

Brielle Elementary School

2018-2019
B.E.A.C.O.N. Program



605 Union Lane
Brielle, NJ 08730

Table of Contents

| | |
|--|---|
| Mission Statement | 2 |
| Staff | 2 |
| Calendar | 3 |
| Eligibility | 3 |
| Registration Information | 3 |
| Tuition and Payment Information | 4 |
| Program Schedule Information | 5 |
| Reporting an Absence | 5 |
| Health & Medication | 5 |
| Inappropriate Behavior | 5 |
| Drop-Off and Pick-Up Procedures | 6 |
| Late Pickup Policy | 6 |
| Additional Information | 6 |
| Registration Form | 7 |
| Program Selection Form | 8 |
| Walking Permission Slip Form | 9 |

MISSION

The mission of the B.E.A.C.O.N. Program is to provide all children quality care in a safe, recreational environment that fosters mutual respect and offers children a variety of choices of developmentally appropriate and interest-driven activities.

REGISTRATION/ACCOUNTS RECEIVABLES

Betty Pencinger
epencinger@brielleschool.org
732.528.6400 ext 203

STAFF

Michael Fricano
Elisanne Lembo
Stephen Labrecque
Caitlin Pinnella

Assistants

Sarah Hoffman
Sara Milkowski
Susan Sevastakis
Christel Sutton

B.E.A.C.O.N. Cell Phone

732.569.1037
3:05pm - 6:00pm

2018-2019 B.E.A.C.O.N Program Calendar

August 2018

20 – Registration

September 2018

6 – Program Begins

October 2018

8 – School Closed for Students Only

November 2018

8 & 9 – School Closed

19, 20 – 12:50 Dismissal: Bring Lunch/Snack

21 – 12:50 Dismissal/**NO P.M. Program***

22, 23 – School Closed-Thanksgiving Recess

December 2018

21- Early Dismissal/**NO P.M. PROGRAM***

24-31- School Closed – Winter Recess

January 2019

1 – School Closed – Happy New Year

21 – School Closed – MLK Day

February 2019

11-15 – School Closed – Winter Break

April 2019

18- 12:50 Dismissal: **NO P.M. Program***

19 -26 – School Closed – Spring Recess

May 2019

23 – 12:50 Dismissal: Bring Lunch/Snack

24& 27 - School Closed – Memorial Day

June 2019

17-18 – 12:50 Dismissal: Bring Lunch/Snack

18 – Last day of B.E.A.C.O.N. Program

19 – 12:50 Dismissal/Last Day of School/
NO P.M. Program*

*The before school program will operate on the following dates: 11/21/18, 12/21/18, 4/18/19 and 6/19/19

ELIGIBILITY

The B.E.A.C.O.N. program is available to all children in grades Kindergarten through 5th. We provide an inclusive environment and make every effort to accommodate special needs students. If additional support staff is required for your child, we will advertise the position once we have received your completed registration paperwork. Your child will be enrolled in the program when that position is filled.

REGISTRATION INFORMATION

Your child must be registered and tuition paid by Thursday, August 30, 2018 to begin the program on Thursday, September 6, 2018.

1. All students, including those who previously participated in the program must register for the 2018-2019 school year in order to attend the program. Registration forms can be found in this packet and also on our website: www.brielleschool.org
2. You must provide alternate contact information in the event of an emergency or if someone other than yourself will be picking up your child. If someone attempts to pick your child up and they are not on the authorized list provided by you, the child will not be released.
3. Students are eligible to be registered in the program throughout the school year by completing the registration form and submitting with the first months' tuition at least two weeks prior to the start date.
4. If you wish to withdraw your child from the program please submit in writing, the date of withdrawal. Refunds are not given if your child is withdrawn during any given month.
5. The registration fee is \$25.00 per family, due and payable with the first month's tuition.
6. A 10% discount will be applied to each additional child from the same family in the program.

TUITION AND PAYMENT INFORMATION
PAYMENT INFORMATION

Payment Due Dates: All payments are due by the 5th of the month. For example: The payment for the September program is due on or before September 5th.

