



# **Warrior Clubhouse Manasquan Elementary School Before & After Care Program**

## **Parent Handbook**

**2019 - 2020**



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Dear Parents and Guardians:

Welcome to the Warrior Clubhouse Before and After Care Program! Please review the Handbook you will receive as it includes detailed information about activities, procedures, policies, tuition, payment, and contact information. Included are also forms that need to be filled out and **returned by September 5, 2019.**

The Before and After Care Program strives to provide an atmosphere where children can enjoy, grow, and learn. The staff always welcomes suggestions and ideas that will help us make your child's time in the program beneficial and rewarding. We encourage you to share your thoughts and ideas with us at anytime.

If you have any questions about the content of this book, please feel free to call Margaret Polak at 732-528-8810 ext. 2043.

I look forward to working with your children.

*Margaret Polak*

*Coordinator of the Warrior Clubhouse*





# Warrior Clubhouse Manasquan Elementary School

Before & After Care Program Opening Day: **Thursday 9/5/19**

Welcome to the Manasquan Elementary School Warrior Clubhouse, a before and after care program that is completely organized and run by Manasquan Elementary School faculty members. The goal of our program is to provide a safe environment for your children during, before and after school hours. They will participate in snack time, indoor/outdoor activities, and interest-driven games and projects. There will also be time to complete homework and socialize with friends.

This handbook is designed to provide you with detailed information about our program, policies and procedures.



The **Before Care Program** begins at **7:15 am** and concludes at the start of the school day, 8:15. This morning program is available 5 days a week. Parents can choose which days they would like to enroll their child.

Students can participate in activities, read, prepare for their day and/or socialize with friends. Breakfast or snacks **are not included**; however, parents are welcome to send their child with breakfast or a snack.

Students are to be dropped off no earlier than 7:15 am. They **must be walked** in to the **cafeteria** and signed into the program each morning by a person designated on the registration form.

**\*\* Our staff is not available until 7:15. In order to ensure the safety of your child(ren) please do not drop any child off before this time.**

The **After Care Program** begins at the conclusion of the school day, 3:00 pm, and ends at 6:00 pm (**unless otherwise noted in this document.**) This option is also available 5 days per week. Parents can choose which days and the number of hours they would like their child to attend.

As children arrive, they will immediately check-in for attendance purposes. The program activities will vary from day to day. Once students arrive, they will have time for a light snack. Snack time will be followed by some physical activity. After unwinding from the day, the teacher will have one or more projects in which the children can participate. Students can also begin their homework and receive assistance if needed.

Thank you for following these procedures listed above. They are in place for your child's safety.





## Participation

- In order to participate in the Warrior Clubhouse Before and After Care Program, the student registration form, program options form, permission to release form, and medical form must be completed and turned into one of the co-coordinators. **Payments must also be up-to-date. Registration will be withheld if all financial obligations from the preceding year have not been met.** Please refer to the tuition rates, payment schedule, and forms included in this handbook.
- The Warrior Clubhouse accepts students anytime throughout the year. However, registration and forms should be completed and sent to Margaret Polak at [Mpolak@manasquan.k12.nj.us](mailto:Mpolak@manasquan.k12.nj.us) prior to the desired start date.
- **Tuition fees are calculated on a monthly basis. Monies are due before the start time of your child's session. Please refer to "Payment Policies" for information about tuition rates, payment schedule, due dates for additional information, and where payment should be made.**
- It is the parent's responsibility to notify one of the coordinators if their child **is attending school** but **not** Before or After Care as scheduled. Please call Mrs. Polak at 732-528-8810 ext. 2043 or email at [Mpolak@manasquan.k12.nj.us](mailto:Mpolak@manasquan.k12.nj.us) to report this **24 hours** before the start of the school day except in the case of an emergency. You can also always contact the school office to leave a message for the Aftercare program x 2000 or x 2002.
- Please note: A nurse is not available during the morning or afternoon program. Staff members **cannot** administer medication. See Medication/Prescriptions for more information.
- The program will provide 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.
- Parents must inform the staff if their child has allergies or special needs as required on the emergency form. Although teachers and coordinators have access to the children's emergency and medical forms as this is a school-based program, we are also asking that you fill out forms that will provide us with some additional information as well as give us easy access to the necessary information.

## Drop Off and Pick Up Procedures

### Before Care Arrival

**Students are to be dropped off no earlier than 7:15 am.** They must be walked in to the **Cafeteria** and **signed into the program** each morning by a person designated on the registration form.





### After Care Departure

All children must be picked up at their designated pick-up time by an adult who is listed on the registration form. This adult will sign the child out and note the time of his/her departure. It is the parents'/guardians' responsibility to make arrangements for an alternate pick-up if necessary.

