



ACES IS BACK!!!

In 2023-2024, the Nita M. Lowey 21stCCLC
Mullica Township School ACES PROGRAM is offered
IN-PERSON AM/Morning ACES
and **IN-PERSON PM/Afternoon ACES**

Our ACES PROGRAM is **FREE** to **ALL** Mullica Township Resident
Students in **Grades 3-12** with program registration.

- The on-line electronic application link is:
<https://forms.gle/77WBuoNoXKuXAVZW8>
- OR COMPLETE THIS PAPER APPLICATION *(please follow the bulleted directions)*
 - Please **read** the information page,
 - **Complete** the student information pages,
 - **Sign** the parent/student attendance acknowledgement form and permission slip,
 - **Return** to your child's homeroom teacher OR to the Mullica Township School ACES Mailbox (ACES mailboxes are located in the Primary and Middle School Offices).

AM/Morning ACES (Grades 3-8) 7:00AM-8:30AM.
PM/Afternoon ACES (Grades 3-12) 3:35PM-5:35PM

For additional information, please contact: Barbara Rheault, 21stCCLC Director at:
brheault@mullicschools.com OR Kristin Martinez, 21stCCLC Data Clerk at:
kmartinez@mullicschools.com. Please allow up to 48 hours (2 school days) for a response.



WELCOME TO ACES 2023-2024

The Nita M. Lowey 21stCCLC Mullica Township School District ACES Program is a federally-funded, state-monitored 21st Century Community Learning Center that provides quality "before/after" school programming to eligible students. The ACES Program is FREE to all students in Grades 3-8, and Mullica resident students who attend Cedar Creek High School (Grades 9-12).

During the 2023-2024 school year the Mullica ACES Program will offer a combination **AM/Morning ACES Program** and a **PM Afternoon ACES Program**.

All Grades 3-8 students are eligible to attend ACES with program registration.

REGISTERED ACES STUDENTS WILL USE THEIR DISTRICT-ASSIGNED CHROMEBOOK TO ACCESS ACES ACTIVITIES THAT ARE ELECTRONIC-BASED.

ADDITIONAL SUPPLIES AND/OR EQUIPMENT WILL BE PROVIDED TO STUDENTS.

AM/Morning ACES operates for 1.5 hours (7AM-8:30AM) before school on Monday - Friday. AM Morning ACES provides students:

- A breakfast snack;
- Academic Support;
- Fitness, Yoga/Meditation, Movement Activities.

PM/Afternoon ACES operates for 2 hours (3:35 PM-5:35 PM) after school Monday - Friday. PM Afternoon ACES provides students:

- A healthy snack;
- Academic Support;
- Enrichment opportunities in STEM, ELA, Science, and Math;
- Clubs and Activities focused on the arts, youth development, life skills, social-emotional health and well-being, physical fitness and movement;
- FUN FRIDAYS or WACKY WEDNESDAYS or THRILLING THURSDAYS which may include themed in-school events, out-of-district field trips, and/or Family Events.

Special Family and Community Engagement Events are scheduled on a monthly basis.

Parents and/or siblings of registered students are invited to participate in these events.

***NOTE: Bus transportation is not available for AM Morning ACES. at this time. PM Afternoon ACES does provide courtesy bus transportation. Bus stops are NOT based on regular school bus routes. Courtesy/Activity bus routes have stops in locations "centralized" for clusters of students in given locations/areas.**

All ACES Programming will follow the current Mullica Township School District's Operational Plan, and is subject to change based on local, state and federal policies, orders, directives, and/or guidelines.

Nita M. Lowey 21st CCLC Mullica ACES Program GOALS and MISSION STATEMENT

It is our vision to offer high quality, hands-on and inquiry based opportunities in a before/after school environment to all registered participants that will yield improved academic achievement, positive behavior, social interaction and parental involvement while preparing students for the 21st Century.

The Mullica Township Schools' 21stCCLC ACES is dedicated to providing a safe environment facilitated by nurturing adults where opportunities in academic support and enrichment, positive youth development, culture and the arts, health/nutrition/fitness and physical activity are provided. Opportunities and activities and programming for parental involvement are also offered.

