



WILDWOOD TIME TO SOAR (WTTS)

A Before and After School Program

Mountain Lakes Public Schools

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wwtimetosoar@mlschools.org

Tax ID #22-6002121

Our Before and After School Program, Wildwood Time to Soar, is operated by the Mountain Lakes Board of Education. We are looking forward to providing your child with a safe, nurturing environment filled with fun and enriching activities as well as an opportunity to socialize and develop positive relationships with peers.

Please take a few moments to read the handbook carefully. Our handbook contains information regarding our policies, important phone numbers, dates, etc. Keep your copy for future reference.

We cannot guarantee that your child will start the first day of school if we do not receive your registration and payment by the deadline. Complete and return all the required forms with your payment. Missing information may delay your child's enrollment. Your signed enrollment form ensures us that you have read and understand our policies and procedures.

To avoid misunderstandings, do not hesitate to call if you have any questions. We are looking forward to an exciting year and hope to see you all soon!

Sincerely,

Dr. Beth Azar, Wildwood Principal & Director

BASIC INFORMATION

The Wildwood Time To Soar (WTTTS) provides a before and/or after care program. It is located at the Wildwood Elementary School in Mountain Lakes.

wwtimetosoar@mlschools.org

The principles we set forth are to:

- Provide high quality care.
- Provide a safe and healthy environment.
- Provide a positive atmosphere and enriching age-appropriate activities.
- Provide relationships with caring, competent and consistent adults.
- Recognize the uniqueness of each child by respecting race, ethnicity, gender, ability, religion and socio-economic status.
- Be familiar with the emerging base of knowledge about school-age children and demonstrate this knowledge in school-age care program practices.
- Be honest and fair in interactions with each child.

Parents are responsible for transportation to and from the school with the exception of Pre-School students enrolled at Lake Drive.

Medications may NOT be given by WTTTS staff. However, please confirm updated medical forms and medication is current and available in the School Nurse's Office.

Programs are closed when:

- Schools are closed
- Schools have an unscheduled/emergency early dismissal
 - When schools have an unscheduled/emergency early dismissal for any reason, aftercare will be cancelled and students will be sent home at regular *early* dismissal time with the rest of the students.

LATE afternoon weather emergency - If unsafe weather conditions threaten to develop in the afternoon the district Superintendent may require the closing of aftercare programs along with all school sports & activities. When this happens, all students will be sent home at dismissal time. **ALWAYS HAVE A PLAN IN PLACE FOR YOUR CHILD TO GET HOME SAFELY IN THE EVENT OF AN EMERGENCY CLOSING. BE SURE TO REVIEW THIS PLAN WITH YOUR CHILD OFTEN.**

ELIGIBILITY/ATTENDANCE

Any Mountain Lakes student in grades PRE-K through Grade 5 is eligible to attend the elementary WTTS program.

- Our programs are not designed for "drop-ins". Children must be registered to attend.
- Prior notification of a student's absence is **ENCOURAGED AND HELPFUL**. Please email any absences, changing in pick-up, etc to: wwtimetosoar@mlschools.org and wwattendance@mlschools.org and your child's classroom teacher.
- Refunds are only given for extended absences but **MUST BE ACCOMPANIED BY A DOCTOR'S NOTE**.
- Written notification is required if your child will be attending an after school related function, for example, scouts or intramurals. Include where and with whom the child will be going and if the child will be returning to Aftercare. **The child will NOT be dismissed to another program without notification.**
- When registering, the "START DATE" on the family information form is very important. We will be expecting your child at the program on that day. During the school year, there is a one-week waiting period after registration and payment is received.
- A note to the teacher who is responsible for making sure children come to the after school program is required.
- The WTTS staff will assume responsibility for your child during program hours only.

IMPORTANT: IF YOUR CHILD IS NOT GOING TO ATTEND ON HIS/HER SCHEDULED DAY, YOU MUST CALL THE WTTS PROGRAM at 973-334-4154 x.1 or Email wwtimetosoar@mlschools.org

POLICIES

To ensure your child's safety and well-being, the WTTS program adhere strictly to a policy of releasing program children only to authorized adults, eighteen years of age or older.

