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

Check In/Out:

Accompany and Check-In/Out: Parents must accompany their child to/from the supervised latchkey area and check them in/out on the computer or sign in/out sheet.
Authorized Pickup: Provide a photo of authorized pickup people 18 years or older who will be registered on the fingerprint reader.
Withdrawal Notice: Provide two weeks' written notice before withdrawing their child.

Charges:

Registration fee: $20 per child is paid at the time of enrollment and is **non-refundable.**

- Transfers to another site during the school year do not pay another registration fee.
- If the child exits and re-enrolls during the year, a new registration fee must be paid.

Weekly rates are charged at the beginning of the week.

- Standard Weekly Rate: $30
- Reduced Weekly Rate: $25

Late Fees: $5 will be charged on balance due the last school day of the week.
Late Pickup Fee: $1 per minute late fee applies after closing time; after 30 minutes, authorities may be contacted.
Discount for Additional Children: Rate is half price for the third child and beyond. (registration is not discounted)

Payments:

Payment: It is due at the beginning of the week. Parents are responsible regardless of attendance.
Sick or Vacation: Each child is allowed 5 days sick/vacation to use during the school year. Parents must request credit from the Director.
Administrative Consideration: for absences due to illness lasting more than five consecutive days.
Non-payment is cause for dismissal from the program. After 30 days of non-payment, balance will 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 _____

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):_____ Student ID# _____

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 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 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. _____ Relationship _____ Phone# required
   Printed Name
   _____
   Address, City, State, Zip Code

2. _____ Relationship _____ Phone# required
   Printed Name
   _____
   Address, City, State, Zip Code

3. _____ Relationship _____ Phone# required
   Printed Name
   _____
   Address, City, State, Zip Code

4. _____ Relationship _____ Phone# required
   Printed Name
   _____
   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/GuardianSignature_____ Date_____

NCR – Original/Student Folder

E-3
Revised 5/2025

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.

NCR – Original/Student's File
Copy/Parent

*Required by the Health Department

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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Email: kdhe.cclr@ks.gov | kdhe.ks.gov/280/Child-Care-Licensing

Kansas Department of Health and Environment

Child Health History
School Age Programs

In accordance with K.A.R. 28-4-590(d)(1), each school age program operator shall obtain a health history for each child or youth. Each health history shall be maintained in the child's or youth's file on the premises.

Child's First Day in Child Care_____

Child's Name_____
First Last

Name of Child Care Facility_____

Date of Birth_____ Gender_____
MM/DD/YYYY M/F

Parent/Guardian Information

Name_____

Home Address_____
Street City Zip Code

Home/Cell Phone Number_____

Work Phone Number_____

E-mail Address_____

Best way to contact_____

Parent/Guardian Information

Name_____

Home Address_____
Street City Zip Code

Home/Cell Phone Number_____

Work Phone Number_____

E-mail Address_____

Best way to contact_____

Persons authorized to pick up the child or to notify in case of emergency (other than the parents):

Name _____

Address _____

Phone Number _____

Name _____

Address _____

Phone Number _____

Child's Physician Name & Phone Number_____

Physician Address _____

Hospital Preference (for emergencies):_____

List any allergies or medical conditions of child:

_____

List any non-prescription or prescription medication the child will take during their time at the program:

_____

Provide additional information that will help staff meet the needs of the child (attach additional page if needed):

_____

Parent/Guardian Signature: _____ Date: _____

Child Health History (continued)
Immunizations

Child's Name: _____ Date of Birth: _____
First Last MM/DD/YYYY

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.
K.A.R. 28-4-590(d)(4) Children or youth who are currently attending or who attended in the preceding school year a public or accredited non-public school in Kansas, Missouri, or Oklahoma shall not be required to provide documentation of current immunizations or exemptions from immunizations.

Do not provide immunization or exemption information if the child or youth is currently attending, or was attending during the previous school year at, a public or accredited non-public school.

Vaccine	Record the date (MM/DD/YY) each dose of vaccine was received				
	1st	2nd	3rd	4th	5th
Diphtheria, Tetanus, Pertussis (DTaP)					
Haemophilus influenzae type b (Hib)					
Hepatitis A (Hep A)					
Hepatitis B (Hep B)					
Measles, Mumps, Rubella (MMR)					
Pneumococcal disease (PCV15, PCV20)					
Poliomyelitis (IPV)					
Varicella (VAR)					
Respiratory syncytial virus (RSV) – Recommended, not required					
Rotavirus (RV) – Recommended, not required					
Influenza – Recommended, not required					

I attest that to the best of my knowledge the immunization information entered is true and correct.

Parent/Guardian Signature: _____ Date: _____

If your child is exempted from the law requiring immunizations, K.S.A. 65-508(g), check either (A) or (B) below and complete as required.

☐ (A) Certification from licensed physician stating that immunization would endanger the child's life. Child is exempt from the following immunizations:

_____DTaP _____Hib ____Hep A ____Hep B ____MMR ____PCV15/PCV20 ____IPV ____VAR

Physician's Signature (required): _____ Date: _____

☐ (B) My child is exempt under the law from immunizations. As the parent or legal guardian, I state that I am an adherent of a religious denomination whose teachings are opposed to immunizations.

Parent/Guardian Signature: _____ Date: _____

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

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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

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

Free sign-up:

- Visit www.MyPaymentsPlus.com
- Click "Register a Free Account"
- Follow the simple, onscreen instructions

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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

Create your FREE account today by visiting
www.MyPaymentsPlus.com