

LATCHKEY STUDENT FORMS

Child's Last Name	Child's First Name	Middle Name	Grade (23-24 School Year)
Date of Birth	Home Address		School Child Attends
Parent/Guardian Name	Place of Employment/Work Phone		Work Hours
Parent/Guardian Name	Place of Employment/Work Phone		Work Hours
If there will be other people dropping off and picking up, please list below			
<u>Full Name</u>	<u>Relationship</u>	<u>Phone Number(s)</u>	

Schedule Information:

_____ Full Time (AM and PM) _____ Part Time (AM ONLY) _____ Part Time (PM ONLY)

_____ Drop In ONLY

_____ Cancellation days/scheduled days off

Estimated morning drop off time: _____

Estimated afternoon pick up time: _____

About your child:

Does your student have any special needs, conditions, medications, or allergies?

Tell us about some of the things that your child enjoys outside of school:

Does your child have trouble with: Loud Noises _____ Bright Lights _____
Group Play Activities _____ Change of Routine _____

What coping skills does your child use when he/she is anxious, angry or upset?

Are there any special circumstances at home or at school currently occurring or about to occur in your child's life that you would like to share with the Latchkey staff?

Parent/Guardian Agreement Checklist:

- I have read and agree with Latchkey Program parent/student handbook.
- I have read the Tuition Payment guidelines and agree to make the necessary payments every Monday for the current week.

*Payments are due every **MONDAY** for the current week. There will be a payment schedule given to you that will outline the weekly tuition. You may pay ahead for as many weeks as you wish. There is a payment drop box located at the Latchkey site for payment submission. Payment receipts are emailed to the email address listed on the registration form. Late fees of \$5.00 per week will accrue for delinquent accounts. These accounts will be considered for suspension/termination.

- I understand that on the days that Latchkey is scheduled to be closed; tuition will be pro-rated for those days. **We do not pro-rate or credit accounts for student absences and/or suspensions.**
- I have received a copy of the 2023-2024 Latchkey Calendar (back of handbook).
- I DO / I DO NOT (circle one)*** give permission to have my child appear in any media coverage approved by the Sidney City Schools Latchkey Program.

****Please confirm that each box is properly marked and this form is signed/dated to ensure program enrollment.***

Print Parent/Guardian Name: _____

Signature of Parent/Guardian: _____ Date: _____