Type of Payment: The only acceptable forms of payment are by check or money order. Cash **will not** be accepted.

Late Payments: Payments received after the due date will be assessed a late fee of \$30.00 per family.

Insufficient funds: Payments received that result in insufficient funds (bounced checks) will require that all future payments be made by money order. Cash will not be accepted. You may be responsible for reimbursing the program for any fees incurred from the bank.

Refunds/Credits: Reimbursements or credits are not given for unused before or after school program days, with the exception of an extended illness (10+ consecutive missed days) and only with a physician's note.

BEFORE CARE PROGRAM

| MONTHLY TUITION RATES SCHEDULE | | | | | |
|---------------------------------------|-----------------------|------------------------|------------------------|------------------------|------------------------|
| Program Length/Days | 1 day per week | 2 days per week | 3 days per week | 4 days per week | 5 days per week |
| 1 Hour 7:15am – 8:15am | \$20.00 | \$35.00 | \$50.00 | \$65.00 | \$80.00 |

AFTER CARE PROGRAM

| MONTHLY TUITION RATES SCHEDULE | | | | | |
|---------------------------------------|-----------------------|------------------------|------------------------|------------------------|------------------------|
| Program Length/Days | 1 day per week | 2 days per week | 3 days per week | 4 days per week | 5 days per week |
| 3 Hours 3:00pm-6:00pm | \$95.00 | \$150.00 | \$195.00 | \$259.00 | \$324.00 |
| 2 Hours 3:00pm-5:00pm | \$70.00 | \$95.00 | \$130.00 | \$173.00 | \$216.00 |
| 1 Hour 3:00pm-4:00pm | \$35.00 | \$50.00 | \$65.00 | \$87.00 | \$110.00 |

Annual Statement of Account: A statement will be generated upon request of all payments made to the program from January through December for income tax purposes.

For tax purposes our Federal I.D. Number is 21-6000148

Our Before and After School program provides the opportunity for children to choose from a variety of recreational and enrichment activities. Children are encouraged to make their own choices, be creative and pursue individual interests. They assume responsibility for their own behavior, respect the rights of others and keep their environment clean and happy. Thirty minutes of outdoor play is encouraged on a daily basis weather permitting. The children may be involved with computers, crafts, creative arts, physical fitness, nature studies, etc. as well as table games, puzzles, 'G' rated movies and sports.

PROGRAM SCHEDULE INFORMATION

There are no reimbursements given if your child does not attend the program due to any of the following reasons:

- School closing due to inclement weather or other emergency;
- The morning program will not operate on delayed opening days;
- Early dismissal due to inclement weather or other emergency;
- Scheduled school closings as denoted on the calendar;
- Student absence due to illness or other reason;
- Early dismissal due to inclement weather or other emergency: If school will be closing early, parents will be notified through the Honeywell Instant Alert System. You must make arrangements to have your child picked up at dismissal time.
- If inclement weather or other emergency requires the school to close at regular dismissal time, then you must make arrangements to have your child picked up at dismissal time.
- Please give our office two(2) weeks' written notice for changes in your child's monthly schedule
- Scheduled early dismissal days require that children bring a bag lunch/snack. Please refer to Calendar on Page 3.
- Same day changes to your child's schedule is strongly discouraged, unless due to an extenuating circumstance or emergency.

REPORTING AN ABSENCE

If your child is absent from school during the regular school day, you do not need to notify the after school program.

If your child is in school, but will not attend the after school program on a regularly scheduled day the following procedures must be followed:

1. You must write a detailed note to the homeroom teacher; or
2. Send an email to Mrs. Pencinger at: epencinger@brielleschool.org no later than 2:00pm indicating that your child will not be attending the program on a given day. You must also denote the child's homeroom teacher and grade.

HEALTH & MEDICATION

If your child is injured during the before or after school program and the parent or local emergency contact person cannot be reached, we will call the local first aid squad. Please be sure that your medical records and phone numbers are up to date.