- All Aftercare students must be signed out daily by a parent, guardian or previously authorized adult.
- All childcare programs end at 6:00 p.m. unless emergency closing is necessary.
- Arrivals after 6:00 PM. incur a late fee of \$1.00 per minute. After three late pick-ups, the fine increases to \$5.00 per minute late and is considered 'chronic'. Chronic lateness is grounds for termination of enrollment. Late pick-ups also cause anxiety for the waiting child.
- Email the program with the name of any authorized adult who will be picking up your child.
- Please do not leave your car running while you enter the building to sign your child out.
- All persons picking up a child must come into the program, show identification and sign the child out.
- Children will not be released to a person who appears to be under the influence of drugs or alcohol at the time of the pick-up and will necessitate a call to the Mountain Lakes Police Dept. & DCP&P, as required by law.
- If a child is NOT allowed to be released into a parent's custody, a written request and a copy of the original legal document dictating such an order must be on file with WTTS.

DISCIPLINE: Our program cannot serve children who display chronically disruptive, physical or verbal, behavior. If a child cannot adjust to the rules of the program setting and behave appropriately, he/she may be dismissed from the program. The Wildwood Code of Conduct will be followed. In conjunction with the district's policy, the WTTS staff must take seriously ALL demonstrations/communications of life-threatening violence. Such a behavior will be reported immediately to the principal of the school.

HOURS

EARLYBIRDS:

- Opens at 7:00 a.m. - 8:00 a.m. Students are then escorted to the cafeteria from 8:00 a.m. - 8:25 a.m. when school starts.
- Fun activities such as board games, puzzles, cards, simple arts & crafts, reading and organized games.
- A light breakfast such as cereal or muffin, including juice or milk.
- Never leave your child in the main entrance or outside; always make sure a staff member is present to sign in before leaving your child.
- EarlyBirds will begin at 9:30 a.m. on days district schools have an emergency delayed opening (weather-related, etc.).

AFTER SCHOOL PROGRAM:

- Begins at the dismissal of school: 2:55 p.m. on regular days. Pick-ups no later than 6:00 p.m.
- A variety of interest based learning activities each day including board games, building supplies, arts & crafts, science centers, painting, organized indoor & outdoor games.
- Homework assistance.
- A healthy snack is also provided each day. Due to food allergies, do NOT send in snacks to share.

A parent must notify the program by note, email or phone message if his/her child will be attending an after school related function, i.e., scouts, intramurals. Include where and with whom the child will be going and if the child will be returning. **The child will NOT be dismissed without notification.** The adult picking up must show identification.

IMPORTANT:

AFTERSCHOOL PROGRAMS ARE CLOSED IF THERE IS AN EMERGENCY EARLY DISMISSAL. CHILDREN WILL BE SENT HOME DIRECTLY FROM SCHOOL.

ILLNESS & MEDICATION

Our staff cannot dispense medication to your child during Before or After Care programs. A nurse is not available before or after school hours.

Parents are required to have at least **3 local emergency phone numbers** for authorized adults to assist with picking up sick children. These contact numbers **MUST** be kept up-to-date with the WTTS staff. Parents who cannot pick up their sick child within half an hour of contact by staff, or who cannot be reached immediately by staff, will automatically defer to their local emergency back-up individual to pick up the child expeditiously.

If your child was absent from school or picked up early due to medical reasons, he/she will **NOT** be admitted into the WTTS on that day.

MEDICAL EMERGENCIES

The WTTS staff will attempt to contact you or your emergency contacts (see paragraph above). If hospital attention is necessary, an ambulance or emergency vehicle may take your child to the hospital.

HOMEWORK POLICY

Approximately 30-45 minutes a day will be allotted for homework, usually after snack. During this time our staff assists children by keeping them "on task", maintaining a controlled atmosphere and assisting with help when needed. Since children are not allowed to go back to their classrooms after dismissal, it is the child's responsibility to bring all homework materials with them. It is **NOT** the staff's responsibility to check homework; force a child to participate; or provide one-on-one homework or tutoring assistance. If there is a problem regarding homework, please speak to the Director or your child's teacher.

PROGRAM VISITATION

To insure our children's safety, it is our policy that any and all visitors to any care program must have authorization from the Principal/Director to visit or observe a program. We ask that the visit be brief so as not to interfere or disrupt the program.

