

Extensions



Before and After School Care

Handbook and Application Packet

2011-2012

Schools 2, 3 and 13

Services provided by the Clifton Community School

PHILOSOPHY & GOALS

The Clifton Community School believes learning is lifelong; therefore, it has the responsibility to provide programming to meet the needs of all members of the Clifton community.

The Extensions program operates under the auspices of the Clifton Board of Education, and includes a before and after school childcare program that provides quality care and enrichment of K-5 children enrolled in the Clifton School District.

The goals of the Extensions Program are:

To provide a safe haven before and after school hours 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

With a staff/student ratio of 1/15, our qualified and caring staff of certified teachers and aides plan, supervise, guide and provide a wide variety of enrichment activities. 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 AND DISCOUNTS

BEFORE SCHOOL PROGRAM

7:00 AM to the start of school. Children may read or take part in light recreational activities. Parents must physically walk their children into the building and sign their child in.

Breakfast is served and included as part of the program for students who qualify for the free breakfast ONLY. Students who qualify for the reduced breakfast may pay out-of-pocket as the service is used. If a student does not qualify for free or reduced breakfast, he/she may purchase breakfast on an out-of-pocket basis as the service is used, or bring breakfast from home. (This is a change from previous years – please take note!)

FEE - \$90 monthly for one child and \$75 for each additional child payable from August to May. There are no partial week plans for the AM program.

AFTER SCHOOL PROGRAM

From school dismissal to 6:00 PM. Children begin homework, are engaged in organized activities, free play, cooperative games, and/or arts and crafts. A healthy snack is provided. Prompt pick-up is required; a \$1 penalty will be assessed for each minute late after 6 PM.

FEE - \$190 monthly for one child and \$175 for each additional child payable from August to May. This rate is applicable for the 5 day program. This discount only applies to the 5 day rate for multiple children.

We also offer partial weekly rates for the PM Program

3 days per week - \$120 per month

2 days per week - \$90 per month

Drop –In – Parents may use this service as needed for **\$20/day**. Payment must be sent with the child on the day the service is needed. **Parents must also fill out the application and pay the \$25 registration fee.** A note **MUST** accompany drop-in request, addressed to the child's classroom teacher and be forwarded to the school secretary.

Half-Day Programs – Applicable when students are in school until 1 PM.

Fee Schedule - \$25 per day drop-in rate (\$25 registration fee applies)

\$175 per student for non-participants in Extensions

\$150 per student for AM participants/part-time PM participants

Half-Days are included in the 5 day PM Programming Rate

Half-Day schedule –9/22, 11/8, 11/23, 12/23, 2/6, 4/17, 6/5, 6/18, 6/19, 6/20, 6/21, 6/22

INCLEMENT WEATHER OR EMERGENCY CLOSINGS

1. If schools are closed – **Extensions is closed.**
2. If there is a delayed opening – **AM Extensions is closed.**
3. If students are sent home prior to regular dismissal time – **PM Extensions is closed.**

CALENDAR

Extensions follows the Clifton Public Schools District calendar, with the following exceptions: **Extensions begins on Monday, September 12, 2011, which is the fifth day of school. In addition, Extensions is not offered on June 25, 2012, the last day of school.**

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; outdoor/indoor activities and games, 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.

SPECIAL NEEDS/MEDICAL ISSUES

The Extensions 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 staff ratios and program organization, but do not extend to substantial modifications in the childcare purpose, cost, or availability of appropriate supervision for all participants.

By sending your child to Extensions, you agree to allow the school nurse to share any relevant medical information with the Extensions staff as it relates to their care.

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. Appropriate behavior is expected while at Extensions; however, the following steps may be taken, if necessary:

FIRST OFFENSE: A staff member will discuss with the child the rule broken and determine if he/she 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 Coordinator. 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 Coordinator who will arrange a mandatory parent conference to discuss the situation and whether suspension/permanent removal from the program is appropriate.

Please Note: Depending on the severity of the behavioral infraction, other measures, including permanent removal from the program, may occur in an order different than described above, at the discretion of the Program Coordinator.

