

Weehawken Public Schools

Extended Care Program

DIRECTOR: MS. ANNA BERNSTEIN RUDOWSKY

Phone: 201-470-2554 OR 201-638-6603

Fax: 201-422-6158

Email: arudowsk@weehawkenschools.net

TO: Extended Care Parents
FROM: Anna Bernstein Rudowsky
DATE: April 2018
RE: Welcome

THE PROGRAM WILL BEGIN ON MONDAY, SEPTEMBER 10, 2018.

New forms must be filled out each year.

I would like to introduce myself as the Director of the Extended Care Program for Daniel Webster and Theodore Roosevelt Schools. I am looking forward to an exciting year, getting to know you and your children.

Attached are the registration form for the 2018-19 Extended Care Program, lateness, homework and electronic device policies. Please fill out all forms and return them to school. It is very important that you notify us of any phone number changes throughout the year.

The tuition for the program is \$15 per day per child. There will be a discount for multiple children enrolled in the program. The first child will be billed at \$15 per day. The second and third child will be billed at \$10 a day per child. You will be billed at the end of the month based on how many days your child attended the program. Payment is expected upon receipt of bill. Checks should be made out to the: **WEEHAWKEN BOARD OF EDUCATION.**

IMPORTANT: The program runs from 2:50-6pm. A snack and beverage is served. We ask that you make **every effort** to pick up your child **on time**. There is a strict lateness policy. There is extended care on **CERTAIN ONE** Session days. These will be announced in advance and will require separate registration and prepayment.

If you have any questions, please feel free to contact me at the above numbers or at the following email address: arudowsk@weehawken.k12.nj.us

Thank you,
Anna Bernstein Rudowsky

Weehawken Public Schools ***Extended Care Program***

Director: Ms. Anna Bernstein Rudowsky **Email:** arudowsk@weehawkenschools.net

Phone: 201-470-2554 or 201-638- 6603

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REGISTRATION FORM- Program Begins on Monday, Sept. 10, 2018

Date: _____ **Current School:** _____ **Bus#** _____ (if applicable)

Child's Name: _____

Child's Grade: _____ **Teacher:** _____

Parent/Guardian : _____

Other Parent/Guardian: _____

Address: _____

Home phone: _____ **Primary email address:** _____

Parent work number: _____ Other parent work: _____

Cell phone number: _____ Cell phone number: _____

Please check **WHICH** school your child **WILL ATTEND** the **Extended Care** program: _____ Webster _____ Roosevelt

DATE YOUR CHILD WILL START PROGRAM: _____

Please check which days your child will attend: ___ M ___ T ___ W ___ TH ___ F

Time: 2:50-6:00pm **Cost:** \$15 per day for 1st child ****Discount for 2nd and 3rd child- \$10 per child per day**** **Children are to be picked up by 6:00pm.**

All payment must be up to date or child cannot remain in the program.

EMERGENCY AUTHORIZED CONTACT PERSON

NAME: _____

ADDRESS: _____ **HOME PHONE;** _____

WORK PHONE: _____ **CELL PHONE:** _____

Dear Extended Care Parents,

In a continued effort to maintain security, we are asking for a specific list of people who can pick up your child. If you are sending someone not on this list to pick up your child, you must call and let us know.

To Reach Anna Bernstein Rudowsky -Director 201-470-2554 or 201-638-6603 *Put these numbers in your phone

email- arudowsk@weehawken.k12.nj.us

Teachers at Webster Extended Care 201-422-6180 (Hours:3-6pm)**Put these numbers in your phone

Teachers at Roosevelt Extended Care 201-422-6181 (Hours: 3-6pm)**Put these numbers in your phone

RETURN THIS FORM TOMORROW.

Extended Care Child _____

In addition to parents listed on the application, the following people are authorized to pick up your child. Please make sure all information is accurate.

1. _____
PERSON'S NAME CELL PHONE RELATIONSHIP

2. _____
PERSON'S NAME CELL PHONE RELATIONSHIP

3. _____
PERSON'S NAME CELL PHONE RELATIONSHIP

4. _____
PERSON'S NAME CELL PHONE RELATIONSHIP

Please let me know if you need a babysitter if the 6:00 pick up has been a challenge for you. Beginning in October, late fees will be assessed.

Weehawken Public Schools **Extended Care Program**

Coordinator: Ms. Anna Bernstein Rudowsky

Phone: 201-470-2554

Fax: 201-422-6158

LATENESS POLICY

Dear Parents/Guardians:

This letter is to inform you that The Extended Care Program has adopted a lateness policy.

Although we do understand that circumstances and emergencies arise, it is very important that you pick up your child on time by 6:00 pm. Please make necessary arrangements with a local friend or family member to pick up your child in the event of such an emergency.

We suggest that you set up a buddy system with other parents in the program that are willing to help each other out when such situations arise. If you would like to be put in contact with other parents, please contact me at the above number.

After your second lateness, you may be responsible for the following fee assessment: Any child that is picked up after 6:00 pm will be charged \$1 per minute and added on to the tuition rate of \$15 per day. For example, if you are 12 minutes late, \$12 will be added to the \$15 totaling \$27 for that day.

We truly appreciate ALL the parents that have made every effort to pick up their children on time. However, there have been several times where this is not the case.

Again, if you cannot find a local friend or family member to help you out, please contact me at the above number and I will generate a list of parents that are willing to help each other out in event of an emergency.

Thank you for your support and cooperation.

Anna Bernstein Rudowsky

Coordinator

Please Return bottom portion.

Child name:_____ Date:_____

I have read the new lateness policy.

Parent name:_____ Signature:_____

Homework Policy

The Extended Care program will provide an opportunity for students to do their homework. However, it will remain the parent's responsibility to check the homework daily. We cannot guarantee that it will be completed or that it is accurate.

Electronic Device Policy

Your child will be permitted to use an electronic device on a limited basis. Any inappropriate use of such device will cause the staff member to take the device away and return it to the parent when the child is picked up. It must be fully charged. We cannot allow the children to plug in the devices into the outlets. We will not be responsible for lost items.

Save above.

Return the signed portion.

Child's Name _____

I read and understand the Homework and Electronic Device Policies.

Parent

signature: _____ date: _____