

# Brielle Elementary School

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2024- 2025  
B.E.A.C.O.N. Program  
Brielle Elementary Additional Care **ON**site Program



605 Union Lane  
Brielle, NJ 08730

[beacon@brielleschool.org](mailto:beacon@brielleschool.org)

**B.E.A.C.O.N. Cell Phone**  
**732-569-1037**  
**(phone available from 3pm-6pm)**

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## **MISSION**

The mission of the B.E.A.C.O.N. Program is to provide all children quality care in a safe, recreational environment that fosters mutual respect and offers children a variety of choices of developmentally appropriate and interest-driven activities.

**beacon@brielleschool.org**

**732.528.6400**

**B.E.A.C.O.N. Cell Phone- 732-569-1037 (3:00pm - 6:00pm)**

### **Supervisors**

**Kelsey Campbell**

**Cheryl Shaak**

**Kristen Annesi**

### **Assistants**

**Kathleen Cahill**

**Val Riviera**

## B.E.A.C.O.N Program Calendar 2024-2025

### September 2024

9- Program begins

### October 2024

14 - School closed

### November 2024

4, 5, & 6 - 12:50 dismissal: *bring lunch/snack*

7 & 8 - School closed (NJEA Convention)

27 - 12:50 dismissal \*NO P.M. PROGRAM\*

28 & 29 - School closed (Thanksgiving)

### December 2024

20- 12:50 Dismissal \*NO P.M. PROGRAM\*

23- 31- School closed (Holiday Recess)

### January 2025

1 - School closed (Holiday Recess)

17- 12:50 dismissal: *bring lunch/snack*

20 - School closed (MLK Jr. Day)

### February 2025

10-14 - School closed (Winter Break)

### April 2025

17- 12:50 dismissal: \*NO P.M. PROGRAM\*

21- 25 - School closed (Spring Recess)

### May 2025

23 & 26 - School closed (Memorial Day)

### June 2025

17 & 18 - 12:50 dismissal: *bring lunch/snack*

19 - 12:50 dismissal \*NO P.M. PROGRAM\* (last day of school)

\*The After Care program will not operate on the following early dismissal dates - however, the Before Care program will operate on: 11/27/24, 12/20/23, 4/17/25, & 6/19/25.

### **ELIGIBILITY**

The B.E.A.C.O.N. Program is available to all children in Kindergarten through 5<sup>th</sup> grades. We provide an inclusive environment and make every effort to accommodate special needs students. If additional support staff is required for your child, we will advertise the position once we have received your completed registration paperwork. Your child will be enrolled in the program when that position is filled.

### **REGISTRATION INFORMATION**

Your child must be registered by 8:00AM on Friday, September 6th, to begin the program on Monday, September 9th, with tuition being due by Friday, September 13, 2024.

1. All students, including those who previously participated in the program must register for the 2024-2025 school year in order to attend the program. Registration is via Google Form and can be found by [clicking here](#).
2. **You must provide alternate contact information in the event of an emergency or if someone else will be picking up your child. If someone attempts to pick your child up and they are not on the authorized list provided by you, the child will not be released.**
3. Students are eligible to be registered in the program throughout the school year by completing the registration form and submitting with the first months' tuition at least two weeks prior to the start date.

4. If you wish to withdraw your child from the program please submit in writing the date of withdrawal. Refunds are not given if your child is withdrawn during any given month.
5. The registration fee is \$25.00 for an individual or \$50.00 per family, due and payable with the first month's tuition.
6. A 10% discount will be applied to each additional child from the same family in the program.

## **TUITION AND PAYMENT INFORMATION**

**Payment Due Dates:** All payments are due by the 15<sup>th</sup> of the month. For example, the payment for the month of September is due on or before September 15<sup>th</sup>.

**Type of Payment:** The only acceptable forms of payment are by check or money order. Cash **will not** be accepted.

**Late Payments:** Payments received after the due date will be assessed a late fee of \$30.00 per family.

**Insufficient funds:** Payments received that result in insufficient funds (bounced checks) will require that all future payments be made by money order. Cash will not be accepted. You may be responsible for reimbursing the program for any fees incurred from the bank.

**Refunds/Credits:** Reimbursements or credits are not given for unused before or after school program days, with the exception of an extended illness, (10+ consecutive missed days) and **only with a physician's note**.

### **Before & After Care Rates:**

**Registration: \$25.00 an individual or \$50.00 per family**

**Morning Care:**

**7:10am- 8:10am: \$10.00 per morning**

**Afternoon Care:**

**3:00pm - 6:00pm: \$15.00 per afternoon**

**10% discount to be applied to additional sibling(s).**

**Annual Statement of Account:** A statement will be generated upon request of all payments made to the program from January through December for income tax purposes.

**For tax purposes our Federal I.D. Number is 21-6000148**

Our Before and After School program provides the opportunity for children to choose from a variety of recreational and enrichment activities. Children are encouraged to make their own choices, be creative and pursue individual interests. They assume responsibility for their own behavior, respect the rights of others and keep their environment clean and happy. Thirty minutes of outdoor play is encouraged on a daily basis weather permitting. The children may be involved with computers, crafts, creative arts, physical fitness, nature studies, etc. as well as table games, puzzles, 'G' rated movies and sports.

