

## Wichita Public Schools School Age Program (Latchkey) Summer Parent Enrollment Agreement

**I understand and agree to the following statements:**

1. I am required to accompany my child to/from the supervised latchkey area and check them in/out on the computer.
2. Provide a photo of authorized pickup persons who should be 18 years or older and will be registered on the bio reader.
3. I will give two weeks written notice prior to withdrawal of my child from the program.

**Charges**

4. **Registration fee** per child is paid at the time of enrollment and is **non-refundable**.
  - a. Transfers to another site during the summer do not pay another registration fee.
5. **Weekly contracted days** are charged at the beginning of the week. You are not charged for days we are closed.
  - a. Below are the specific times I contract each day with the School Age Program.
  - b. I will pay for my child's contracted schedule with the School Age Program **regardless of attendance**.
6. **A late fee** of \$5 will be charged on a balance due the last day we are open that week.
7. **\$1.00 per minute** late pickup fee per child will be assessed starting one minute past closing time and continuing until my child is picked up. **If at thirty minutes past closing time we have been unable to contact an authorized pickup person, my child will be considered abandoned, and an officer will be called to collect the child.**
8. The third child and/or any additional children in each family attending a School Age Program will be charged half price for contracted hours. **Registration fees are not half price.**

**Payments**

9. **Payment** is due at the beginning of the week.
10. Each child is allowed one 5 sick/vacation days to use during the summer. I must request the credit from the Director. Illnesses that require absence for more than five (5) consecutive days will receive special administrative consideration.
11. Non-payment is cause for dismissal from the program. After 30 days of non-payment, it may be sent to collections.

**Fill in the estimated arrival and departure times for each day. These specified times are required by the Kansas State Department of Health and Environment (KDHE).**

Arrival times: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
 Depart times: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Latchkey rates are set by USD259

|  |                                       |
|--|---------------------------------------|
|  | <b><u>Summer Registration Fee</u></b> |
|  | <b>\$50</b>                           |

**Weekly Attendance Rates**  
**\$125**

**Adherence to this agreement is to provide protection for the parents and to assure the continuance of the School Age Program.**

Child's Name (Please Print): \_\_\_\_\_ Grade in school: \_\_\_\_\_

Parent's Name (Please Print): \_\_\_\_\_

Parent(s)/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Director's Signature: \_\_\_\_\_ School Age Program Phone # \_\_\_\_\_

Hours of the School-Age Program at: \_\_\_\_\_ are: \_\_\_\_\_ Start Date: \_\_\_\_\_

**Wichita Public Schools School Age Program (Latchkey)  
Parent Information, Authorization, Agreement and Acknowledgements**

**Supervision** is provided by the director (a certified teacher) and other district employees. Staffing is based on a 15 to 1 ratio. At least one staff member on duty at all times is CPR and First Aid certified.

**Daily** the children in attendance will have an opportunity to participate in a variety of activities ranging from homework help, arts and crafts, outdoor play, free choice activity time and organized game time.

**Medication** required during SAP must be in the original container with label clearly marked and required paperwork completed.

**Breakfast and Snacks** breakfast is offered at an additional fee and is paid directly to Nutrition Services. A nutritious snack is provided to each child in SAP during the afternoon at no additional cost.

**Insurance** our district provides liability insurance and a group insurance. The group insurance covers latchkey students when injured during latchkey. The premium is paid through your registration fee. In the event of an injury the group insurance plan will work as your secondary insurance. If you do not have insurance it will serve as primary. At the time of injury you will be given a claim form to complete along with a copy of the explanation of benefits. A copy of the explanation of benefits is available now upon request.

**Reasons for dismissal:**

- Continual late payments.
- Non-payment of fees for two weeks.
- Non-attendance of child for ten (10) consecutive days during the school year without notification in writing or payment. (Scheduled days missed during the absence will be charged at the daily rate.)
- Failure of child or parent to comply with School Age Program policies.
- Repeated behavior problems.
- Non-compliance of parent/guardian of program hours of operation (repeated late pick-up).

