



# Howell Township Police Athletic League (PAL)

**is pleased to announce that we have been selected  
to provide the Howell Township School District  
Before and After Care Program for the  
2009 - 2010 school year**

Registration and information packets are available on our website or at the Howell Township PAL main office located at 450 Adelpia Road, Howell, NJ 07731. (Across from the Tax Office and Hoffman Fields, entrance is in the rear). Registration forms and fee can be dropped off at the main office, Monday through Friday between 8:00AM and 4:00 PM.



Registration forms may also be mailed with registration fee to  
Howell Twp. PAL, PO Box 713, Howell, NJ 07731.

**Availability is on a first come, first served basis.  
REGISTERING EARLY  
is the only way to ensure a spot for your child.**

Any questions call (732) 919-2825, (732) 919-1212 (fax)

**<http://www.howellpal.org/bulletins>**

# Howell Township Police Athletic League

## Before and After School Supplemental Programs

### *Kindergarten through 5th Grade*

**BEFORE AND AFTER CARE PROGRAM:**

Using a thematic life skill approach, students will be provided with an opportunity to reinforce, enhance and apply their knowledge and skills of Language Arts, Math, Science, History, Geography, Health/Nutrition/Physical Fitness and the Arts. Age appropriate thematic hands on activities will incorporate student's background knowledge of the above subject areas into practical life skill activities. Activities will be grouped into grade level ranges K-1, 2-3, 4-5, with the theme duration lasting one to three days per week. Theme boxes will be rotated weekly through each school location.

Other regularly scheduled programs will include: homework hour, homework help, fitness and recreational activities, and education on healthy eating and lifestyle choices. Supplemental activities and presentations will also be offered utilizing Howell Township Police Athletic League's many resources and collaborations.

**THE "DAY OFF" ACTIVITY PROGRAM:**

The Police Athletic League will provide supervised child care on selected school district holidays that are not typical work holidays. Recreational and educational activities consistent with the Before and After School Child Care Program will be available. Parents are responsible for transportation to/from program. Minimum enrollment requirements must be met two weeks in advance; otherwise program may be canceled.

**SAFETY AND SECURITY:**

To ensure safety and security of the student during drop-off and pick-up times, the Police Athletic League is creating a student participant identification card, parent/guardian identification cards, and an approved list of those adults allowed to drop-off and pick-up participants. All access and egress will be visually monitored and accompanied by a staff member. Documentation to include student identification, parent/guardian identification, and times arriving and leaving will be maintained and archived.

**ON-SITE SUPERVISION:**

Low student to staff ratios will be instituted in all programs. The projected average ratio will be 10 students per staff member at each site and the maximum scheduled ratio will not exceed 12 students per staff member.

**OTHER PROGRAM HIGHLIGHTS:**

- Program Director Mr. Joseph Isola
- New and exciting "life skills" curriculum developed by Senior Consultant Ms. Doris Lee, Howell Township Elementary School Principal, retired.

<b><u>Monthly Tuition Schedule</u></b>	<u>Attend 5 Days Per Week</u>	<u>Attend 4 Days Per Week</u>	<u>Attend 3 Days Per Week</u>	<u>1 or 2 Days Per Week</u>
Before Care	\$130	\$113	\$95	\$33/day
After Care	\$243	\$215	\$169	\$59/day
"Day Off" Activity Program				\$40/day
<b><u>Program Hours</u></b>				
Before Care	From 7:00 a.m. until school begins			
After Care	From school dismissal until 6:00 p.m.			
"Day Off" Activity Program	From 7:00 a.m. until 6:00 p.m.			
<b><i>For additional information, please call 732-919-2825, fax 732-919-1212 or visit <a href="http://www.howellpal.org/bulletins">www.howellpal.org/bulletins</a> (click on Before/After Care).</i></b>				

# Howell Township Police Athletic League Before and After School Supplemental Programs

Program Director, Mr. Joseph Isola

## ***6<sup>th</sup> through 8<sup>th</sup> Grade Enrichment Program***

To address the issue of pre-teen behavior and to address the need of the working parents of older school district students, the Howell Township Police Athletic League will be providing a new after school program for Howell Township School District Middle School students beginning Monday, September 14<sup>th</sup>. If minimum student enrollment requirements are met, this after school program will be held daily at each middle school for enrolled sixth through eighth grade students.

