

STEAM Academy Principal



**Before and Aftercare Program
Handbook
2025-2026**

STEAM ACADEMY

**370 South 7th Street
Newark, NJ 07103
973-621-0060
www.mptcs.org**



Mission

The mission of Marion P. Thomas Charter School is to build culturally rich, transformative educational spaces that cultivate successful, lifelong innovators who use their passions, character, and intellect to better themselves, the greater Newark community, and the world beyond.

The Crest

As we continue to Reimagine our Village, we are unveiling a new crest that speaks to four core values. The crest will adorn the high school uniforms next year and has been designed to guide our young people and govern our work with them as follows:

- **The Sankofa Bird** is a West African adinkra symbol which means to “go back and get it.” We want our scholars to use knowledge from the past to inform, inspire, build a successful future, and give back to the community.
- **The Tree of Knowledge** symbolizes lifelong learning that is rooted in rich culture and well-rounded experiences.
- **The Torch** represents the igniting of fire, passion, and leadership in our scholars. We want them to be trailblazers and light their own paths.
- **The Tiger** encased in the heart signifies the balancing of strength, boldness, resilience, and prowess with compassion and strong character. We want our scholars to be good people who are courageous and self-aware.

Core Ethical Values

The Marion P Thomas Charter School staff will focus on and reinforce our school’s “Core Ethical Values” for all members of our village, which are as follows:

1. We are a village. We will treat everyone the way we want to be treated.
2. We respect everyone in our village and their differences, uniqueness, and opinions.
3. We will always help and never hurt, in words or actions, anyone in our village.
4. We will always be honest, talk about our feelings, and always tell the truth.
5. We will work as hard as we can to succeed together in school and in life
6. We will always be responsible to complete our work and study.



Program

Provide an extension of quality educational services that is offered by Marion P. Thomas Charter School. At the program scholars will discover social, physical and academic learning styles in a safe, caring and supportive environment that promotes self-discipline, motivation and excellence in education. The program components may include but are not limited to recreation, art in humanities, nutritional snacks, service learning, character development, and homework assistance.

Hours of Operation

- Before Care will begin at 7:00 am and end at 8:00 am
- After Care will operate from 3:30 pm to 6:00 pm
- Friday Care will operate from 12:30 p.m. to 4:00 pm

The program dismissal days are based on the school calendar.

Contact Information

Families may contact the supervisor of the Program Mrs. Ana Munoz amunoz@mptcs.org or 973-621-0060 extension 2200/862-754-2014 between 7:00 am- 6:00 pm to address any issues or concerns. A family may request a meeting with the principal if the issue needs further resolution.

Arrival Procedures

- **Before Care: 7:00 am - 8:00 am**
Scholars must enter the MPTCS cafeteria with a parent/guardian. Designated staff will greet you and parents/guardians must sign in and record arrival time .
- **After Care: 3:30-6:00**
Scholars will be escorted by classroom teachers to the cafeteria. Designated staff will take attendance.
- **Friday Care: 12:30-4:00**
Scholars will be escorted by classroom teachers to the cafeteria



Departure and Release Procedures

- Parents must enter the MPTCS cafeteria and sign out scholars in and out of the program. This ensures child safety and compliance with school and program policy.
- Photo ID may be required for the release of your child. The child will only be released to his or her parents or any designate on Real Time. Any changes please request an EMERGENCY CONTACT FORM and update any changes. (Contact main office to update any changes)

Health and Safety (Illness and exclusion Criteria)

In order to protect the health of all children in our care, please keep your child at home if you notice that he/she begins to show signs of an illness or contagious disease or if he/she feels ill to participate in a group care setting.

Weather permitting, children go outside every day, children go outside every day. We cannot keep one child inside due to illness. If your child becomes ill during the program day, we will contact you to pick him/her up. In case of injury, parents will be notified immediately.

Medication policy

Regular and ongoing medication will not be administered on –site. Arrangements should be made with the school nurse for the child to receive medicine. For emergency medication, please complete a medication form with the school nurse.

Medical Emergency

In the case of a medical emergency, we will call 911 and contact the child’s parents/guardians. Responding emergency medical personnel will make any determinations as to if the child should be transported to the nearest available hospital.

Communication

Parent notifications may be made in writing via letters, emails, fliers, fridge notes, phone blast and or at the parent table. Notifications may also be by phone calls or directly in person by site staff. Open communication is very important to the success of your child’s at MPTCS before and after care program. Conferences may be requested at any time.



Discipline

We will follow the same expectations as the school and classroom policy. Information can be find in the Family /Scholar handbook

Staff

Appropriate qualifications of classroom teachers are essential components for a quality Before and After care program. Their role of understanding how young children learn and develop, as well as their role in facilitating the growth of each child in the areas such as math, language, social emotional developments and science.

Staff/Child Ratios

Age	Child Staff Ratio
Pre-K- K	1/7
1st -8th grade	1/10

Before Care Program

Scholars enrolled in the MPTCS Before Care program must enter through the south 6th St. entrance (Primary Campus/Cafeteria) with guardians.

- All families are required to sign-in their scholars each morning when they drop their children off.
- Scholars enrolled in the Before Care program will not be permitted into the school until 7:00 am and must not be dropped off prior to this time, as this area is not supervised by staff members. .
- All scholars who are not enrolled in the Before Care and After Care program and are left unattended before school is in session, will be charged a daily rate of \$7.00. After 2 incidents, A meeting with the principal will be scheduled to resolve the issue.