**Rules and Expectations of children in the SAP program align with school discipline policies:**

- Positive and appropriate behavior is expected.
- Children are expected to respect the rights of others.
- School Safety rules are to be followed.
- Children are to obey the adults in charge in a respectful and courteous manner.
- Please keep personal items at home. Staff is not responsible for any personal items brought to school.

**Parent Authorization, Agreements and Acknowledgements:**

***Initial for approval or write NO to decline.***

- \_\_\_ 1. My child has permission to participate in all of the activities provided.
- \_\_\_ 2. Any pictures taken of my child may be used in newspapers, district websites, displays, bulletin boards, or other types of educational publications.
- \_\_\_ 3. Notify the director of any family changes that could affect my child's attendance, activities, or behavior in order for us to provide better care.
- \_\_\_ 4. Provide in writing changes to my child's schedule, new home/work/cell phone numbers, for myself as well as authorized pickup persons.
- \_\_\_ 5. I have received a SAP handbook.

**I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE.**

Child's Name (Please Print): \_\_\_\_\_

Parent's Name (Please Print): \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Wichita Public Schools School Age Program (Latchkey)  
Authorized Pickup Persons**

Parent/Guardian of SAP Participant \_\_\_\_\_  
(Print child's name)

The parent/guardian must sign their child in/out daily.

List persons below that will drop off or pick up your student **frequently** (including you). Each person listed below will be required to have a photo on file.

|                                |              |              |                 |
|--------------------------------|--------------|--------------|-----------------|
| 1.                             |              |              |                 |
|                                | Printed Name | Relationship | Phone# required |
| Address, City, State, Zip Code |              |              |                 |
| 2.                             |              |              |                 |
|                                | Printed Name | Relationship | Phone# required |
| Address, City, State, Zip Code |              |              |                 |
| 3.                             |              |              |                 |
|                                | Printed Name | Relationship | Phone# required |
| Address, City, State, Zip Code |              |              |                 |
| 4.                             |              |              |                 |
|                                | Printed Name | Relationship | Phone# required |
| Address, City, State, Zip Code |              |              |                 |

**In the event of an emergency where another person needs to pick your student, you must contact the latchkey staff with the name of the person. Photo ID will be required.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**WICHITA PUBLIC SCHOOLS  
SCHOOL AGE PROGRAM (Latchkey)**

**APPOINTMENT OF AGENT**

I hereby authorize \_\_\_\_\_, \_\_\_\_\_ SAP staff or  
(Name of facility exactly as stated on the license and license #) (School name)  
\_\_\_\_\_ staff who is representative of the named facility to give consent for any and all  
(School name)  
necessary emergency medical care for my child \_\_\_\_\_ while said  
(First and last name of child)  
child is in the facility's custody between the dates of \_\_\_\_\_ and \_\_\_\_\_ while I  
(MM/DD/YYYY) (MM/DD/YYYY)  
am not immediately available to give consent.

**Information for Emergency Room:**

List any know allergies or other pertinent information about the medical status of this child in case of emergency:

\_\_\_\_\_  
\_\_\_\_\_

Is child covered by health insurance?  Yes  No

If yes, complete the following:

Health Insurance Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Assistance Program \_\_\_\_\_ Card Number \_\_\_\_\_

Military Medical Care I.D. Number \_\_\_\_\_

If known, date of last Tetanus inoculation \_\_\_\_\_

\_\_\_\_\_  
\*Signature of Parent or Guardian Date signed

\_\_\_\_\_  
Printed Name of Parent or Guardian

\_\_\_\_\_  
\*Witness to Parent's or Guardian's Signature (Non-School Age Program Employee) Date signed

\_\_\_\_\_  
Printed Name of Witness

The medical record/assessment form (or health status history form for School Age Programs) and the authorization for emergency medical care must be taken to the emergency room. Both forms must also be in a vehicle when the child is transported by the facility.

## Introducing efficiency tools for EBT cardholders ...on the web!

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- ✓ View the balance on your EBT card
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[www.ebtedge.com](http://www.ebtedge.com)

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### Registration is easy!

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**EBT Cardholders**

- View the balance on your EBT card
- Review your transactions
- Read helpful hints

[More Information](#)

#### EBT Cardholder Log In

You can easily view your current account balance and review your card transactions. Enter the number found on the front of your EBT card in the box below and click Log In.

|            |                      |                                      |   |  |
|------------|----------------------|--------------------------------------|---|--|
| EBT Card # | <input type="text"/> | <input type="button" value="Login"/> | Card Number<br><small>(Do not include spaces)</small> | <input type="text" value="5600 0012 3456 7890"/> |
|------------|----------------------|--------------------------------------|---|--|

ELECTRONIC BENEFITS CARD

You can call 1-800-997-6666 for help

**ALWAYS PROVIDE A RECEIPT** for your director.  
You can print or e-mail the receipt.  
See the director for the e-mail address.

# Visit **MyPaymentsPlus** Online...

Your One-Stop-Shop for all  
School Payment Needs



## Use MyPaymentsPlus to:

- Manage and keep track of all student payments in one convenient location
- Pay for Latchkey and/or meals, see what your students are eating in school, setup automatic reminders and payments
- Pay for school fees designated specifically for the school your students attend
- Stop sending multiple checks to multiple schools and/or departments

## Free sign-up:

- Visit [www.MyPaymentsPlus.com](http://www.MyPaymentsPlus.com)
- Click "Register a Free Account"
- Follow the simple, onscreen instructions

**ALWAYS NOTIFY THE  
LATCHKEY DIRECTOR OF  
YOUR PAYMENT BY PRINTING  
OR E-MAILING THE  
CONFIRMATION**



**MyPaymentsPlus™**

Online Payment System  
Powered by Horizon Software International, LLC

Once you complete your FREE registration,  
enter your log-in information below

My Username: \_\_\_\_\_

My Password: \_\_\_\_\_

**[www.MyPaymentsPlus.com](http://www.MyPaymentsPlus.com)**



Create your FREE account today by visiting  
**[www.MyPaymentsPlus.com](http://www.MyPaymentsPlus.com)**

**Wichita Public Schools School Age Program (Latchkey)  
Payment Questionnaire**

How do you plan to make your Latchkey payments? Please initial the appropriate box.

- Check/Cash/Money Order
- Pay with credit or debit card in person at this site
- MyPaymentPlus Online (credit or debit card only) please take a flyer and acknowledge below
- DCF Card (through the Department of Children & Families) please take a flyer and acknowledge below

Acknowledge and initial the two statements below.

\_\_\_ \* A \$5 late fee will be applied to your account on the last day of the week for a balance due.

\_\_\_ \* Nonpayment for two weeks may result in your child's removal from the program.

**MyPaymentPlus Online payment - initial and acknowledge below.**

- \_\_\_ \* MyPaymentPlus confirmation page must be received by the director before the payment will be posted.
  - Provide a printed confirmation page or forward the confirmation e-mail.
    - When forwarding the e-mail expect a response of thank you. If you do not receive a response verbally notify the director the e-mail was sent. It might go to spam the first time.
  - Only one late payment will be voided for delay of notification.
  - Our system is not linked to the MPP website like Nutrition Services. They do not notify us of your payment. The balance you see on MPP is your meal balance.
  - The phone app only works for meals at this time.
  - Make sure you see your site name and SAP Latchkey before posting the payment to avoid payment going to meals or the wrong school.

**DCF card payment - initial and acknowledge below.**

- \_\_\_ \* Notify the director of online payments. The website does not notify us.
  - Payments should be made for the amount of your childcare. We are not allowed to keep excess funds for future use.

