

Wichita Public Schools School Age Program (Latchkey)

Summer Enrollment Agreement

I understand and agree with the following:

1. I am required to accompany my child to/from the supervised latchkey area and check them in/out on the computer or sign in sheet.
2. Provide all information for authorized pick-up people (must be 18 or over) who will be registered on the bio reader (finger scanner).
3. You are agreeing to sign up for the full program of 9 weeks at full price.

Charges:

4. The registration fee of \$50 per child is paid at the time of enrollment and is nonrefundable.
5. Weekly rates of \$125 per child are charged at the beginning of each week.
 - a. I will pay for my child's weekly fees regardless of attendance.
6. A late fee of \$5 will be charged if there is a balance due on the last open day of the week.
7. A \$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 Latchkey will be charged half price. Registration fees are NOT half price.

Payments:

9. Payment is due at the beginning of the week.
10. Each child is allowed 5 sick/vacation days to use during the summer. I must request the credit from the Director.
11. Non-payment is cause for dismissal from the program.

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 _____

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

Child's Name (printed) _____ Grade Level: _____

Parent's Name (printed) _____

Parent's/Guardian's Signature: _____ Date: _____

Email address: _____

Director's Signature: _____ Latchkey phone: _____

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

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

- Check/Cash/Money Order
- Pay with credit or with 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:

- MyPaymentPlus confirmation page must be received by the director before the payment is posted.
- Provide a printed confirmation page or forward the confirmation e-mail.
- 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.
- 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:

- 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's printed name: _____

Parent signature and date: _____

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

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

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. Parent/Guardian is responsible for checking student in/out daily.

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 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.

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

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.

Snacks 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.
- 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 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

1. Think time and re-think sheets are completed in a designated area under visual staff supervision. 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.*

Parent signature _____ Date _____

Latchkey Late Pick Up Policy

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

Over five minutes

1st 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.

2nd 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**. Parents are notified the next time they are over five minutes late it will be their last week in the latchkey program.

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

Under five minutes

1st 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.

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

4th 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**. Parents are notified the next time they are late it will be their last week in the latchkey program.

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

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Kansas Department of Health and Environment
Bureau of Family Health
Child Care Licensing Program
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: (785) 296-1270 Fax (785) 559-4244
Website: www.kdheks.gov/kidsnet



HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

Complete one form for each child or youth attending the School Age Program.

First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
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First and Last Name of the Child's or Youth's Mother or Guardian
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Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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First and Last Name of the Child's or Youth's Father or Guardian
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Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ()
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Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ()
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Names and ages of other children in the Child or Youth's Family (Attach additional page if needed.)

Person(s) authorized to pick up the Child or Youth in case of emergency. Include first and last name and Street Address. Attach additional page if needed.	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
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Name of Hospital Preference in case of emergency.

Yes	No	N/A	Complete the following information about medications for this child or youth.
			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file?

Circle any of the following conditions or difficulties that affect this child or youth.

Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior

Other: Please describe.

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	If yes to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
	DPT, DT*, TD (*DT only if child is allergic to DTP)					
	POLIO					
	MMR					
Single Dose Only	RUBEOLA (MEASLES)					
	MUMPS					
	RUBELLA (GERMAN MEASLES)					
	HIB (Hemophilus Influ. B) *RECOMMENDED					
	HBV (Hepatitis B Vaccine) *RECOMMENDED					
	VAR (Varicella-Chicken Pox) *RECOMMENDED					

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed
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If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?
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I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.

Signature of person completing this form	Date Signed
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