Description of service

The Daily Before care program will include:

- Indoor Games and Enrichment Activities.

After Care Program

- Aftercare pick up begins immediately after school dismissal is over at 3:30
- Scholars must be picked up by 5:55 pm
- Parents/Guardians must sign the scholar out with a signature and indication of time of pick-up.
- Scholars will only be released to parent/guardian or whoever was placed in the emergency contact list in REAL TIME
- For safety reasons, scholars will be called to sign out locations (cafeteria). Please wait patiently until your child comes down to the cafeteria.
- Please note that you must contact Mrs. Munoz at 862-754-2014 if you will be arriving late after or any time after 6:00 pm.
- After 7:00 pm scholars will be placed at precinct #4, located at #10 17th Street, Newark, N.J
- Parents that are late picking up scholar more than 2 times are subject to removal from the after care program
- Late fee will accrue after 6:01 pm at \$1.00 per minute.

Description of Services

The Daily Aftercare program will include:

- Healthy Snacks and drinks
- Homework Time
- Indoor Games and Enrichment Activities
- Outdoor activities, including organized games
- Arts and Crafts and other activities.



Friday Care Program

Friday care pick up begins immediately after school dismissal is over at 12:30 to 4:00 pm. Scholars will arrive at the school cafeteria, building C. (Scholars will not be released before this time)

- Scholars must be picked up by 4:00 pm
- Scholars will only be released to parent/guardian or whoever was placed in the emergency contact list.
- For safety reasons, scholars will be called to sign out locations. Please wait patiently until your child comes down to the cafeteria.
- Please note that you must contact Mrs. Munoz at 862-754-2014 if you will be arriving after 4:00. After 7:00 pm scholars will be placed at precinct #4, located at #10 17th Street, Newark, N.J
- Parents that are late picking up scholars more than 2 times are subject to removal from the Friday Care program.
- Late fee will accrue after 4:01 pm at \$1.00 per minute.

PS: The MPTCS wont have Friday care one Friday a Month due to Wellness day. A calendar. Remainder will be given to parents

Description of Services

The Friday Care program will include:

- Healthy Snacks and drinks
- Homework Time
- Outdoor activities, including organized games
- Indoor Games and Enrichment Activities
- Arts and Crafts and other activities.

Payment Procedures

- Payments are made by cash or money orders. No personal checks. All payments are due in advance.
- Fees are paid in advance for services and are due on the given due date. Non-payment of scheduled fees will result in the scholar being withdrawn from the program.
- Scholars picked up after 6:00 pm will be billed at the rate of \$1.00 per minute.



- Money orders should be made payable to MPTCS. Make sure the scholar's name is placed at the bottom of the Money order.
- Program for Parents is not available at this time.

Before Care Fee

- \$35.00 per week (per child) if scholar attend 3 or more days is considered a full week
- \$140.00 per month (per child)

Daily fee per day: \$7.00 (per child)

After Care

- \$65.00 per week (per child) if scholar attend 3 or more days is considered a full week
- \$260 per month (per child)

• Daily fee per day: \$15.00 (per child)

Wrap Around:

Before Care, After Care, and Friday Care (if scholar attend 3 or more days is considered a full week

- \$75.00 per week
- \$300.00 per month (per child)

Friday Care

• \$20.00 per Friday (per child) 12:30 to 4:00 pm



**Application
2024-2025**

Scholar's Name: First: _____ **Last:** _____
Enrollment Date: _____ **DOB:** _____
Grade: _____ **Teacher's Name:** _____

Please circle interested program

Program:

- Before Care (\$35.00 per week) or \$140.00 per month (per child)
- After Care (\$ 65.00 per week) o \$260 per month (per child)
- WAP (Morning (After and Friday Care) \$75.00 per week or \$300.00 per month (per child)
- Friday Care (\$20.00 per Friday) (per child)

Parent/Guardian Name: _____ **Phone #:** _____

Email: _____

Parent/Guardian Address: _____

Medical Condition/ Special Alerts _____

Allergies: _____

Type of Reaction: _____

Is the scholar on any medication after 3:30 pm?

_____ **Yes** _____ **No**

Please list the adult(s) authorized to pick up your scholar.

Name: _____ **Relationship:** _____

Phone number: _____

Name: _____ **Relationship:** _____

The fees are due every Monday beginning 8/26/24. We accept money orders, made payable to MPTCS or cash.
Please drop payments off to Mrs. Munoz

By signing this form, I recognize my obligation to pick up my child on time. If my child is not picked up by 6:00 pm there will be a \$1.00 fee for every 1 minute. If the child is not picked up by 7:00 pm, according to the policy set forth by the Board of Trustees of the Marion P. Thomas Charter School, your child will be held at Precinct #4, located at #10 17th Street, Newark, N.J

Parent/Guardian Signature: _____ **Date:** _____



Program Parent /Guardian Contract

Scholar's Name _____

I understand the policies and procedures that have been outlined in the parent hand book. I also understand that these are in place to endure the safety and well-being of my child while attending the program.

I have read them and agree to follow them. I have also discussed the rules of the program with my child. I hereby acknowledge that I have completed this form to the best of my knowledge. I give permission for my child to participate fully in the MPTCS Program.

In addition I/We agree to the financial obligation and terms of payment for this program and understand that all unpaid balances will result in late fees and possible termination from the program. I/We also understand any past due balances will be submitted to the business office and possibly to a collection agency.

Parent Name: _____

Parent /Guardian Signature: _____ Date: _____