Monthly Rates 2019-2020

DUE UPON REGISTERING: Annual Family Registration Fee of \$25.00 (non-refundable)
First and last month tuition (see fee schedule below)

CHILDCARE PAYMENTS:

- Tuition is a yearly fee divided into 10 equal monthly payments and does not reflect the number of actual WTTTS program days in any given month. The fees are calculated on 180 days in the school year. Since school must be in session for 180 days, snow days/emergency closings are not refunded as the days are made-up. All rates are rounded to the nearest dollar.
- Second child rates are discounted and calculated into the fee schedule.
- **Payment is due on the 25th of the PRIOR month of service. Payments dropped off after 4:00 p.m. on the 1st or postmarked after the 1st day of the month of service will incur a \$10 late fee. If the 1st falls on a weekend or a day the office is closed, we will refer to the postmark.**
- Each registered student will receive a monthly invoice by email.
- Staff cannot accept payments.
- Returned checks: If we receive 2 returned checks during the year, you will be required to pay by cash or money order for the remainder of the school year. A \$10 fee will be charged for each returned check.

ACCEPTABLE METHODS OF PAYMENT:

- Check or money order
- Make checks payable to Mountain Lakes Board of Education
- Mail payment to *Mountain Lakes Board of Education, ATTENTION: WTTTS, 51 Glen Road Mountain Lakes, NJ*
- You may arrange payment with your bank for an automatic electronic fund transfer (ETF). Make sure it arrives no later than the due date.

FEE SCHEDULE

Weekly Schedule:		5 days	4 days	3 days	2 days	1 day
EarlyBirds OR AfterSchool	Early Birds	\$200	\$160	\$120	\$80	\$40
	After School	\$355	\$305	\$245	\$170	\$105
EarlyBirds AND AfterSchool (10%)	Both	\$455	\$405	\$345	\$250	\$145
	Multiple Children	\$180/315 per child	\$144/274 per child	\$108/220 per child	\$72/153 per child	\$36/94 per child

WITHDRAWAL/REFUND/DELINQUENT POLICY

- In accordance with your signed Enrollment Agreement, a written notice, 2 weeks in advance of the date of withdrawal must be submitted to the WTTS Director.
- A credit/refund will only be issued from the date of the requested withdrawal provided written notice was received at least 2 weeks prior.
 - Any fees owed plus a \$30 administrative fee will be deducted from all refunds.
 - Refunds take approximately 6-8 weeks from receipt of signed withdrawal form.
- Withdrawals must be for a period of more than one month. **Withdrawals for less than a month will not be accepted**, unless accompanied by a doctor's note.
- Refunds are not given for absences of less than 5 days. A request for a refund/credit due to illness (more than 5 days) must be accompanied by a doctor's note.
- Refunds are not given if a holiday or snow day is on one or more of your child's WTTS program dates.
- *Re-entry into the program is subject to availability and cannot be guaranteed.*

OUTSTANDING BALANCES:

Accounts in arrears of one month or more risk termination of services or may be required to prepay or pay an additional month's deposit. A phone call and/or a letter will be sent for balances due over one month. No response to satisfy the balance will generate a letter of termination of childcare services for your child. In this event, the child's homeroom teacher, as well as our WTTS program staff, is advised that the child may not attend the childcare program effective the date that is indicated on the letter to the parent/guardian. The child will be sent home that day via school bus or regular walking route; the parent/guardian is responsible for the child upon returning home. If necessary, the account will be turned over to collection.

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Wildwood Time to Soar Family Information Form School Year: 2019-2020 School: _____
(Wildwood or Lake Drive)

<p>1st Child: _____ Name _____ Grade _____ Age _____</p> <p>Date of Birth: ____/____/____ Gender: M or F</p> <p>Starting Date: ____/____/____</p> <p>Circle Days Needed: Early Birds M T W TH F #Days per wk: _____ After School M T W TH F #Days per wk: _____</p>	<p>2nd Child: _____ Name _____ Grade _____ Age _____</p> <p>Date of Birth: ____/____/____ Gender: M or F</p> <p>Starting Date: ____/____/____</p> <p>Circle Days Needed: Early Birds M T W TH F #Days per wk: _____ After School M T W TH F #Days per wk: _____</p>
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Child/Children lives with: Both Parents Mother Father Other (Please specify:) _____

Parent's Marital Status:* Married Separated Single Parent Divorced
 *If there is a current court order affecting the custody of your child(ren), a certified copy must be provided.

