

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization BROWNIES Today's Date / /
Non-Profit? Will an admission fee be charged? Are you requesting a waiver of facilities fees?
If yes, amount \$ 1 per session

Specific purpose of use: BROWNIES MEETINGS
Name of School Requested Bushkill Elementary

Table with columns: DAY(S) from DATE(S) to, HOURS from to, DESCRIPTION (meeting, practice, game, rehearsal, performance,...)
Mondays Oct 26 - May 31 3:30 - 5 meeting

Facility Required: Auditorium, Cafeteria, Gymnasium, All-Purpose Room, Stadium, Kitchen/Preparation, Swimming Pool, Stage, Kitchen/Serving, proof of certified lifeguard, Classrooms #, Fields (specify), Other (specify)

Equipment Required: (*must be operated/attended by school personnel)
Kitchen Equipment*, Sound System, Record Player/Stereo Equip., Folding Stands, Stage Lighting*, Motion Picture Projector, Overhead Projector/Screen, Tables and/or Chairs, Scoreboard*, Athletic Equipment, Other (specify)

The District has the right to assign additional security and other personnel as needed. Your organization will be subject to fees for these services. Your organization must provide a Certificate of Insurance listing the ESASD as co-insured as follows:

\$ 500,000 Bodily Injury Liability (\$500,000 minimum)
\$ 500,000 Property Damage Liability (each occurrence) (\$500,000 minimum)

List at least one, but preferably two, responsible officials of your organization who will be present at the time facilities requested are being used, and who will accept full responsibility for adherence to School District regulations by all persons in attendance.

Name Jessica Fiehres Address Phone 588-7518
Name Joan Creighton Address Phone 588-3147

I certify that I have read, understand, and agree to adhere to Policy #707 of the East Stroudsburg Area School District concerning Use of School Facilities. Further, my organization forever releases the East Stroudsburg Area School District, the East Stroudsburg School Authority, their directors, agents, employees and servants from all claims, actions, and charges whatsoever arising out of the event(s) conducted on the above-mentioned date(s) for which this application is submitted.

Signature — Responsible Organization Official Phone (day) 570 588 7518 (eve.)

Billing Address

APPROVALS: Principal Date 10/2/09
Business Administrator Date 10/19/09
copy to: [checkboxes] Date / /

For office use only: FACILITIES USE INVOICE
Facilities/Equipment used: Charges: \$
Personnel Employed: (attach time sheets) Charges: \$
Other (specify): 2 Charges: \$

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization Cubscout Pack 108 Bushkill Today's Date / /

Non-Profit? yes no Will an admission fee be charged? yes no Are you requesting a waiver of facilities fees? yes no
If yes, amount \$ If yes, attach a letter of justification addressed to the Board of Education. This does not include a waiver of fees for scheduled district personnel.

Specific purpose of use: CAFETERIA

Name of School Requested BUSHKILL ELEMENTARY

DAY(S) from — DATE(S) — to	HOURS — to	DESCRIPTION (meeting, practice, game, rehearsal, performance,...)
<u>10/29 - 11/19 - 12/17</u>	<u>6:30 8:30</u>	<u>PACK NIGHT</u>
<u>1/21 - 3/18 - 4/15 - 5/20</u>		

Facility Required:

<input type="checkbox"/> All-Purpose Room	<input type="checkbox"/> Auditorium	<input checked="" type="checkbox"/> Cafeteria	<input type="checkbox"/> Gymnasium
<input type="checkbox"/> Swimming Pool (requires proof of certified lifeguard)	<input type="checkbox"/> Stadium	<input type="checkbox"/> Kitchen/Preparation	<input type="checkbox"/> Kitchen/Serving
	<input type="checkbox"/> Stage	<input type="checkbox"/> Fields (specify)	
	<input type="checkbox"/> Classrooms #	<input type="checkbox"/> Other (specify)	

Equipment Required: (*must be operated/attended by school personnel)

<input type="checkbox"/> Kitchen Equipment*	<input type="checkbox"/> Sound System	<input type="checkbox"/> Record Player/Stereo Equip.	<input type="checkbox"/> Piano
<input type="checkbox"/> Stage Lighting*	<input type="checkbox"/> Motion Picture Projector	<input type="checkbox"/> Overhead Projector/Screen	<input type="checkbox"/> Folding Stands
<input type="checkbox"/> Scoreboard*	<input type="checkbox"/> Athletic Equipment	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Tables and/or Chairs