### **PROGRAM SCHEDULE INFORMATION**

There are no reimbursements given if your child does not attend the program due to any of the following reasons:

- ❖ School closing due to inclement weather or other emergency;
- ❖ The morning program will not operate on delayed opening days;
- ❖ Early dismissal due to inclement weather or other emergency;
- ❖ Scheduled school closings as denoted on the calendar;
- ❖ Student absence due to illness or other reason;
- ❖ Early dismissal due to inclement weather or other emergency: If school will be closing early, parents will be notified through the Intrado Instant Alert System. You must make arrangements to have your child picked up at dismissal time.
- ❖ If inclement weather or other emergency requires the school to close at regular dismissal time, then you must make arrangements to have your child picked up at dismissal time.
- ❖ Please give our office two(2) weeks' written notice for changes in your child's monthly schedule.
- ❖ Scheduled early dismissal days require that children bring a bag lunch/snack. *Please refer to the calendar on page 2.*
- ❖ Same day changes to your child's schedule is strongly discouraged, unless due to an extenuating circumstance or emergency.

### **REPORTING AN ABSENCE**

**If your child is absent from school during the regular school day, you do not need to notify the after school program.**

**If your child is in school, but will not attend the after school program on a regularly scheduled day the following procedures must be followed:**

**You must email your child(ren)'s homeroom teacher(s) and the BEACON office: [beacon@brielleschool.org](mailto:beacon@brielleschool.org) no later than 2:00pm indicating that your child will not be attending the program on a given day.**

### **HEALTH & MEDICATION**

If your child is injured during the before or after school program and the parent or local emergency contact person cannot be reached, we will call the local first aid squad. Please be sure that your medical records and phone numbers are up to date.

NO prescription or non-prescription medication can be given by our staff during the program. Any required medications must be administered by the school nurse during the school day.

There is no nurse on duty after 3:00pm.

If emergency care is required and the parent cannot be contacted, then the program staff will act on the parent/guardian's behalf to grant permission for any emergency medical care necessary. The parent will be responsible for any such treatment deemed necessary by medical personnel.

### **INAPPROPRIATE BEHAVIOR**

The student Code of Conduct and School discipline procedures are followed.

Parents will assume full responsibility for damage to persons or property caused by their child.

If a child displays inappropriate behavior, the parent/guardian will be notified. If the behavior does not improve, the child may be suspended or excluded from the program due to inappropriate behavior.

Refunds and/or credits will not be given if a child is suspended or excluded from the program.

### **DROP-OFF AND PICK-UP PROCEDURES**

The before school program operates from 7:10am until 8:10am. Parents/Guardians are to drop off their child at the East Side Reading Theater on the east side of the building no earlier than 7:10am. Students will be sent to their appropriate location at the start of the school day.

The after school program operates on regular school days from 3:00pm until 6:00pm. Students can be picked up in the East Side Reading Theater on the east side parking lot. Please be prompt when picking up your child.

### **WALKING PERMISSION SLIP**

If you would like to allow your child to sign himself/herself out you will need to complete the appropriate permission slip, notes from parents will NOT be accepted. *This is available to 4<sup>th</sup> and 5<sup>th</sup> grade students only.* If a student has a younger sibling in the program, then please note that they must be picked up by an adult, unless the parent/guardian specifically designates their older child to walk home with the younger sibling.

### **LATE PICKUP POLICY**

Please pick up your child on time. In an emergency, please call the Aftercare cell phone number after 3:00pm.

**B.E.A.C.O.N. Cell Phone: 732-569-1037**

Please be courteous and make sure you or someone authorized by you picks up your child. A **\$10.00** charge will be assessed if you are between 1 and 15 minutes late picking up your child. An additional **\$1.00** per minute will be assessed for every minute thereafter. Repeated late pick-ups may result in the suspension or exclusion of your child in the program.

**No child will be allowed to leave with an "unauthorized" adult. Please make sure that your contact information and emergency contact information are up to date.**

**If a child has not been picked up from the program by 6:30pm the Brielle Police Department will be contacted.**

## **ADDITIONAL INFORMATION**

Our staff is not responsible for the loss of personal property, so please DO NOT permit your child to bring these items to the Before/After School Program:

- ❖ Jewelry
- ❖ Electronics (Nintendo Switch, PSP, etc.)
- ❖ Cell Phones
- ❖ Toys
- ❖ Trading Cards

**Children will not be permitted to bring glass bottles, energy drinks and any food containing peanut products to the program.**

**BRIELLE ELEMENTARY SCHOOL  
B.E.A.C.O.N. PROGRAM  
2024-2025**

**WALKING PERMISSION SLIP  
4TH & 5TH GRADE STUDENTS ONLY**

I, the parent/guardian of \_\_\_\_\_, give permission for my child to be dismissed from the after school program without an accompanying adult during daylight hours. I assume full responsibility for the safety of my child after his/her departure from the school building.

I hereby release the Brielle Board of Education from any and all claims and liability that may arise relating to my child leaving the program alone.

Parent/Guardian Signature: \_\_\_\_\_

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

Parent/Guardian Cell Phone: \_\_\_\_\_

The schedule below must be adhered to on a monthly basis and can only be changed at the beginning of the month with three days' notice:

**WALKING SCHEDULE:**

Circle the day(s) and indicate the time your child is permitted to leave the after school program:

**Monday** \_\_\_\_\_ **Tuesday** \_\_\_\_\_ **Wednesday** \_\_\_\_\_ **Thursday** \_\_\_\_\_ **Friday** \_\_\_\_\_  
TIME TIME TIME TIME TIME

Comments:

Please check one of the following:

\_\_\_\_\_ My child should only leave school with \_\_\_\_\_ (sibling/friend)

\_\_\_\_\_ My child has permission to walk alone.

\_\_\_\_\_ My child has my permission to bring their younger sibling(s) home that also attend the BEACON program:

Name of sibling(s): \_\_\_\_\_

Grade: \_\_\_\_\_

Grade: \_\_\_\_\_

Grade: \_\_\_\_\_