We have reviewed the Discipline Procedure Policy and agree to abide by it.

Parent/Guardian Signature _____

Student Name _____

School # _____

Date _____

PAYMENT

Payment is due on the 1st of the month. Personal checks, bank checks, and money orders are acceptable forms of payment. Cash will NOT be accepted. **All payments must be handed in to your child's school secretary.** CHECKS OR MONEY ORDERS MADE PAYABLE TO **CLIFTON COMMUNITY SCHOOL.**

IMPORTANT: All Extensions 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 calendar days per month, and no pro-rating of fees is allowed. The only exception is if you are new to the program and enroll after the first school day of the month. Students who withdraw and re-enroll in the same school year are subject to a \$25 re-registration fee.

IMPORTANT CONTACT INFORMATION

Clifton Community School Administration

Christine Nydam, Registrar/Billing 973.470.2410 cnydam@cliftonschoools.net

My child attends

School #

Clifton Community School 2011-2012

Extensions

Before and After School Care

Check All That Apply

____ AM Program

____ PM Program

____ 1/2 Day Program

Enclose \$25 registration fee per child check made payable to Clifton Community School

Please Print

Child's Name: _____ Phone: _____

Address: _____

Date of Birth: _____ Age: _____ Gender: Male or Female

Grade: _____ Teacher's Name: _____

Father's name: _____ Employed by: _____

Cell phone #: _____ Work #: _____

Mother's name: _____ Employed by: _____

Cell phone #: _____ Work #: _____

Email address (required): _____

Check the appropriate plan and days of the week required for services for PM program -

2 days _____ 3 days _____ or 5 days _____

M T W T H F

Marital Status _____ Single _____ Married _____ Separated _____ Divorced

Does your child have any impairment?

Are there any special needs we should be aware of?

Does your child have or is he/she subject to any of the following:

Asthma

Fainting

Convulsions

Heart Trouble

Allergies

Other: _____ please specify: _____

Doctor's name: _____ Phone #: _____
Name Phone

Emergency phone number(s) if parent cannot be reached: _____

STATEMENT OF GOOD HEALTH

I understand that my child is in good health and has NO RESTRICTION placed upon him/her while participating in any *Extensions* program activity.

Parent/Guardian Signature Date

CLIFTON COMMUNITY SCHOOL EMERGENCY MEDICAL RELEASE

I, _____ DO HEREBY GIVE MY SON/DAUGHTER
_____ PERMISSION TO ATTEND AND/OR PARTICIPATE IN THE **EXTENSIONS**
PROGRAM ACTIVITIES, SPONSORED BY THE CLIFTON COMMUNITY SCHOOL, ITS EMPLOYEES,
ASSOCIATES, AND CONTRIBUTORS. IN FURTHER CONSIDERATION OF THE BENEFITS TO BE
GAINED BY OUR CHILD WE COVENANT THAT WE WILL NEVER INSTITUTE ANY ACTION AT
LAW AGAINST THE CLIFTON COMMUNITY SCHOOL, ITS AGENTS, SERVANTS AND
EMPLOYEES, ON ACCOUNT OF ANY INJURY OR OTHER LOSS OR DAMAGE SUSTAINED BY OUR
CHILD'S PARTICIPATION. FURTHERMORE, I HEREBY DO AUTHORIZE MEDICAL
EXAMINATION AND TREATMENT OF MY SON/DAUGHTER BY A QUALIFIED LICENSED
PHYSICIAN IN ANY EVENT OF AN ACCIDENT AND ALL EFFORTS TO CONTACT THE
PARENTS/GUARDIAN HAVE BEEN EXHAUSTED.

Parent/Guardian Signature Date

Designated escorts who may pick-up my child(ren) in my absence are:

Name _____ Relationship: _____

Phone: _____

Name: _____ Relationship: _____

Phone: _____

My signature above indicates that I have read, understand and accept all terms and conditions set forth in the Extensions Program Handbook. Please keep the handbook portion of this packet for your records.