### Release of a Child

On your child's Permission to Release Form, please provide the full names of all persons to whom we may release your child. This includes the names of parents/legal guardians. Pick-up and drop off persons must be 18 years of age or older. Proof of identity will be requested the first time a designated adult picks up a child. Children will not be released to anyone whose name does not appear on this list without prior written notice from the parent/guardian and/or to anyone who cannot produce proper identification. If a parent needs to modify the list, this must be done in writing or emailed prior to the day of pick-up. For the safety of the students, no telephone calls will be honored. Children are not permitted to leave the program unescorted.

### Late Pick-up Fee

All students must be picked up at the time the session for which they are registered ends. Late fees will be charged at a rate of \$10.00 per each 15 minutes the child care time is extended. Parents will be required to sign the late log at the time of pick-up. Late pick-up fees will be added to your monthly or weekly invoice.

## **Inclement Weather Procedures**

### Delayed Opening

If the district announces a delayed school opening due to emergency conditions, the morning program **will not** be in session.

### Emergency Closings

Families will be notified via the Manasquan School District Honeywell Alert System in the event of an emergency closing. If school is closed, the After Care program is closed as well.





## Medical Issues

The Before and After Care teachers do not have access to the Nurse's Office after school hours. There will be a first-aid kit on site. Although, teachers cannot administer any medications to your child, they will be EpiPen and glucagon trained. It is essential that the child's medical information about allergies, auto-immune diseases, in addition to social and/or emotional concerns you might have are noted on his/her medical information sheet.

In the event of a medical emergency, Manasquan Police and First Aid will be notified through 911. The teacher will contact the person(s) listed on the emergency contact form as well as the Coordinator. If a child needs to be transported to the emergency room, one of the Before and After care staff /coordinator will travel along with the emergency squad. She will stay with the child until a parent/guardian arrives.

## Payment Policies

### Tuition & Payment

- **Tuition payments are calculated on a monthly basis.**
- You will receive an invoice via email noting the monies owed. Receipt of payment is expected by the first of the month prior to your child's first session. Please refer to the listed due dates. Please be reminded that you are being billed according to your registration. If you wish to alter your registration days/times, please notify Margaret Polak in writing in order for the billing to be adjusted accordingly.
- **Late Payments:** Payments are due by the first of the month except for the month of September which is September 10, the first day of the program. Payments not received by the 5<sup>th</sup> day of the month of service will be considered late and will be subject to a \$10.00 late fee. Fees will automatically be added to your account. Failure to pay monthly tuition **may** result in the loss of program services.
- A parent may choose to only use the program during early dismissal days.
- If a parent has incurred a late pick-up fee, this fee will be added to the next billing cycle. Late fees will be charged at a rate of \$10.00 per each 15 minutes the child care time is extended. Parents will be required to sign the late log at the time of pick-up.
- All payments should be in the form of check or money order. Checks should be made out to **Manasquan Elementary School Before and Aftercare Program**. Please mail payments to Warrior Clubhouse c/o Margaret Polak, Manasquan Elementary School, 168 Broad Street, Manasquan, NJ 08736 or put in an envelop for submission to an Aftercare staff member.





### Vacations, Absences, School Closings

- **No price reductions will be given due to absences, school closings or vacations.**
- If your student is in school, **but will not be attending the program on a scheduled day**, please call Mrs. Polak at 732-528-8810 ext. 2043 or email at [MPolak@manasquan.k12.nj.us](mailto:MPolak@manasquan.k12.nj.us) to report this **24 hours before** the start of the school day except in the case of an emergency

### Withdraw Policy

Withdrawals are only effective the first of each month. Written Notification of this withdrawal should be sent to [Mpolak@manasquan.k12.nj.us](mailto:Mpolak@manasquan.k12.nj.us).

### Changing Scheduled Participation in the Program

- Parents may change the hours and/or days their child attends the program.

If a parent would like to **change the days** the child will attend the before or after care program, written notification must be sent to [Mpolak@manasquan.k12.nj.us](mailto:Mpolak@manasquan.k12.nj.us).

If a parent would like to **change the number of days and/or hours** their child will participate in the program, notification should be made by sending an email to [Mpolak@manasquan.k12.nj.us](mailto:Mpolak@manasquan.k12.nj.us) prior to receipt of the monthly payment notification .