Home Address: _____ **Street Address** _____ **Town** _____ **State** _____ **Zip** _____ **Primary Phone#** _____

Mother/Legal Guardian: _____ **Name (Please print)** _____ **Place of Employment** _____ **Work Phone #** _____ **Cell Phone #** _____

Father/Legal Guardian: _____ **Name (Please print)** _____ **Place of Employment** _____ **Work Phone #** _____ **Cell Phone #** _____

Primary email address: _____ **Secondary email address:** _____

**These phone numbers and email addresses will be used to contact you in case of an emergency. Please make sure all information is current.

Children will not be released to anyone other than the parent/guardian listed above without confirmation from the parent/guardian. Call, send an email or note directly to the main office before 4:00 PM on the date of the change. The person picking up must be an adult, 18 years or older with a photo ID.

Children's Names: **Emergency Contact Form**

(Print First and Last Names)

Parent's Names: _____
(Print First and Last Names)

Emergency Contact Numbers: *(Three names other than parents are required. These contacts should be local. In the event of an emergency where you are not reachable, we will call these contacts to pick-up your child.)*

1.	Name	Address	Town	Daytime Phone	Cell	Relationship to Child
2.	Name	Address	Town	Daytime Phone	Cell	Relationship to Child
3.	Name	Address	Town	Daytime Phone	Cell	Relationship to Child
4.	Name	Address	Town	Daytime Phone	Cell	Relationship to Child

Parent/Guardian: Read and Sign below:

In the event of an EMERGENCY SCHOOL CLOSING, I understand that:

- When schools are closed due to weather-related or emergency closings, ALL CHILDCARE PROGRAMS ARE CLOSED.
- My child will be sent home with the walkers or by their bus (if a regular bus student) on an unscheduled early dismissal day.
- I am registered on the Parent Portal through the Mountain Lakes School District.
- I must make arrangements for my child's safe arrival at home in the event I cannot be reached or arrive at home in time.
- All phone numbers and contact information must be kept up-to-date.
- I will monitor the weather and be aware that the weather of my location may be different from the weather in Mountain Lakes.
- I can call the WTTS Number (_____) or access www.mlschools.org for school closing information.
- WTTS Program may close due to inclement weather or emergency after a full day even if schools did not dismiss early. If this should occur, the WTTS Site Coordinator will attempt to notify me at the primary and/or secondary notice provided to us.
- Check if applicable:

_____ I hereby give permission for my child to participate in all supervised activities which may include walks on the school grounds.

_____ I hereby give permission for my child to view videos rated: G or PG (Circle Choice)

Parent/Guardian Signature

Date

FIRST CHILD'S HEALTH INFORMATION

CHILD'S NAME: _____ BIRTH DATE: _____ GRADE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DOCTOR'S ADDRESS: _____

CHILD'S HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

Has your child:

1. Ever been advised not to participate in sports? _____ If yes, please explain: _____
2. Ever experienced loss of consciousness after an injury? _____ If yes, please explain: _____
3. Experienced a fracture or dislocation in the last 3 years? _____ If yes, please explain: _____
4. Undergone surgery in the last 3 years? _____ If yes, please explain: _____

Does your child:

1. Take any medication on a regular basis? _____ If yes, please explain: _____ Medication _____
2. Have allergies, hives, asthma or reactions to foods, bee stings? _____ If yes, please explain: _____
3. Require an Epi-pen? _____ If yes, please explain: _____
4. _____

MEDICAL RELEASE FORM: In the case of a medical emergency the Mountain Lakes Police Department and Ambulance will be called. We will contact you immediately.

I hereby give permission for my child named above to be transported by emergency vehicle to a nearby hospital emergency room and given aid as necessary.