NO prescription or non-prescription medication can be given by our staff during the program. Any required medications must be administered by the school nurse during the school day.

If emergency care is required and the parent cannot be contacted, then the program staff will act on the parent/guardian behalf to grant permission for any emergency medical care necessary. The parent will be responsible for any such treatment deemed necessary by medical personnel.

INAPPROPRIATE BEHAVIOR

School discipline procedures are followed.

Parents will assume full responsibility for damage to persons or property caused by their child

If a child consistently displays inappropriate behavior, the parent/guardian will be notified. If the behavior does not improve, the child may be suspended or excluded from the program.

Refunds and/or credits will not be given if a child is suspended or excluded from the program.

DROP-OFF AND PICK-UP PROCEDURES

The before school program operates from 7:15am until 8:15am. Parents/Guardians are to drop off their child by the All Purpose Room no earlier than 7:15am. Students will be sent to their appropriate location at the start of the school day.

The after school program operates on regular school days from 3:05pm until 6:00pm. Students can be picked up in the Eastside Reading Theater on the east side parking lot. Please be prompt picking up your child.

WALKING PERMISSION SLIP

If you would like to allow your child to sign himself/herself out you will need to complete the appropriate permission slip, notes from parents will NOT be accepted. This is available to 4th and 5th grade students only. If a student has a younger sibling in the program, then please note that they must be picked up by an adult, unless the parent/guardian specifically designates their older child to walk home with the younger sibling

LATE PICKUP POLICY

Please pick up your child on time. In an emergency, please call the After Care cell phone number after 3:05pm.

Please be courteous and make sure you or someone authorized by you picks up your child. A **\$15.00** charge will be assessed if you are between 1 and 15 minutes late picking up your child. An additional **\$1.00** per minute will be assessed for every minute thereafter. Repeated late pick-ups may result in the suspension or exclusion of your child in the program.

No child will be allowed to leave with an “unauthorized” adult. Please make sure that your paperwork and emergency information are up to date.

If a child has not been picked up from the program by 6:30pm the Brielle Police Department will be contacted.

ADDITIONAL INFORMATION

Our staff is not responsible for the loss of personal property, so please DO NOT permit your child to bring these items to the Before/After School Program:

- Jewelry
- Electronics, Nintendo DS, PSP
- Cell Phones
- Radios, CD or MP3 Players, iPods
- Toys
- Trading Cards

Children will **not** be permitted to bring glass bottles, energy drinks and any food containing peanut products to the program.

Belmar Elementary School B.E.A.C.O.N. Program

605 Union Lane, Brielle, NJ 08730
732.528.6400 ext 203
email: epencinger@brielleschool.org

BRIELLE ELEMENTARY SCHOOL
2018-2019 BEACON PROGRAM REGISTRATION

Child's Name: Last _____ First: _____

Address: _____

Date of Birth: _____ Gender: M ___ F ___ Grade: _____ Teacher _____

Child resides with: **Mother** ___ **Father** ___ **Step-Mother** ___ **Step-Father** ___ **Guardian** ___ **Other** _____

CONTACT INFORMATION

Specify relationship to child: **Mother** ___ **Father** ___ **Step-Mother** ___ **Step-Father** ___ **Guardian** ___ **Other** _____

Name: Last _____ First: _____

Address (if different from child) _____

Day Phone: _____ Evening Phone: _____ Cell #: _____

Email: _____

Specify relationship to child: **Mother** ___ **Father** ___ **Step-Mother** ___ **Step-Father** ___ **Guardian** ___ **Other** _____

Name: Last _____ First: _____

Address (if different from child) _____

Day Phone: _____ Evening Phone: _____ Cell #: _____

Email: _____

RELEASE/EMERGENCY CONTACT INFORMATION

I give permission for my child to be released to the following authorized individuals and to be contacted in the event of an emergency:

Name _____ Relationship to child: _____ Phone#: _____

Name _____ Relationship to child: _____ Phone#: _____

Name _____ Relationship to child: _____ Phone#: _____

Name _____ Relationship to child: _____ Phone#: _____

The following DO NOT have authorization to pick up my child under any circumstances:

Name _____ Relationship to child: _____ Court documents attached: Y N

Name _____ Relationship to child: _____ Court documents attached: Y N

List all allergies and/or medical conditions (use back of form if needed) _____

Does your child have asthma? Yes No Does your child use an inhaler? Yes No

Does your child have an epi-pen prescription? Yes No Does your child carry an epi-pen? Yes No

In the event of an illness or injury that requires medical attention, I give permission for the after school staff to contact the Brielle Rescue Squad or, if necessary, have my child transported to the Emergency Room.

Please indicate which hospital you wish your child to be transported: _____

PROGRAM SELECTION FORM

My child will attend the B.E.A.C.O.N. Program on the following days:

Before School Program (Please Circle) Monday Tuesday Wednesday Thursday Friday

After School Program (Please Circle) Monday Tuesday Wednesday Thursday Friday

Please circle the correct tuition rate(s)

BEFORE CARE PROGRAM

| MONTHLY TUITION RATES SCHEDULE | | | | | |
|--------------------------------|----------------|-----------------|-----------------|-----------------|-----------------|
| Program Length/Days | 1 day per week | 2 days per week | 3 days per week | 4 days per week | 5 days per week |
| 1 Hour 7:15am – 8:15am | \$20.00 | \$35.00 | \$50.00 | \$65.00 | \$80.00 |

AFTER CARE PROGRAM

| MONTHLY TUITION RATES SCHEDULE | | | | | |
|--------------------------------|----------------|-----------------|-----------------|-----------------|-----------------|
| Program Length/Days | 1 day per week | 2 days per week | 3 days per week | 4 days per week | 5 days per week |
| 3 Hours 3:00pm-6:00pm | \$95.00 | \$150.00 | \$195.00 | \$259.00 | \$324.00 |
| 2 Hours 3:00pm-5:00pm | \$70.00 | \$95.00 | \$130.00 | \$173.00 | \$216.00 |
| 1 Hour 3:00pm-4:00pm | \$35.00 | \$50.00 | \$65.00 | \$87.00 | \$110.00 |

Is your child eligible for Free or reduced cost meals? Yes No

If your child is eligible for assistance from state/county or other organization, please complete below:

Organization _____ Contact Person: _____

Address _____

Phone: _____ Fax: _____ Approved Amount: _____

Medical Information/Personal History

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

My child has a: 504 Plan _____ Individual Education Plan _____ Individual Health Plan _____

Monthly Tuition Amount: _____ + \$25.00 Registration Fee (per family) = Total Due _____

I/We have read and understand the information contained in this booklet regarding policies. My/our signature(s) represent that I/we agree to abide by the policies and procedures set forth and accept financial responsibility for services rendered and to make prompt payments in 10 monthly installments. I/We also acknowledge that there is no nurse available during the program.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

**Brielle Elementary School
2018-2019 BEACON PROGRAM**

**Walking Permission Slip
4th and 5th Grade Only**

I, the parent/guardian of _____ give consent for my child to be dismissed from the after school program **without an accompanying adult** during daylight hours. I assume full responsibility for the safety of my child after his/her departure from the school building. I hereby release the Brielle Board of Education from any and all claims that may arise relating to my child or children leaving the program alone.

Parent/Guardian Signature _____ Date _____

Parent/guardian emergency phone number: _____

The schedule below must be adhered to on a monthly basis and can only be changed at the beginning of the month with three days notice:

WALKING SCHEDULE : Circle the day(s) and indicate time your child may leave the after school program:

MON _____ TUES _____ WED _____ THURS _____ FRI _____
Time Time Time Time Time

Comments:

Please check one:

___ My child should **only** leave school with: _____ (sibling/friend)

___ My child has my permission to walk alone.

___ My child has my permission to bring his/her younger sibling in the BEACON program home

Name of Sibling(s): _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

**Return this completed form with your registration materials.
Thank you.**