

2024 - 2025

 Margaret Polak

 Supervisor of Instruction

 732-528-8810 ext. 1054

 Mpolak@manasquan.k12.nj.us

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 6, 2024; however, we will accept students on a rolling basis throughout the year.**

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 any time.

If you have any questions about the content of this book, please feel free to call Margaret Polak at 732-528-8810 ext. 1054

I look forward to working with your children.

Margaret Polak

Coordinator of the Warrior Clubhouse



Warrior Clubhouse

Manasquan Elementary School

**Before Care opening day will be Thursday, September 5, 2024 After Care will start on Monday , September 9, 2024**

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.



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** to the front door at which they will be greeted by a security office and supervised entering the cafeteria. Parents can also escort children in unless health guidelines change and dictate otherwise.

**\*\* *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 end of the school day, 2:50 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 that they bring from home. Snack time will be followed by some physical activity. After unwinding from the day, the staff member will have one or more projects in which the children can participate. Students can also begin their homework and receive assistance if needed. Again, all activities will be consistent with safety guidelines as dictated by the NJDOE and County Health Department.



# 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 the coordinator. **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 prior to the desired start date.

* **Tuition fees are calculated monthly. 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 the coordinator if their child **is attending school** but **not** Before or After Care as scheduled. Please call Mrs. Polak at 732-528-8810 ext. 2000 or email at 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 accommodation 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 as there may be an additional charge for some accommodation.

* Parents must inform the staff if their child has allergies or special needs as required on the emergency form. Although staff members and the program coordinator 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 through the front door and will be supervised by our security officer entering the cafeteria or parents can escort children provided medical guidelines remain unchanged.

## 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 plan 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.

# 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 staff do not have access to the Nurse’s Office after school hours. There will be a first-aid kit on site. Although staff members 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, autoimmune diseases, in addition to social and/or emotional concerns you might be 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 staff member 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 monthly.**
* 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 for the billing to be adjusted accordingly.
* **Late Payments**: Payments are due by the first Friday of the month except for the month of September which is September 13th. 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 childcare time is extended.

  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 envelope 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. 2000 or email at 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.

## 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.

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. prior to receipt of the monthly payment notification.

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| --- | --- |
| Payment Schedules  |  |
| Monthly Schedule:  |   |  Friday, September 13, 2024 (+ $50.00 registration fee)  |
|   |   |  Friday, October 4, 2024  |
|   |   |  Friday, November 1, 2024  |
|   |   |  Friday, December 6, 2024  |
|   |   |  Friday, January 3, 2025  |
|   |   |  Friday, February 7, 2025  |
|   |   |  Friday, March 7, 2025  |
|   |   |  Friday, April 4, 2025  |
|   |   |  Friday, May 2, 2025  |
|   |   |   |

 Friday , June 6, 2025

**Warrior Clubhouse Standard Tuition Rates**

**Registration Fee Per Family: $50.00**

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| **Before Care Monthly Rates\***  |
| **Type of Care**  | **Number of Days per Week**  | **1st Child**  | **Additional Children (per Child)**  |
| 1 Hour AM  | 1  | $35  | $27  |
| 2  | $51  | $38  |
| 3  | $68  | $51  |
| 4  | $83  | $63  |
| 5  | $100  | $74  |
|   |
| **After Care Monthly Rates\***  |
| **Type of Care**  | **Number of Days per Week**  | **1st Child**  | **Additional Children (per Child)**  |
| 1 Hour PM  | 1  | $35  | $27  |
| 2  | $51  | $38  |
| 3  | $68  | $51  |
| 4  | $83  | $63  |
| 5  | $100  | $74  |
| 2 Hour PM  | 1  | $71  | $54  |
| 2  | $103  | $76  |
| 3  | $136  | $103  |
| 4  | $166  | $125  |
| 5  | $198  | $149  |
| 3 Hour PM  | 1  | $106  | $81  |
| 2  | $154  | $114  |
| 3  | $201  | $154  |
| 4  | $249  | $188  |
| 5  | $298  | $224  |
|   |
| **NEW THIS YEAR - As Needed Rate (For students who will not be regularly scheduled to attend but require periodic supervision) \***  |
| **Type of Care**  | **1st Child**  | **Additional Children (per Child)**  |
| Per Hour (maximum of 1-hour AM or 3 hours PM on per day)  | $9  | $8  |
| \*Fees shown above assume students require no specialized supervision/services. If necessary, additional supervision/services may be offered, however, they will be at the expense of the participant. These services and their associated costs will be determined on a case-by-case basis.  |

# Warrior Clubhouse Early Dismissal Program Tuition Rates

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| **Early Closing Days\***  |
| **Type of Care**  | **Type of Attendee**  | **1st Child**  | **Additional Children (per Child)**  |
| Dismissal - 3:00 PM  | For Students Not Otherwise Enrolled in the Program  | $28  | $18  |
| For Students Regularly Enrolled in the Program  | $11  | $9  |
| \*Fees shown above assume students require no specialized supervision/services. If necessary, additional supervision/services may be offered, however, they will be at the expense of the participant. These services and their associated costs will be determined on a case-by-case basis.  |

**PLEASE NOTE THAT THE WARRIOR CLUBHOUSE WILL NOT BE OFFERING AFTERCARE SUPERVISION ON**

**THE FOLLOWING DAYS DUE TO STAFF INSERVICE: 9/5/2024, 9/6/2024, 10/9/2024, 10/31/2024, 12/10/2024, 3/5/2025 and 3/18/2025.**

***PLEASE NOTE: 3:00 CLOSING TIMES WILL OCCUR ON THE ½ DAYS OF:***

 ***NOVEMBER 6, 2024***

***NOVEMBER 27, 2024***

***DECEMBER 20, 2024***

**Aftercare will be made available on ES early dismissal school conference days (11/4, 11/5, 11/6) but only with advanced notice of need by way of an email to Mpolak@manasquan.k12.nj.us.**

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

**Before and After Care Program 2024-2025**

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

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hours/Session**   | **M**   | **T**   | **W**   | **T** | **h**   | **F**   |
|  AM 1 Hour  |   |   |   |   |   |   |
|  PM 1 Hour  |   |   |   |   |   |   |
| AM 1 hour  | PM 1 hour  |   |   |   |   |   |   |   |   |   |   |
| AM 1 hour  | PM 2 hours  |   |   |   |   |   |   |   |   |   |   |
| AM 1 hour  | PM 3 hours  |   |   |   |   |   |   |   |   |   |   |
| PM 1 Hour  |   |   |   |   |   |   |
| PM 2 Hours  |   |   |   |   |   |   |
| PM 3 Hours  |   |   |   |   |   |   |

**Before and After Care Program 2024-2025**

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

### 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.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Before and After Care Program 2024-2025**

 **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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Parent/Guardian Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Before and After Care Program 2024-2025**

### 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 up 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**

### 2024-2025 Contact Information

**Coordinator**  732-528-8810 ext. 1054

 732-859-6304 (CELL)

Margaret Polak

## **Pre-K Principal**

Jaclyn Puleio 732-528-8810 ext. 2003

**Manasquan Elementary School** 732-528-8810 ext. 2000

**Before & After Care Program Staff**

Sandra Collins 732-567-2842

Pattie Triggiano 732-547-9169

Mary Beth McCarthy 732-233-6980

Cristine Barlett

Kim Casner