Latchkey Program Registration Form 24-25

Child's Name: _____ Teacher_____

Birthdate: _____ Siblings attending?(Circle) Yes or No Grade_____

Address:_____

_____

Parent #1 Name_____

Parent #1 Phone Number: _____Type(circle):Cell/Work/Home

Parent #1 Email: _____

Parent #2 Name: _____

Parent #2 Phone Number:_____Type(circle):Cell/Work/Home

Parent #2 Email: _____

Which number should we call first in case of an emergency?

Circle One: Parent #1 Parent #2

Health Information

List any and all allergies including food allergies:

_____

List any all health or medical problems:_____

_____

List any medications kept at school with the nurse (Examples: inhalers, EpiPens)_____

_____

Approved Pickup

Please list any persons (over the age of 16) who have permission to pick up your child.

Name:_____
Phone #:_____
Name:_____
Phone #:_____
Name:_____
Phone #:_____
Name:_____
Phone #:_____

Please list any person/s, who do NOT have permission to pick up your child.
(Must provide legal documentation to keep on file)

_____

_____

_____

PAYMENT INFORMATION:

Which payment option best fits your needs? (Circle)

Weekly Biweekly Monthly

Weekly	Payments due every FRIDAY.	First payment due date: Friday, August 16, 2024
Biweekly	Payments due every other FRIDAY	First Payment due date: Friday, August 23, 2024
Monthly*	Payments due the first MONDAY of the month.	First Payment due date: Monday, August 12, 2024*

*First month will be prorated for 3 weeks instead of 4 weeks.

Please sign below acknowledging that you have read the Policy and Procedures and that you understand the information provided.

Parent Signature X_____

Please read the following lines and <u>initial</u> if you agree/understand:

____ I am aware latchkey is a privilege and that my child may be suspended or dismissed for behavior that does not follow the outlined rules.

____ I understand I will be billed for a full week of care if my child attends 1 or more days a week.

____ I understand if a severe weather event occurs during the day and the school is closed early, I will still be charged for the day.

____ I understand my billing will be paid through Brightwheel and I will not be permitted to get more than two weeks behind or my student will be removed from Latchkey.

____ I understand each check out code is <u>unique to each adult</u> and I **will not share** the code with anyone for the safety of my child.

____ I am aware if my child does not attend for three consecutive weeks, my child may or may not be removed from the program to make room for students on the waiting list.

FOR LATCHKEY STAFF ONLY			
Student Type	Siblings	Payment Option	Application Info
☐ New ☐ Returning	☐ No Siblings ☐ Siblings	☐ Weekly ☐ Biweekly ☐ Monthly	☐ Parent signature ☐ Parent Initials ☐ Medical Info provided ☐ Approved Pickups provided