Key Components will include:

- Providing supervised care
- Teacher and staff involvement
- Curriculum enhancement
- Homework time/homework help
- Recreation time

The Howell Township Police Athletic League believes that positive mentoring and positive role modeling becomes of critical importance to this age group as they become more independent in thought and action. Therefore, School Resource Officer involvement will be a priority and will focus on the following areas:

- Increased education concerning Juvenile Justice Issues
- Rules and Laws
- Criminal Mischief
- Vandalism
- Media influences
- Alcohol and Drug Use
- Protective Strategies
- Home Alone Safety Skills
- Internet Safety (on-line predators, social networks, on-line gaming concerns)

Additionally, introducing middle school students to positive peers such as the Howell Township Police Explorers and the Howell Township Police Athletic League Youth Leadership members may encourage and reinforce responsible behavior with an eye on future achievement.

<b><u>Monthly Tuition Schedule</u></b>	<u>Attend 5 Days Per Week</u>	<u>Attend 4 Days Per Week</u>	<u>Attend 3 Days Per Week</u>	<u>1 or 2 Days Per Week</u>
After Care	\$243	\$215	\$169	\$59/day

### **Program Hours**

After Care From school dismissal until 6:00 p.m.

***For additional information, please call 732-919-2825, fax 732-919-1212  
or visit [www.howellpal.org/bulletins](http://www.howellpal.org/bulletins) (click on Before/After Care).***

# Howell Township Police Athletic League Before and After School Supplemental Programs

Program Director, Mr. Joseph Isola

## Registration Information (Kindergarten through 8th Grade)

- \* \$40 non-refundable registration fee per child due at registration (payable by check or credit card).
- \* Parents have the option to register their children from one day to five days per week in any of the Howell Township PAL supplemental care programs.
- \* Minimum of one month participation required in all programs (except the "Day Off" program).
- \* Tuition rates will be discounted 10% for additional Siblings enrolling in a program.
- \* Tuition will be charged by automatically debiting either a bank account or credit card on the 25<sup>th</sup> of each month (or the next business day) for the next month's tuition.
- \* Before School Care children MUST be walked into the school and signed in by Parent/Guardian. Children cannot be dropped off prior to 7:00 a.m.
- \* After School Care children must be picked up prior to 6 p.m. \$25.00 fee charged for late pick-up.
- \* Changes to a child's monthly enrollment schedule must be communicated to the Howell Township P.A.L. office by the 20<sup>th</sup> of each month (or the next business day) for the next calendar month.
- \* Programs listed on the Tuition Schedule will be provided at a school only if minimum enrollment requirements are met by August 14<sup>th</sup> (Kindergarten through 5<sup>th</sup> grade) and by August 28<sup>th</sup> (6<sup>th</sup> through 8<sup>th</sup> grade). If minimum enrollment requirements are not met, then an email and/or letter will be sent within 5 days after the deadlines to notify parents of registered children that program was canceled.

### ***Mail Registration Form and Registration Fee to:***

Howell Twp. PAL  
P.O. Box 713  
Howell, NJ 07731

or

### ***Drop-off Registration Form and Registration Fee at:***

Howell Twp. PAL  
450 Adelpia Road  
Howell, NJ 07731  
(across from Tax Office, entrance in rear)

***For additional information, please call 732-919-2825, fax 732-919-1212  
or visit [www.howellpal.org/bulletins](http://www.howellpal.org/bulletins) (click on Before/After Care)***





**Physician Information**

<i>Physician Name:</i>	<i>Phone #</i>
<i>Address:</i>	

**Insurance Information**

<i>Insurance Carrier:</i>		
<i>Address:</i>		
<i>ID #</i>	<i>Policy #</i>	<i>Group #</i>

**Any Additional Information You Feel is Necessary**

--

**Parent/Guardian Authorization**

<ol style="list-style-type: none"> <li>1) Please enroll my child for the period beginning as indicated on the front of this application. I understand my child will remain in Howell PAL for period reserved for him/her.</li> <li>2) I authorize Howell PAL to utilize pictures of my child in their advertisements.</li> <li>3) I state that we are the parent/guardians having legal custody of the above child and attest that the information above is correct.</li> <li>4) I authorize the Director or Director's designee of the above childcare center to obtain emergency treatment for my child. I further consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.</li> <li>5) I also recognize and understand that the use of any equipment and/or my participation in any activity sponsored by the Howell Township Police Athletic League will be done at my own risk, knowing that the use of said equipment and/or participation in said activities may subject me to physical injury serious or otherwise. As such, I will not hold the Howell PAL, its members, coaching staff/volunteers and directors responsible for any accident or injury that may befall me in the use of said equipment and/or the participation in said activities. Furthermore, I will provide the Howell PAL with a medical certification form from my doctor attesting to my physical ability to participate in certain activities requiring notification.</li> <li>6) By affixing my signature below, I agree and fully comprehend that I am responsible for all payments incurred with regard to this program.</li> </ol>	
<b>Signature of Parent/Guardian</b>	<b>Date</b>
<b>Signature of Parent/Guardian</b>	<b>Date</b>