### Payment Schedules

#### Monthly Schedule:

Monday, September 9, 2019 (+ \$50.00 registration fee)

Tuesday, October 1, 2019

Friday, November 1, 2019

Monday, December 2, 2019

Thursday, January 2, 2020

Monday, February 3, 2020

Monday , March 2, 2020

Wednesday, April 1, 2020

Friday, May 1, 2020

Monday, June 1, 2020





## Tuition Rates

**Registration Fee per family: \$50.00**

### Monthly Rates

Type of Care	Number of Days	1 <sup>st</sup> child	2 <sup>nd</sup> child
1 Hour AM/ 1 Hour PM	5	\$85	\$64
	4	\$71	\$54
	3	\$58	\$44
	2	\$44	\$33
	1	\$30	\$23
2 Hour PM	5	\$170	\$128
	4	\$143	\$107
	3	\$116	\$88
	2	\$88	\$65
	1	\$61	\$46
3 Hour PM	5	\$255	\$192
	4	\$214	\$161
	3	\$173	\$132
	2	\$132	\$98
	1	\$91	\$69

\*Additional Fees: Early Release Days (1/2 day/early dismissal) \$10.00 if already enrolled in the program

**Early Closing Days Only (if the child is not enrolled in the program but will be attending the program from dismissal until 3:00)**

Type of Care	Number of Days	1 <sup>st</sup> child	2 <sup>nd</sup> child
3 Hours PM	5	\$125	\$100
	4	\$100	\$90
	3	\$75	\$65
	2	\$50	\$40
	1	\$25	\$15





**PLEASE NOTE: AFTERCARE WILL NOT BE AVAILABLE ON NOVEMBER 12,  
DECEMBER 5 , MARCH 15, 2020 due to staff in-service.  
3:00 CLOSING TIMES WILL OCCUR ON NOVEMBER 6<sup>TH</sup>, NOVEMBER 27<sup>TH</sup>,  
DECEMBER 20<sup>TH</sup> AND APRIL 9<sup>TH</sup>.**

Checks should be made out to MES Before & Aftercare Program and mailed to Warrior  
Clubhouse, c/o Margaret Polak, 168 Broad Street, Manasquan, NJ 0873





## Warrior Clubhouse Before and After Care Program 2019-2020

### Type of Care Selection

**NAME OF CHILD:** \_\_\_\_\_

**Please check off the times and days that your child will be coming to Before and/or After Care.**

Hours/Session		M	T	W	Th	F
AM 1 Hour						
PM 1 Hour						
AM 1 hour	PM 1 hour					
AM 1 hour	PM 2 hours					
AM 1 hour	PM 2 hours					
PM 1 Hour						
PM 2 Hours						
PM 3 Hours						





# Warrior Clubhouse

## Before and After Care Program 2019-2020

### Contact Information

Child's Name: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian #1: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Home email: \_\_\_\_\_ Work email: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Home email: \_\_\_\_\_ Work email: \_\_\_\_\_

Emergency Contact: (Will be contacted if the above contacts are unreachable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Home email: \_\_\_\_\_ Work email: \_\_\_\_\_

### Medical History

Name of Child: \_\_\_\_\_

Name of Guardian: \_\_\_\_\_

Allergies (please include all allergies: medications, foods, insects, etc.)

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## Warrior Clubhouse Before and After Care Program 2019-2020

Name of Child: \_\_\_\_\_

Does your child require an EpiPen?      \_\_\_ yes      \_\_\_ no

\*If you have checked **yes**, please provide a pen before the start of the program.

Does your child have a 504 plan or an Individualized Education Plan (IEP)? If so, please specify:

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If your child is taking any type of medication(s), please list them below:

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If your child has any physical activity limitations, please specify:

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If you have any other concerns about which you would like us to be aware, please explain:

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I hereby certify that I have provided  
Manasquan School District with all necessary  
emergency notification information.

Parent/Guardian Signature:

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Date: \_\_\_\_\_





## Warrior Clubhouse Before and After Care Program 2019-2020

### Permission to Release Form

I, \_\_\_\_\_, give the Manasquan Elementary School  
Warrior Clubhouse Before and After Care Program permission to release my child  
\_\_\_\_\_ to \_\_\_\_\_

(Child's first and last name)

His/her phone number is \_\_\_\_\_. This release may  
take place when I am unable to pick up my child from the Manasquan Elementary  
School After Care Program by the time my child's session concludes. I, or the  
designated person, will meet my child in the cafeteria and sign him/her out.

Please provide alternate pick-up persons:

Name of Alternate Pick-up Person #2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Name of Alternate Pick-up Person #3: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

By signing this permission release form, I am giving the Manasquan Elementary School  
Warrior Clubhouse After Care Program permission to release my child to the person(s)  
I have listed on this form.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_





**Before and After Care Program  
Warrior Clubhouse**

**2019-2020**

**Contact Information**

**Coordinator** 732-528-8810 ext. 2043  
Margaret Polak

732-859-6304

**Principal**  
Colleen Graziano

732-528-8810 ext. 2003

**Manasquan Elementary School**  
Main number

732-528-8810

**Before & After Care Program Teachers/Paraprofessionals**

Lauren Brown 732-704-8828

Meghan Dullea 732-616-3264

Nancy LeBlanc 732-861-1117

Sandra Collins 732-567-2842

Kristine Rosko 732-832-9612

Pattie Triggiano 732-547-9169

Sheri DeGennaro 732-948-1720