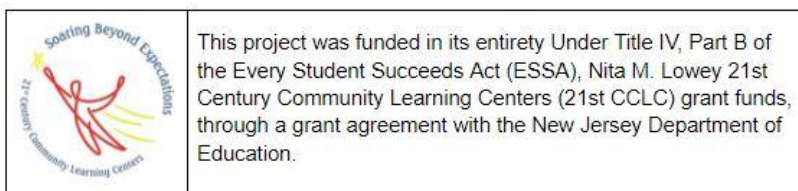
ACES provides the following services to registered students:

- Support and enrichment in math, science and language arts
- Tutoring & Counseling
- The Arts: Cultural, Visual and Performing
- Character Education
- Physical Fitness/Health and Wellness
- Technology

Attendance is vital for our ACES Program to receive federal funding. Students are required to "check-in" for program reporting purposes. Mullica ACES needs 151 students to register a minimum of 30 days attendance to receive continued funding.

Our ACES Program Schedule is based upon the Mullica Township School District Instructional Model approved by the Mullica Township Board of Education. The 21stCCLC ACES Calendar will mirror the School District Calendar, and is subject to change.

Questions or Comments? Please e-mail: brheault@mullicschools.com





ACES

Afterschool Coyote Experiences

MULLICA TOWNSHIP SCHOOL DISTRICT ACES PROGRAM STUDENT ENROLLMENT FORM 2023 - 2024

*This form must be completed and signed by the parent or guardian of a student enrolling in the Nita M. Lowey 21stCCLC Mullica Township ACES Program. The student will **not** be able to begin until ALL information is complete. Please complete **ALL** pages in this packet. Packets must be returned to ACES within 10 days of receipt. This application covers all ACES Programming.*

Student Name: _____ Birth Date: _____
Last First MI Month/Day/Year

Sex: Male Female Race/Ethnicity: _____ Primary Language Spoken @ home _____

Limited English Proficiency: Yes No Unspecified

Free Lunch: Yes No Reduced Lunch: Yes No N/A

Grade: _____ HR: _____ School attended last year: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian #1

First Name Last Name

Relationship to Student

Home Phone

Work Phone

Cell Phone

May we text you? Yes No

E-mail

Street Address

City State Zip

Parent/Guardian # 2

First Name Last Name

Relationship to Student

Home Phone

Work Phone

Cell Phone

May we text you? Yes No

E-mail

Street Address

City State Zip

Student Rights & Responsibilities Contract: Grades 3-12

Student Name

Date of Birth

Grade

I know I have a right to:

- Be in a safe and supportive environment, free from discrimination, harassment and bigotry.
- Know what appropriate behavior is and what behaviors may result in disciplinary actions.
- Be counseled by members of ACES staff in matters related to my behavior as it affects my education and welfare of the school.

I agree to:

- Come to ACES on time.
- Arrive for each of my classes on time, prepared, and ready to work.
- Show respect to all members (other students, teachers, staff) of the learning community.
- Resolve conflicts peacefully, and avoid fighting inside or outside of the school or program sites.
- Behave respectfully, without arguing, and cooperate when a staff member gives direction or makes a request. I understand that I will be given an opportunity to voice my concerns at an appropriate time if I do not agree with the request.
- Take responsibility for my personal belongings and respect other people's property.
- Dress appropriately and do not wear any suggestive clothing including skinny tank-tops, midribs, short-shorts, or mini-skirts.
- Refrain from wearing clothes which have any signs of gang affiliation (e.g. scarves, bandanas) and refrain from using gang signs, calls, chants, movements, handshakes.
- Refrain from bringing weapons, illegal drugs, controlled substances and alcohol to school.
- Refrain from bringing/using personal possessions that are disruptive (e.g., cell phones, iPods/MP3 players) at ACES.
- Share information with ACES staff that might affect the health, safety or welfare of the school community.
- Keep my parents/guardians informed about ACES-related matters and make sure I give them information sent home.
- Follow all rules of this ACES Discipline Code and the Mullica Township School Discipline Guide printed in my Agenda Book.
- Behave responsibly as described in this contract, and abide by all school rules.

Rights & Responsibilities Code:

I understand that if I violate this behavioral code, there will be consequences for my actions. I understand that consequences will be progressive in nature, and may include, but are not limited to: verbal warning, phone call home to parents/guardians, immediate dismissal from ACES for the day(s), loss of Fun Friday/Special events, loss of bus privileges, "pause" in attendance, and/or removal from ACES.

I understand that the ACES Program follows the Mullica Township School Discipline Guide. I further understand that the MTSD Guide is located in my Student Agenda Book provided to me in my homeroom on my first day of school..