Parent/Guardian Signature

Date

SECOND CHILD'S HEALTH INFORMATION

CHILD'S NAME: _____ BIRTH DATE: _____ GRADE: _____

CHILD'S DOCTOR: _____ PHONE: _____

DOCTOR'S ADDRESS: _____

CHILD'S HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

Has your child:

5. Ever been advised not to participate in sports? _____ If yes, please explain: _____
6. Ever experienced loss of consciousness after an injury? _____ If yes, please explain: _____
7. Experienced a fracture or dislocation in the last 3 years? _____ If yes, please explain: _____
8. Undergone surgery in the last 3 years? _____ If yes, please explain: _____

Does your child:

5. Take any medication on a regular basis? _____ If yes, please explain: _____ Medication _____
6. Have allergies, hives, asthma or reactions to foods, bee stings? _____ If yes, please explain: _____
7. Require an Epi-pen? _____ If yes, please explain: _____
8. _____

MEDICAL RELEASE FORM: In the case of a medical emergency the Mountain Lakes Police Department and Ambulance will be called. We will contact you immediately.

I hereby give permission for my child named above to be transported by emergency vehicle to a nearby hospital emergency room and given aid as necessary.

Parent/Guardian Signature

Date

PICK-UP RELEASE FORM

Dear Staff,

I have authorized the following person or persons to pick up my child from the WWTS Program in the event I am unable to do it myself or those on my emergency contact forms are unavailable.

**I give _____ authorization to pick up my
child, _____.**
(Child's Name)

PARENTS PLEASE NOTE: The persons you list may be neighbors or parents of your child's friends who live locally.

Parent/Guardian Signature

Date

Schedule Change Notification Form

Please submit this form to WTTS Director.

- Submit this form at least two weeks before the change of the schedule effective date.
- Changes can only be made on the 1st and 15th of the month.
- Require a \$10.00 payment for any and all changes.
After the 4th change, the change fee is \$15.00

My Child(ren) _____ attend the WTTS and/or Early Bird Programs at Wildwood School on the following days:

Current Schedule:

Early Birds: M T W T H F *(Circle those that apply)*

After School: M T W T H F *(Circle those that apply)*

I wish to change the schedule of attendance to the following:

Early Birds: M T W T H F *(Circle those that apply)*

After School: M T W T H F *(Circle those that apply)*

Withdrawal or resumption of schedule (withdrawals must be for more than 1 month):

- ***My child was/were withdrawn from the program on: _____ (date) but will be resuming attendance on the above days.***
- ***I am withdrawing my child(ren) from the program.***

I wish the above change to begin on _____ the 1st or _____ 15th day of _____.

REASON FOR WITHDRAWAL: _____

I understand that in accordance with the Wildwood Time to Soar Program policies as stated in the Parent Handbook, I will be charged \$10.00 (\$15 after the 4th change) for ANY schedule change and that I am required to give a two-week written notice as specified in that agreement.

(Parent Name)

(Parent Signature)

Participation Information Form

Name: _____ Gender: M or F Age: _____

1. Nickname and what you would like your child to be called: _____
 2. Child's Birthday: _____
 3. Prior School/Group experience: _____
 4. Does your child have any known fears? _____
 5. Does your child have siblings or other family members registered for the WTTS Program? _____
(Names and ages)
 6. Does your child have a favorite toy or game? _____
 7. What are your child's interests? _____
 8. Primary Language Spoken at home? _____
 9. Please provide a brief description of your child's demeanor: _____
 10. Please describe any special considerations: _____
-

Wildwood Time to Soar Program

EMERGENCY RELEASE FORM

In accordance with State Regulations, you are required to sign a Blanket Emergency Release giving the Emergency Room, First Aid Squad, or your child's physician permission to practice emergency medical treatment in case you cannot be reached. Please sign below.

CHILD'S NAME: _____

I HEREBY GIVE PERMISSION TO THE FACILITY STAFF TO ADMINISTER FIRST AID AND IN THE CASE OF AN EMERGENCY TO TRANSPORT, SECURE PROPER TREATMENT FOR AND ORDER INJECTIONS, ANESTHESIA OR SURGERY FOR MY CHILD IF IT IS DETERMINED TO BE NECESSARY. I HEREBY GIVE PERMISSION TO EMERGENCY PERSONNEL, INCLUDING FIRST AIDE SQUAD PERSONNEL, EMERGENCY ROOM PERSONNEL, AND THE CHILD'S PHYSICIAN TO PRACTICE EMERGENCY MEDICAL TREATMENT IF IT IS DETERMINED TO BE NECESSARY. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ALL CHARGES NOT COVERED BY MY INSURANCE.

Parent/Guardian Signature

Date

Name of Insurance: _____ Policy #: _____

Note any physical or mental conditions to be aware of in case of an emergency:

