**WESTERN LOCAL SCHOOLS**

**7959 STATE ROUTE 124**

**LATHAM, OH 45646**

**(740) 493-3113**

**THE LATCHKEY PROGRAM**

* Latchkey is a school-age child care program that provides care for children of working parents. This program is designed to be a link between the home and the school. Certified, qualified and experienced child care providers supervise, teach and interact with children to ensure that they are cared for, supervised, exposed to many learning activities, allowed to complete homework and share enjoyment in a relaxed and carefully designed developmentally appropriate environment. Parents must provide “proof of need” for Latchkey (work schedule, letter from employer, etc.)

**Program Goals**

The goals of Western Local Schools' Latchkey Program are as follows:

* + Provide quality before and after school care and education.
  + Promote the social, emotional, physical, and intellectual development of each child.
  + Provide a program that is developmentally appropriate.
  + Foster a positive self-image in each child.
  + Establish good rapport with parents, children and building administrators.

## 2019-2020 Latchkey Program Information

**Latchkey** will open at 6:30 a.m. and continues until regular classes begin at 7:45 a.m. Latchkey will re-open immediately afterschool and continue until 5:30 p.m.

**NOTE**: Latchkey will be closed when Western Local Schools are closed. Latchkey will be operational during delays but will close if school closes for that day. Parents will be responsible for picking up children if school should close after students are dropped off.

**Fee:** $100.00 per month per family and an additional $50 per month for preschool students.

Fees are payable by **check or money order only**. Please make check or money order out to Western Local Schools. We cannot accept cash payments. Fees must be turned into the Primary/Elementary office by the 20th of the month. The latchkey teacher will not accept payments.

If you would like to sign your child up for 2019-2020 school year Latchkey Program, please complete this packet and return all registration forms to: Western Local School District, Attn: Heather Thompson, 7959 State Route 124, Latham, OH 45661. If you have any questions, please call Heather Thompson at: 493-2881.

Important – All information must be filled out completely. Please be sure to read over the entire registration packet, and sign and initial where indicated.

**WESTERN LOCAL SCHOOLS**

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**Latchkey Program**

**Registration Form**

TODAY’S DATE \_\_\_\_\_\_\_/\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ (Month) (Day) (Year)

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone #’s \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_ (2019-2020 school year)

Name of Father\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different than student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Mother \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different than student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Guardian (if other than parent(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Selection: \*\*(*Regular* = 3 or more times per week *Occasional* = 2 or less times per week) \*\*

KG-6th Grade before school care (6:45 a.m. – 7:45 a.m.) Regular \_\_\_\_\_ or Occasional \_\_\_\_\_

KG-6th Grade after school care (3:00 p.m. - 5:30 p.m.) Regular \_\_\_\_\_ or Occasional \_\_\_\_\_

Preschool before school care (6:45 a.m. - 7:45 a.m.) Regular \_\_\_\_\_ or Occasional \_\_\_\_\_

Preschool after school care (3:00 p.m. - 5:30 p.m.) Regular \_\_\_\_\_ or Occasional \_\_\_\_\_

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

Parent/Guardian Signature Date

**WESTERN LOCAL SCHOOLS**

**7959 STATE ROUTE 124**

**LATHAM, OH 45646**

**Latchkey Program**

**Child Care Contract**

Cost for participation will be as follows:

Preschool through 6th Grade students who attend Western Primary and Elementary, and need latchkey for early morning or after school, will pay a flat-rate fee of $100.00 per month per family. An additional fee of $50 will be charged for preschool students. This includes a minimum attendance of one day up to all five days of the week. Latchkey will be held at the Western Primary & Elementary Building for all students starting with the 2019-2020 school year. Parents/guardians will drop off and pick up their child/children at the Western Primary & Elementary building.

RATES FOR EACH MONTH ARE AS FOLLOWS:

|  |  |  |
| --- | --- | --- |
| Month | Due Date | Total |
| August |  | $50.00 |
| September |  | $100.00 |
| October |  | $100.00 |
| November |  | $100.00 |
| December |  | $75.00 |
| January |  | $100.00 |
| February |  | $100.00 |
| March |  | $100.00 |
| April |  | $100.00 |
| May |  | $100.00 |

IF YOU ARE DROPPING OUT OF THE PROGRAM, you must contact the Latchkey teacher and notify the office as soon as possible. We need to know if you are dropping out so we can plan accordingly.

All invoices are due by the marked due date at the bottom each month. All invoices will be sent out each month, within the 1st week, unless computer problems arise. If you do not receive an invoice by the 15th of the month, please contact the Latchkey teacher.

All invoices must be paid by the 20th of each month to avoid interruption of child care services. \_\_\_\_\_\_ (Initial)

For children who have not been picked up by 5:30 P.M., an additional fee may be charged. Teachers will keep a record of all students who are not picked up by 5:30 p.m.\_\_\_\_\_\_\_ (initial)

I have read and agree to the terms listed above.