I have read this **Discipline Code** and understand this contract. I agree to follow the rules of behavior.

Student Name: _____ Signature: _____ Date: _____
Print

***** {Parent/Guardian Section} *****

I have received a copy of the **Discipline Code** and understand the behavior that is required of my child.

I agree to help my child follow this agreement by:

- Encouraging my child to be a respectful and peaceful member of the school community.
- Discussing the contents of the Discipline Code and the contract with my child.
- Participating in any discussions and decisions concerning my child's education.
- Attending any scheduled appointments with ACES staff.
- Providing ACES with current telephone numbers and emergency contact information.
- Alerting the school if there are any changes in my child's health or well being that affect his/her ability to perform in ACES.

I understand that the ACES Program follows the Mullica Township School Discipline Guide. I further understand that the MTSD Guide is located in the Student Agenda Book provided to my child in the homeroom on the first day of school..

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

**Mullica Township School District
ACES Program**

RELEASE OF CHILD

I give permission for my child to be released to the following individuals with proper identification:

Name	Relationship to Child	Telephone
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Name	Relationship to Child	Telephone
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Name	Relationship to Child	Telephone
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DO NOT RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

Name	Relationship to Child
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Name	Relationship to Child
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EMERGENCY CONTACTS

Please list two persons who may be called between 3:35pm and 5:35pm if you are not available.

First Name	Last Name
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First Name	Last Name
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Relationship to Student

Relationship to Student

Home Phone

Home Phone

Work Phone

Work Phone

Cell Phone

Cell Phone

Street Address

Street Address

City	State	Zip
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City	State	Zip
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PARENT/GUARDIAN SIGNATURE

I authorize my child to participate in the 21stCCLC AM/PM ACES Program at the Mullica Township School. Upon the completion of the ACES program, I understand it is my responsibility to arrange safe passage to/from the school or my child's activity bus stop.

Parent/Guardian Signature	Date
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**Mullica Township School District
ACES Program**

EMERGENCY MEDICAL CARE (To be completed by the parent or guardian)

**Student's
Name:** _____

**Date of
Birth:** _____

1. If my child requires emergency medical care and I cannot be reached, I give my consent to Mullica Township ACES Program to obtain the necessary medical care for my child. I agree to pay all costs associated with the emergency medical care my child receives. I understand every effort will be made to contact me before and after medical care is provided.

2. This information is strictly confidential and will not be shared with anyone without my written consent or in the case of emergency medical care.

3. Following emergency medical care, my child may be released to the following people: Write "same" if same as emergency contacts.

Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____	Relationship to Child: _____ Employer: _____ Work Phone: _____
Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____	Relationship to Child: _____ Employer: _____ Work Phone: _____
Name: _____ Address: _____ Home Phone: _____ Cell Phone: _____	Relationship to Child: _____ Employer: _____ Work Phone: _____

4. Health/Insurance Information:

Student's Doctor: _____ Doctor Phone: _____ Allergies: _____ Last Tetanus: _____ Doctor Address: _____	Insurance Company: _____ Policy Holder ID#: _____ Religious preference (optional): _____ Medication List: _____
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Additional Comments: _____

5. I understand this consent will be in effect immediately and will continue as long as my child is enrolled in this afterschool program.

Parent/Guardian Signature

Date

Mullica Township School District - ACES Program

****CONFIDENTIAL** HEALTH RECORD** (To be completed by the parent or guardian) *This confidential health record will only be used to ensure the safety of the children in this program. This information will not be shared outside of this afterschool program. Feel free to continue your notes on the back of this form.*

Student's Name: _____

Date of Birth: _____

1. Please provide your child's medical history.

CONDITION	YES (if yes, write approx. date)	NO
Asthma		
Convulsions/Seizures		
Diabetes		
Ear Infections		
Chicken Pox		
Measles		
German Measles		
Rheumatic Fever		
Mumps		
Corrective Device (Glasses, hearing aid, etc.)		
Does your child use an inhaler?		

ALLERGY	YES	NO
Penicillin		
Insect Stings		
Foods		
Plants		
Hay Fever		
Topical ointments		
Other		
If "yes" to any of the above, please specify allergy and describe reaction.		

2. List significant illnesses or surgeries. Provide the date and any instructions.

3. Special situations or needs program staff should be aware of:

Child has behavioral/emotional difficulties
Child has physical disabilities
Other (describe)

4. Special Health Care Needs

Does your child have special health care needs that require treatment and/or medication? YES ___ NO ___ If yes, describe below.

