

HIGHLAND LOCAL SCHOOLS DISTRICT'S
HIGHLAND EXPRESS AFTER SCHOOL CHILD CARE PROGRAM

STUDENT ENROLLMENT INFORMATION

Bus number _____

Child's Name _____ Date of Birth _____

Child's Teacher _____ Room No. _____ Grade _____

Home Phone Number _____ Cell Number(s) _____

Names and ages of brothers and sisters _____

Who lives in the home with the child? (mom, dad, grandma, etc.) _____

Mother's Name _____ Father's Name _____

Parent's Status: Married _____ Divorced _____ Single _____ Widow(er) _____

Previous school or child care center/provider _____

Has your child experienced any changes lately? (moving, new baby, etc.) _____

Is there anything you feel the child care staff should know about your child? _____

Please list all of your child's medications and/or allergies _____

RELEASE OF CHILD

Name and relationship of **ALL** people authorized to take your child from the facility:

Is there anyone **NOT** allowed to take your child from the facility?

_____ Reason: _____

LATCHKEY START DATE: _____

(Parent Signature)

(Date)

PARENT AGREEMENT CONTRACT
THE HIGHLAND EXPRESS
GRANGER HINCKLEY SHARON
ELEMENTARY SCHOOLS

Child's Name _____ Grade _____
Address _____
Home Phone Number _____

Mother's Name _____
Work Phone # _____ Cell # _____
E-mail address _____

Father's Name _____
Work Phone # _____ Cell# _____
E-mail address _____

DAYS OF ATTENDANCE: (Please circle)

Monday Tuesday Wednesday Thursday Friday As Needed

TIMES OF ATTENDANCE: A.M. P.M. FULL TIME AS NEEDED
(Please circle the above)

Please sign and return this contract:

I agree to pay the applicable fees associated with my child's participation in the program. All fees are expected to be paid in full by the end of each month. Unpaid balances may result in your child being excluded from attending the Latchkey Program. Fees may be paid online or by check. We appreciate your cooperation and look forward to your child's participation.

Parent's Signature Date

***PLEASE REMEMBER: IF SCHOOL IS DELAYED, LATCHKEY WILL BE CLOSED. ALSO, IF SCHOOL IS DISMISSED EARLY, LATCHKEY WILL BE CLOSED. IF YOUR CHILD IS ABSENT FROM SCHOOL, HE/SHE MAY NOT USE THE PROGRAM THAT DAY. ***

LATCHKEY EMERGENCY DISMISSAL FORM

Please complete this form and return to school. Make sure you fill this form out carefully. **If an emergency evacuation or weather dismissal occurs, the media will be alerted as quickly as possible, you will receive a telephone call through our parent alert system, our website will be updated, and you will receive an e-mail if you are signed up through our Highland website at www.highlandschools.org to receive e-newsletters and other important school information.**

The telephone lines need to be kept open for emergencies. All children will be released using the directions chosen on this form.

The following directions have been given to my child:

Name _____

Grade _____ **Teacher** _____

_____ My child is to go directly home. Bus # _____

_____ My child is to ride his/her regular bus and get off at a neighbor's home.

Neighbor's Name _____

Address _____

Neighbor's Phone _____

_____ My child is to be transported by a **different** bus to the following address in our elementary busing area:

Name _____

Address _____

Bus Number # _____

It is imperative that your child is informed to what he/she is to do in such emergencies as well as having this information on file. **The school CANNOT make phone calls.**

I have discussed the emergency procedures with my child and he/she knows what to do and where he/she will go if school is dismissed early due to an emergency.

Parent Signature

Date

HIGHLAND EXPRESS CHILD CARE PROGRAM

Teacher: _____ Homeroom: _____ Grade: _____ Bus Number: _____ Driver: _____

HIGHLAND LOCAL SCHOOLS EMERGENCY MEDICAL AUTHORIZATION FORM

O.R.C. 3313.712

School Attending

Student Name

Date of Birth

Street Address

Telephone

City

Zip

Purpose – To enable parents and guardians to authorize the provisions of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

Residential Parent or Guardian Contact Information

Name/Relationship:	Home Phone:	Work Phone:	Cell Phone:
Parent/Guardian: _____	_____	_____	_____
Parent/Guardian: _____	_____	_____	_____
Relative/Other: _____	_____	_____	_____
Relative/Other: _____	_____	_____	_____

PART I OR II MUST BE COMPLETED

Part I – To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

Medical Specialist: _____ Phone: _____

Local Hospital: _____ Emergency Room Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

Date: _____ Signature of Parent/Guardian: _____

Phone: _____ Address: _____

Part II – Refusal To Consent

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date: _____ Signature of Parent/Guardian: _____

Phone: _____ Address: _____