The District has the right to assign additional security and other personnel as needed. Your organization will be subject to fees for these services. Your organization must provide a Certificate of Insurance listing the ESASD as co-insured as follows:

\$ Bodily Injury Liability (\$500,000 minimum) \$ Property Damage Liability (each occurrence) (\$500,000 minimum) (ON FILE)

List at least one, but preferably two, responsible officials of your organization who will be present at the time facilities requested are being used, and who will accept full responsibility for adherence to School District regulations by all persons in attendance.

Name Louis A Santiago Address 200 RANCHLANDS, BUSHKILL Phone 828-9635
 Name GINNY JOY Address 34 PLEASANT RUN BUSHKILL Phone 588-7145

I certify that I have read, understand, and agree to adhere to Policy #707 of the East Stroudsburg Area School District concerning Use of School Facilities. Further, my organization forever releases the East Stroudsburg Area School District, the East Stroudsburg School Authority, their directors, agents, employees and servants from all claims, actions, and charges whatsoever arising out of the event(s) conducted on the above-mentioned date(s) for which this application is submitted. My organization will defend all actions, suits, complaints, or legal proceedings of any kind brought against the Board of Education and any of its agents, servants or employees and further will hold harmless and indemnify the said School Directors, School District, and School Authority from any expenses and judgments or decrees recovered against them as a result of said use of these facilities.

Signature — Responsible Organization Official [Signature] Phone (day) 807-4667 (eve.) SAME

Billing Address 200 RANCHLANDS, BUSHKILL PA 18324

APPROVALS: Principal [Signature] Date 9/18/09
 Business Administrator [Signature] Date 10/19/09
 stage manager athletic director cafeteria manager head custodian librarian a/v coordinator other Date / /

For office use only: FACILITIES USE INVOICE	
Facilities/Equipment used:	Charges: \$
	\$
	\$
Personnel Employed: (attach time sheets)	Charges: \$
	\$
	\$
Other (specify): <u>3</u>	Charges: \$
	\$

APPLICATION FOR USE OF SCHOOL FACILITIES

Name of Organization Pocono Services for Families & Children Today's Date 10 / 19 / 09
Monroe County Head Start

Non-Profit? Will an admission fee be charged? Are you requesting a waiver of facilities fees?
If yes, attach a letter of justification addressed to the Board of Education.
This does not include a waiver of fees for scheduled district personnel.

Specific purpose of use: To conduct a Pre-K classroom for district students who
are both at risk and economically disadvantaged.

Name of School Requested

Table with 3 columns: DAY(S) from DATE(S) to, HOURS from to, and DESCRIPTION (meeting, practice, game, rehearsal, performance,...). Entry: 11/2/09 to 6/30/09, 8:00 a.m. to 4:00 p.m., M-F Preschool Education Program

Facility Required: Auditorium, Cafeteria, Gymnasium, All-Purpose Room, Stadium, Kitchen/Preparation, Swimming Pool, Stage, Fields, Other (specify) sink, Classrooms # 1, Kitchen/Serving will eat lunch w/kdg.

Equipment Required: (*must be operated/attended by school personnel)
Kitchen Equipment*, Sound System, Record Player/Stereo Equip., Piano, Stage Lighting*, Motion Picture Projector, Overhead Projector/Screen, Folding Stands, Scoreboard*, Athletic Equipment, Other (specify), Tables and/or Chairs

The District has the right to assign additional security and other personnel as needed. Your organization will be subject to fees for these services. Your organization must provide a Certificate of Insurance listing the ESASD as co-insured as follows:

\$ Bodily Injury Liability (\$500,000 minimum) \$ Property Damage Liability (each occurrence) (\$500,000 minimum)

List at least one, but preferably two, responsible officials of your organization who will be present at the time facilities requested are being used, and who will accept full responsibility for adherence to School District regulations by all persons in attendance.