Child(ren) name(s): \_\_\_\_\_

Parent printed name: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date \_\_\_\_\_

Latchkey Site: \_\_\_\_\_

## Wichita Public School Age Program Behavior Guidance and Discipline Policy

### Expectations

- ✓ Each SAP child is held responsible for their personal actions. The right to participate in the SAP carries with it the obligation to maintain acceptable behavior.
- ✓ Acting in a defiant manner or any show of disrespect by word and/or action towards any staff member will not be permitted.
- ✓ Profanity and vulgarity are not permitted.
- ✓ A pupil who steals or maliciously destroys or defaces property will be expected to make restitution as part of the consequences or be removed from the SAP program.
- ✓ Parents should be involved in assisting the SAP staff to ensure a meaningful and positive solution to their child's behavior actions.
- ✓ Profanity from parents directed at SAP staff is reason for dismissal from the program.

### Staff will use positive behavior management

- Review the expected behavior of the child for the selected activity in a positive statement.
- Provide choices – would you rather play with this or this? State specifically the behavior expected from the child.
- An age appropriate think time, away from others will be given as needed. The child remains in think time only long enough to regain self-control. Staff will use the CHAMPS/Second Step as needed to help students regain control.
- Think time and re-think sheets are completed in a designated area under visual staff supervision.

### Think Time and Re-Think Sheets

1. Behavior infractions result in think time as the first step.
2. Re-think sheets are completed as the second step. Re-think sheets are signed by the parent and kept in the student's folder.

### Behavior Report

1. A SAP behavior report is completed after three rethink sheets.
2. Two SAP behavior reports for violation other than zero tolerance will result in a two day suspension from the SAP.
3. Three behavior reports for violation other than zero tolerance will result in termination from the SAP.

### Zero Tolerance Behaviors Include but are not limited to:

***Hitting, bullying, sexual harassment/gestures, extreme disrespect by word/action***

1. First Zero tolerance violation will automatically receive a behavior report and receive a two day suspension from the SAP or possible termination from the SAP depending on the severity of the incident.
2. Second Zero tolerance violation will receive a behavior report and result in termination from the SAP.

### Bringing a weapon is automatic termination from the SAP and possible expulsion from school.

- ❖ *Parents are informed of their child's behavior by the latchkey director or assistant director.*
- ❖ *Suspension days are charged but an absent credit can be used upon request from parent.*
- ❖ *Termination from the SAP is for the remainder of the school year and possibly the following year.*

SAP may permanently remove any child whose behavior creates a significant risk of harm to the health or safety of other children or staff without following the guidance steps outlined above.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_



# Latchkey Late Pick Up Policy

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*All accounts are charged \$1 per child for each minute after 6:00 pm*

## Over five minutes

1<sup>st</sup> time – late by five minutes or more receives a reminder the program closes at 6:00 pm and repeated late pick up is a reason for dismissal from the latchkey program.

2<sup>nd</sup> time – late by five minutes or more receives a copy of their signed E-2. Highlighted is the line repeated late pick up under the heading: **reasons for dismissal**. Parent is notified the next time they are over five minutes late it will be their last week in the latchkey program.

3<sup>rd</sup> time – late by five minutes or more the parent is notified this is their last week in the latchkey program.

## Under five minutes

1<sup>st</sup> time – late less than five minutes receives a reminder the program closes at 6:00 pm and repeated late pick up is a reason for dismissal from the latchkey program.

2<sup>nd</sup> and 3<sup>rd</sup> time – late less than five minutes receives a verbal reminder late pick up is reason for dismissal from the latchkey program.

4<sup>th</sup> time – late less than five minutes receives a copy of their signed E-2. Highlighted is the line repeated late pick up under the heading: **reasons for dismissal**. Parent is notified the next time they are late it will be their last week in the latchkey program.

5<sup>th</sup> time – late less than five minutes the parent is notified this is their last week in the latchkey program.

**I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE**

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Parent/Guardian Signature