

SKIP

Safe Kids In Parsippany

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

2017-2018



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

973-263-7200 ext. 4342

Fax: 973-263-7216

PARSIPPANY- TROY HILLS TOWNSHIP SCHOOLS

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Ms. Marie Asaro, SKIP & Wide World of Summer Secretary
Mr. John Englishmen, SKIP Supervisor
Ms. Kathy Dedrick, 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. SKIP is held at each child's prospective school.

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 teachers and aides, plan, supervise, guide and provide a wide variety of enrichment activities. Every staff member is certified in First Aid and CPR. 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. AM SKIP is offered at all elementary schools for students in grades K-5. The AM SKIP session does not provide breakfast, therefore, please ensure children have had breakfast prior to attending SKIP.

Fee: \$98.00 monthly for one child and \$93.00 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 and drink is provided. PM SKIP is offered at all schools for students in grades K-8.

Fee: \$248.00 monthly for one child and \$203.00 for each additional child payable from August – May.

All registrations must be submitted with the first month's tuition and \$50.00 non-refundable registration fee. The \$50.00 registration fee will be waived for registrations received with the first month's tuition by Friday, July 28, 2017.

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 9:00 AM IN ORDER TO BEGIN ON THE FOLLOWING MONDAY

IMPORTANT: All SKIP fees are based on 180 school days, broken down into ten equal monthly installments. 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. Be advised that any changes made to your child's enrollment will be in effect for a full month, as SKIP is a month-to-month program, not per diem/weekly program.

ONE-SESSION DAY- 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. There is no charge on these days for children registered in PM SKIP.

Fee: \$25 per day for one child, \$20 for any additional children registered in AM SKIP only. You must call the PACE office at (973) 263-7200 ext.4342 a week in advance to register AM SKIP children into the PM one-session days.

FULL-DAY PROGRAM – Available on some days when school is closed. **It is offered during Teacher's Convention in November and during spring break. Please call the office for the Rosh Hashanah and Yom Kippur holidays.** Approximately four weeks before each full day event, registration fliers will be sent to each SKIP site to be distributed. The full day program begins at 7:15 am and ends at 6:00 pm.

Fee: **Non refundable**, \$35 per day for the first child, \$30 for the second child and \$25 for each additional child registered. **Please note: All registrations must be in by the dates specified on the fliers and all tuition payments must be up-to-date.**

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

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

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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 from PM SKIP, you must call the SKIP cell phone to inform the staff. Listed below, are the numbers for each SKIP site:*

Brooklawn (973) 255-0444

Eastlake (973) 985-9387

Intervale (973) 713-9119

Knollwood (973) 985-9611

Lk. Hiawatha (973) 476-8444

Lk. Parsippany (973) 985-9459

Littleton (973) 479-5318

Central (973) 255-0445

Mt. Tabor (973) 714-8197

Northvail (973) 985-9484

Rockaway (973) 985-9507

Troy Hills (973) 985-9458

SKIP Nurse: (973) 270-1126

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. If your account is on auto-pay, late fees will be automatically charged to your credit card/electronic checking account. 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. You may be contacted by the SKIP Nurse to discuss any additional concerns.

PROGRAM VISITATION

To insure everyone's safety **NO VISITORS are permitted at SKIP** programs without written approval from the Supervisor. Anyone interested in observing a program must contact the SKIP supervisor at (973) 214-2282.

SKIP REGISTRATION 2017/2018

Start Date (children begin SKIP on a Monday or the first day of the school week): _____

PUT CHECK NEXT TO SESSION CHILD WILL BE ATTENDING: ___AM SESSION___PM SESSION___ BOTH

ALL NEW STARTS BEGIN ON THE MONDAY AFTER REGISTRATION. REGISTRATION MUST BE RECEIVED BY 9:00 AM ON THE THURSDAY PRIOR IN ORDER TO BEGIN ON THE FOLLOWING MONDAY.

Register and pay first month's tuition by July 28, 2017 and the registration fee is waived.

**Students registered after August 21, 2017 will not be able to attend SKIP the first week of school.*

STUDENT INFORMATION

SCHOOL _____ GRADE IN SEP. 2017 _____ SEX ___ M ___ F

CHILD'S NAME _____ BIRTHDATE _____

(Last)

(First)

ADDRESS _____ TOWN _____ ZIP _____

HOME PHONE _____

PARENT/GUARDIAN INFORMATION

MOTHER'S NAME _____

(Last)

(First)

ADDRESS _____

(If different)

WORK PHONE _____ CELL _____ EMAIL _____

FATHER'S NAME _____

(Last)

(First)

ADDRESS _____

(If different)

WORK PHONE _____ CELL _____ EMAIL _____

I understand that I am enrolling my child in the SKIP program that operates Monday-Friday, according to the district calendar, and that **I am responsible for picking up my child by 6:00 PM.** I also understand that my child and I are responsible for complying with all procedures as outlined in the Financial and Disciplinary section of the SKIP agreement. **I understand and agree to all fees and payment deadlines and that the first month's tuition, registration fee and emergency information must be received with registration.**

Parent's Signature

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

(Name)

Telephone #

(Name)

Telephone #

MEDICAL INFORMATION

SCHOOL _____ GRADE IN SEP. 2017 _____

CHILD'S NAME _____ BIRTHDATE _____
(Last) (First)

You may call our physician, if necessary:

(Name) Telephone #

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 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 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: _____

AUTOMATIC MONTHLY PAYMENT

Electronic Checking/Credit Card Information: I authorize SKIP to charge the credit card/electronic checking information listed below on the 15th of each month for tuition. I understand that I may rescind this request at any time by notifying the SKIP office.

Signature: _____

Credit Card Info:

Name as it appears on the credit card: _____

_____ Visa _____ MC _____ Discover (NO AMEX)

Credit Card # _____ Exp. Date _____

3 Digit Security Code (on back of card) _____

Address account is registered to:

(if different from Student's address)

Electronic Checking:

Name as it appears on the account: _____

Bank Name _____

Routing #: _____ Account#: _____

Address account is registered to:

(if different from Student's address)

Mail to: PACE/SKIP 292 Parsippany Road, Parsippany, NJ 07054

(Checks must be made payable to **Parsippany BOE**)

Fax to: 973-263-7216

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 district 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 15th of each preceding month. I also understand that if I do not make my payment by the 30th of the preceding month, my child may not attend SKIP until tuition is received.

_____ 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.

_____ Students who are withdrawn and re-enrolled in the same school year are subject to a \$40 re-registration fee.

_____ I agree to notify the SKIP office in writing thirty days prior to my child leaving the program.

_____ 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.

_____ No refunds/credits will be given for removing child from program for a period of time that is less than one month.

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 the child 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 Supervisor. Parents will be reminded that a parent conference with the Supervisor 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 Supervisor who will arrange a mandatory parent conference to discuss the situation and whether suspension from the program is appropriate.

We have reviewed the Financial and Disciplinary policies and agree to abide by them.

Parent(s) Signature: _____ Date: _____