Name Mary Kay Posselli Address 212 W. Fourth St. E. Stbg. Pa Phone 421-2676
Name Mrs. Annelle Prefontaine Address 50 Vine St., E. Stbg., Pa Phone 424-8500 (1141)

I certify that I have read, understand, and agree to adhere to Policy #707 of the East Stroudsburg Area School District concerning Use of School Facilities. Further, my organization forever releases the East Stroudsburg Area School District, the East Stroudsburg School Authority, their directors, agents, employees and servants from all claims, actions, and charges whatsoever arising out of the event(s) conducted on the above-mentioned date(s) for which this application is submitted.

Signature - Responsible Organization Official Mary Kay Posselli Phone (day) 570-421-2711 (eve.) Same
Billing Address 212 West 4th St. East Stroudsburg, PA 18301

APPROVALS: Principal Annelle Prefontaine Date 10/19/09
Business Administrator Date 10/19/09
copy to: [checkboxes] Date 1/1

For office use only: FACILITIES USE INVOICE
Facilities/Equipment used: Charges: \$
Personnel Employed: (attach time sheets) 4 Charges: \$
Other (specify): Charges: \$



East Stroudsburg Area School District
50 Vine Street
P. O. Box 298
East Stroudsburg, PA 18301
Phone: (570) 424-8500 - Fax (570) 424-5646
www.esasd.net

Sharon S. Laverdure
Acting Superintendent

Irene N. Duggins, Assistant Superintendent
for Curriculum and Instruction

Mrs. Patricia Bader
Business Manager

Sharon Laverdure, Acting Superintendent for Special
Projects

Sharon Laverdure, Acting Superintendent for Human
Resources

To: Pocono Services for Families and Children/Monroe County Head Start
From: Mrs. Annelle Prefontaine, Director of Federal Programs and Grants
Date: October 19, 2009
RE: Agreement for Services

The East Stroudsburg Area School District, according to a verbal agreement reached on March 22, 2006 will continue to provide Head Start teachers with certain supports. The Head Start teachers will be invited to professional development in-services on October 13, 2009, January 22, 2010 and March 12, 2010. They will attend these in-services with East Stroudsburg Area School District kindergarten teachers. These in-services will provide the Head Start staff with specific strategies to help close the gap between expectations and Early Learning Standards, as well as align Head Start and Kindergarten curriculum.

Dr. Sally Yorke-Viney, an East Stroudsburg Area school District Literacy Coach will observe individual students during Head Start instruction and provide evaluation and constructive feedback to Head Start teachers. In the Spring of 2009, Head Start teachers will provide needed information about their program and students attending in the fall, 2009 to the East Stroudsburg Area School District kindergarten teachers. The Head Start teachers will attend grade level meetings once a month with the East Stroudsburg Area School District kindergarten teachers.

ESASD will help compile data for the Head Start program concerning student information and assessments using Performance Tracker. Performance Tracker has created a computer program allowing students from Head Start to be tracked during their attendance at Head Start and after they enter ESASD from K-3rd grade. The students who received Head Start instruction will be compared to students without such pre-school instruction, thereby establishing a control group. ESASD literacy coach, Dr. Sally Yorke-Viney will help to analyze this data.

This agreement also represents the third year that Pre-K Counts and the East Stroudsburg Area School District have collaborated on a Pre-K Counts State Grant, facilitating educational services for fifteen district students who are at risk for school failure. Periodic meetings between Pre-K Counts Director, Mary Kay Posselli, Mrs. Irene Duggins, Assistant Superintendent of Curriculum and Instruction, Mrs. Annelle Prefontaine, Director of Federal Programs and Grants and Mrs. Janet Zimmerman, kindergarten teacher have been on-going and will continue in order to monitor, oversee and make changes as needed during the course of the year.

In addition, Head Start agrees to share End of Year reports on their children involved in the partnering classrooms. Head Start parents may at any time make an appointment with any of the ESASD elementary schools for a tour and a meeting with the principal.

The ESASD will invite Head Start parents to the annual Parent Awareness Conference, as well as any Title I programs that the district promotes.

During the 2009-2010 school years, Head Start will be conducting a pre-school class at J.M. Hill Elementary School. All activities will be conducted and supervised by Head Start teachers.

Sincerely,

Annelle Prefontaine
Mrs. Annelle Prefontaine
Director of Federal Programs/Grants

5 Mary Kay Posselli
Mrs. Mary K. Posselli,
PSFC Administrative Director