears on credit card_			Visa MC Disc
Credit Card #		Expiration Date	(3 digit #)
Name as it appears on the account_		Bank Name	
Routing #	Account #		<del></del> -

# SKIP EMERGENCY CONTACT INFORMATION

(ALL INFORMATION MUST BE COMPLETED FOR CHILD TO BEGIN SKIP)

SCHOOL	<b>GRADE IN SEPT. 2015</b>		
STUDENT'S NAME	SE	X M	<b>F</b>
(Last) In an emergency, if I am unavailable, I have arrang	(First) ed for the following people to ca	are for my	child:
(Name)	Telephone #		
(Name)	Telephone #		
You may call our physician, if necessary:			
(Name)	· · · · · · · · · · · · · · · · · · ·	Telep	hone #
Does your child have:  1. Any health issues that require assistance in an eating, communicating?		ıg,	Il participants No
If yes, please list		Yes	No
Take any medications/Epipen taken for aller			
2. A chronic or ongoing illness (such as diabetes or asthma)?		Yes_	
Use an inhaler or other prescription medicine to control asthma?  3. Any prescribed or over the counter medications that are taken on a regular basis?  If yes, please list		Yes Yes	No No
4. Does your child require special attention?		Yes	No
5. Does your child have a one-to-one aide during the school day?		Yes	No
6. Is your child in a self-contained classroom?		Yes	No
If you answered yes to questions 4, 5, 6, please specaring for them:	ecify the nature of your child's need	s and your r	ecommendations in
In the event of an extreme emergency, if parent, g			
Print Name:	` •		• ,
Signature:			

### SKIP AGREEMENT

### PLEASE INITIAL EACH STATEMENT TO INDICATE UNDERSTANDING.

Financial:
I understand I am enrolling my child in the SKIP program that operates Monday-Friday,
according to the SKIP calendar.
I understand that if the Parsippany-Troy Hills School District is closed or dismisses early due to
inclement weather, SKIP will also be closed.
I understand I am responsible for monthly payments of the contracted fee to be paid by the 15 <sup>th</sup> of each preceding month. I also understand that if I do not make my payment by the 30 <sup>th</sup> of the preceding month, my child may not attend SKIP until tuition is received. Students who are withdrawn and re-enrolled in the same school year are subject to a \$40 service fee. I understand I am responsible for picking up my child by 6:00 pm. In the event that I fail to do so, I will pay a late pick up fee of \$10.00 per ten minutes. I understand that after three late pick-ups my child may be removed from the SKIP program. I agree to notify the SKIP office in writing thirty days prior to my child leaving the program. In the event that any of the work numbers, home numbers, or emergency contact numbers that are listed for my child should change, I will immediately inform the teacher and the SKIP office. I will also make sure that the emergency contacts I list for my child are aware that they may be called if I cannot be reached.
Disciplinary:
Children are entitled to a pleasant and friendly environment. To ensure a safe atmosphere, rules have been established for all children to follow. I have reviewed the rules with my child. Appropriate behavior is expected while at SKIP; however, if necessary the following steps may be taken:
First Offense: A staff member will discuss with the child the rule broken and determine if s/he understands the rule. A parent will be verbally notified the day of the offense and a written record of the offense will be kept.
Second Offense: Same procedure as above with the addition of a written report being sent to the Program
Director. Parents will be reminded that a parent conference with the director may be required after review of
the report.
<u>Third Offense:</u> The child will be removed from the group until a parent arrives. A written report will be sent to the Program Director who will arrange a mandatory parent conference to discuss the situation and whether suspension from the program is appropriate.
We have reviewed the Agreement and Discipline Procedure Policy and agree to abide by them.
Parent(s) Signature:
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