

Office of the Superintendent

**THE JERSEY CITY PUBLIC SCHOOLS**  
346 Claremont Avenue  
Jersey City, New Jersey 07305  
Telephone - (201) 915-6201  
Fax - (201) 915-6084



**Charles T. Epps, Jr., Ed.D.**  
Superintendent of Schools

June 1, 2009

Dear Parents and Guardians,

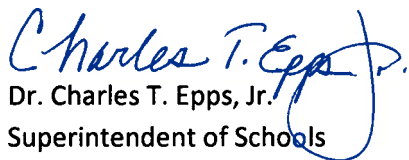
This school year, I piloted the Morning S.T.A.R.S. Program at ten different schools and sites that were selected from parental requests and I was quite pleased with their success. The Morning S.T.A.R.S. Program began at 7:00 a.m. and breakfast was available at 8:00 a.m. for those children that were eligible for free or reduced breakfast or if you decided to send breakfast with your child. We employed teachers and teacher aides from the school, so that these adults were familiar with your children.

The Morning S.T.A.R.S. Program was available to all students in Pre-K to grades 4 at a cost of \$3.00 a day, per child, paid monthly by money order.

Once again, I am planning the Morning S.T.A.R.S. Program at several schools/sites in the District for the 2009-2010 school year. I realize that it is very difficult for our working parents/guardians to make arrangements for their children before the school day. As always, the safety of our children is a primary concern.

So that it can be determined which schools/sites to select for the 2009-2010 school year, please take a few minutes to complete the survey and return it to your principal no later than June 12, 2009. If you should have any questions, please feel free to contact Mrs. K. Marsella, Supervisor at (201) 915-6044 or email her at [kmarsella@jcboe.org](mailto:kmarsella@jcboe.org).

Thank you in advance for your cooperation and I appreciate your input.

  
Dr. Charles T. Epps, Jr.  
Superintendent of Schools

C: Cabinet  
File



# JERSEY CITY PUBLIC SCHOOLS



## Morning S.T.A.R.S. Program

★ School: \_\_\_\_\_

★ Parent/Guardian Name: \_\_\_\_\_

★ Child's Name(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

★ Telephone Numbers \_\_\_\_\_

★ Is your child bused? If yes, from PS # \_\_\_\_\_ to PS # \_\_\_\_\_

★ Which school would your child attend the morning program? \_\_\_\_\_

★ Please indicate your preference at this time.

\_\_\_\_\_ I am very interested in my child/children attending the Morning S.T.A.R.S Program.

\_\_\_\_\_ I may need for my child/children to attend the Morning S.T.A.R.S. Program.

\_\_\_\_\_ I am not interested in the Morning S.T.A.R.S. Program at this time.

★ Comment:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

THIS SURVEY MAY BE RETURNED TO YOUR C.A.S.P.E.R. SITE OR MAILED TO:

Mrs. Kathleen Marsella, Supervisor

[kmarsella@jcboe.org](mailto:kmarsella@jcboe.org)

Phone: (201) 915-6044

Jersey City Board of Education 6<sup>th</sup> Floor

346 Claremont Avenue Jersey City, New Jersey 07305

