

SKIP

Safe Kids In Parsippany

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

2011-2012



**Parsippany Adult & Community Education
577 Vail Road
Parsippany, NJ 07054**

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PARSIPPANY- TROY HILLS TOWNSHIP SCHOOLS

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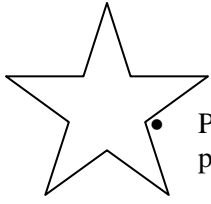
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Susan Giorgino, Head Secretary
Joanne Knott, SKIP & Wide World of Summer Secretary
Jean Bell, Community School Secretary



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: \$85.00 monthly for one child and \$80.00 monthly for each additional child payable from August – May.
2. **AFTER SCHOOL PROGRAM** – 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: \$225.00 monthly for one child and \$180.00 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 29, 2011.**
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 **NOT** 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.

HALF-DAY PROGRAMS - 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, \$25 for the second child and \$20 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.**

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 Director. Anyone interested in observing a program must contact the PACE office at 973-263-7180 x 3015.

SKIP AGREEMENT

PLEASE INITIAL EACH STATEMENT TO INDICATE UNDERSTANDING.

_____ 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 agree to pay \$2,250 per year for one child (10 monthly installments of \$225) and \$1,800 (10 monthly installments of \$180) per year for each additional child for the after school program and \$850 per year (10 monthly payments of \$85) and \$800 (10 monthly installments of \$80) per year for each additional child for the Before School Program. 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 monthly payments of the contracted fee to be paid by the 15th of each preceding month. I also understand that if I do not make payment on time the following steps will be taken:

_____ By the 30th of the month I will be notified that payment has not been received and an alternate payment plan may be discussed.

_____ If payment is not received by the 15th of the month of service the child will be removed from the SKIP program immediately.

_____ 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 Procedures

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.

Third Offense: 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: _____

(Please Print)

Date: _____

<p>SKIP</p> <p>EMERGENCY CONTACT INFORMATION</p>
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(ALL INFORMATION MUST BE COMPLETED FOR CHILD TO BEGIN SKIP)

SCHOOL _____ **GRADE IN SEPT. 2011** _____

STUDENT'S NAME _____ **SEX** M ___ F ___

(Last) (First)

In an emergency, if I am unavailable, I have arranged for the following people to care for my child:

(Name)	Telephone #
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(Name)	Telephone #
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You may call our physician, if necessary:

(Name)	Telephone #
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The SKIP program provides reasonable accommodations for students with special needs. Children must have independent toileting skills. 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.

Does your child have:

1. Any health issues that require assistance in any activities of daily living, i.e. toileting, eating, communicating? Yes ___ No ___
If yes, please list _____
1. Any allergies to food, medication, bee stings, pollen, latex or foods? Yes ___ No ___
If yes, please list _____
Type of reaction: Rash? Hives? Other skin condition? (Circle all that apply.)
Take any medications/Epipen taken for allergy symptoms? Please list _____
2. A chronic or ongoing illness (such as diabetes or asthma)? Yes ___ No ___
Use an inhaler or other prescription medicine to control asthma? Yes ___ No ___
3. Any prescribed or over the counter medications that are taken on a regular basis? Yes ___ No ___
If yes, please list _____
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 to yes to questions 4, 5, 6, please specify the nature of your child's needs and your recommendations in caring for them:

In the event of an extreme emergency, if parent, guardian or emergency contacts cannot be reached, I give permission to the school authority to arrange proper medical care at: _____

(Hospital/medical/dental facility)

Print Name: _____ **Date:** _____

Signature: _____