If your child requires treatment and/or medication during after-school hours, complete the *Health Care Plan for a Child with Special Health Care Needs* form.

5. Medication

Does your child take medication for any condition or illness? YES ___ NO ___ If yes, describe below.

If your child requires medication during after-school hours, complete the *Medication Consent* form.

6. Sunscreen and Topical Ointments

Do you give permission to the after-school program to apply sunscreen or other over-the-counter topical ointments on your child? YES ___ NO ___

7. Activities to be encouraged:

8. Activities child cannot participate in:

9. My child may participate in all program activities, except those noted in number 8 above.

Parent/Guardian Signature

Date

**Mullica Township School District
ACES Program**

PHOTO/VIDEO/INTERVIEW CONSENT (To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of _____, whose date of birth is _____.
(month/day/year) (print name of child)

I understand this after-school program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote this after-school program.

I give permission for my child to be photographed or otherwise recorded during after-school events and activities, and for any and all such photographs to be displayed by ACES AFTERSCHOOL PROGRAM at Mullica Township School in any medium (books, newsletters, web sites, etc.) whether now or hereafter known or developed.

SIGNATURE OF PARENT OR GUARDIAN DATE

If you do not wish for your child to participate in the activities described above, please review this section of this form.

I **DO NOT** give permission for my child to be photographed or otherwise recorded during after-school events and activities. As a result, my child may not be able to participate in these events and activities.

SIGNATURE OF PARENT OR GUARDIAN DATE

**MULLICA TOWNSHIP SCHOOL GRADES 3-8 STUDENTS
PLEASE RETURN THIS REGISTRATION TO MULLICA TOWNSHIP ACES OFFICE WITHIN 10 DAYS.**

**CEDAR CREEK HS (MULLICA TWP. RESIDENT) GRADES 9-12 STUDENTS
PLEASE RETURN THIS REGISTRATION TO THE CEDAR CREEK GUIDANCE OFFICE OR MULLICA TOWNSHIP ACES OFFICE WITHIN 10 DAYS. PLEASE BE AWARE THAT TRANSPORT FROM CEDAR CREEK HS TO THE MULLICA SCHOOL, AND THEN HOME, MUST BE PROVIDED BY THE PARENT. STUDENTS ARE NOT PERMITTED TO DRIVE TO/FROM ACES.**

APPLICATION MUST BE COMPLETED IN ITS ENTIRETY.
MULLICA TOWNSHIP ACES OFFICE
MULLICA TOWNSHIP SCHOOL
500 ELWOOD RD., P.O. BOX 318, ELWOOD, NJ 08217.

For more information, please contact Barbara Rheault @ (609) 561-3868 x251 (brheault@mullicschools.com) or Kristin Martinez @ (609) 561-3868 x121 (kmartinez@mullicschools.com)



**MULLICA ACES ATTENDANCE ACKNOWLEDGMENT FORM
AND PERMISSION SLIP TO ATTEND ALL ACES ACTIVITIES/FIELD TRIPS
FOR THE 2023-2024 SCHOOL YEAR**

My child, _____, in Grade _____ has my **PERMISSION** to participate in the Nita M. Lowey 21stCCLC Mullica Township School ACES Program (AM Morning Program and/or PM Afternoon Program) and may attend any/all events or trips/activities (on and offsite) throughout the week, as well as any Wacky Wednesday/Thrilling Thursday/Fun Friday activities operated through the ACES Program.

I acknowledge that regular **ATTENDANCE** is vital for the ACES Program to receive federal funding, and understand that my child is required to “check-in” to a minimum of 30 days daily attendance (AM Morning Program, and/or PM Afternoon Program) upon registration for the program.

Please register my child in (CHECK ALL THAT APPLY)

AM Morning ACES

PM Afternoon ACES

AM Morning AND PM Afternoon ACES

Parent Guardian Signature

Child signature

Date

MULLICA ACES PARENT AND STUDENT SURVEY

What activities would you and/or your child like to see offered at ACES?

What suggestions or ideas do you have for our ACES staff?

500 Elwood Road ~ P.O. Box 318 ~ Elwood, New Jersey ~ 08217

Phone: (609) 561-3868, Ext. 251 OR 252 ~ Fax: (609) 561-9541

E-Mail: brheault@mullicschools.com



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