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

Parent/Guardian Signature Date

**WESTERN LOCAL SCHOOLS**

**7959 STATE ROUTE 124**

**LATHAM, OH 45646**

**Latchkey Program**

**Signing In/Out Procedures**

In order to keep your child safe and to help our Latchkey staff to know what time your child arrives and leaves every day, we need you to COME INSIDE TO SIGN YOUR CHILD IN AND/OR OUT EVERY DAY - YOU MUST ALWAYS PUT THE TIME AND PLEASE WRITE CLEARLY. Please do not use military time. This sign in/out procedure is required by Western Primary and Elementary Schools. DO NOT DROP YOUR CHILD OFF OUTSIDE THE BUILDING. This will also insure the safety of your child so that you are sure he/she arrives in the designated Latchkey room.

ALL CHILDREN ARE REQUIRED TO BE SIGNED IN/OUT BY PERSONS 16 YRS OF AGE OR OLDER. Do not send other children in who are under 16 years of age to sign in/out your child. Sometimes when you come to pick up your child they might be playing outside but always remember to stop inside to sign them out. If you have relatives and/or friends dropping off and/or picking up your child, please make sure they are aware of the sign in/out procedures. Failure to comply with these procedures, will result in your termination from the Latchkey Program. \_\_\_\_\_ (Initial)

Thank you for your cooperation in this matter. If you have any questions or concerns, please call Mrs. Thompson or Mrs. Whitt at 740-493-2881.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE PROCEDURES FOR SIGNING IN & OUT MY CHILD FOR THE LATCHKEY PROGRAM.

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

Child’s name – (list all children in the child care program)

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

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

**WESTERN LOCAL SCHOOLS**

**7959 STATE ROUTE 124**

**LATHAM, OH 45646**

**Latchkey Program**

**Rules and Regulations**

Latchkey Program Hours 6:30 A.M. until school starts and after school until 5:30 P.M.

1. Payment of Fees

∙ All fees are to be paid by parents/guardian to the secretary by the 20th of each month. You can mail or drop off payments to the school office.

No payments can be accepted at the Latchkey Program classroom. \_\_\_\_\_\_\_ (Initial)

∙ Nonpayment of tuition is an administrative problem. Non-payment of tuition will result in discontinuation of child care, until full payment is made.

1. Snacks

∙ All children will be offered a snack after school.

∙ Snacks are arranged through Western Local Schools Food Service Department and are chosen with the children’s taste and nutrition in mind.

∙ If your child does not like the snack provided, parents are welcome to send a snack. However, there will be no reimbursement on tuition.

∙ If your child is on a special diet, we will do our best at providing snacks for the child. We may ask the parent/guardian to bring in snacks if the need arises. Please notify us if your child has any food allergies.

1. Attendance

∙ Attendance will be taken each day for attendance and security.

1. Program Closing

∙ The program closes at 5:00 P.M. In the event that parents cannot pick up their child by 5:00 pm, an extra fee may be added to your billing.

1. Clothing

∙ The children normally spend some time outdoors each day, so we ask that you provide appropriate clothing and shoes for this purpose. \*\*Note – Flip-flops, sandals, etc. tend to come off and get rocks & other debris inside of them causing injuries to their feet.

1. Special Circumstances

∙ It would be extremely helpful for us if you could provide any information on special circumstances in the life of your child which may affect his/her behavior or experiences in the Latchkey program.

1. Discipline

∙ Disciplinary problems will be handled first by a Parent/Guardian & Staff conference.

∙ Persistent disciplinary problems may be grounds for dismissal.

∙ See Student Code of Conduct for expected behaviors.

**Latchkey PROGRAM RULES AND REGULATIONS (continued)**

1. Emergencies

∙ Emergency Forms will be kept on-site. Procedures will follow Western Local Schools’ procedures.

1. Special Situations  
    ∙ A copy of all custody/guardianship paperwork, in reference to your child, may be required.

∙ All children must be potty-trained in order to attend the child care program. \_\_\_\_\_\_ (Initial)

1. Signing In/Out

∙ All children must be signed in and signed out, every time they arrive or leave.

∙ Person signing must be 16 years of age or older.

∙ Staff is not authorized to sign your child in or out for you.

I have read the Child Care Program Rules and Regulations and agree to the terms listed in them.

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

On occasion, your child may be photographed during Latchkey Program activities.

Please check below whether this is permissible for your child.

Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WESTERN LOCAL SCHOOLS**

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**Latchkey Program**

**Code of Conduct**

The Western Local Schools Latchkey Program provides all students access to quality child care and equal consideration under the rules and regulations governing behavior. The Code of Conduct is designed to make children and parents aware of the rules and regulations and consequences of failure to obey. The Classroom/Bus Rules and Regulations will serve as policies and procedures which govern student conduct and disciplinary actions for the latchkey program.

The program staff may deal with student misconduct in a variety of ways including but not limited to: Child conferences, Documentation, Parent conferences, Separation, Restitution, Apology

Serious infractions which knowingly committed may cause or causes harm to self or another child or staff member may require emergency removal and/or exclusion from the program.

I acknowledge that I have read and understand the Student Code of Conduct and the for the Western Local Schools Latchkey program (same as Student Code of Conduct in Student Handbook).

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

**WESTERN LOCAL SCHOOLS**

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STATEMENT OF WHO CAN/CANNOT PICK YOUR CHILD UP FROM LATCHKEY

STUDENT’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The person who will pick up my child on a regular basis is:

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

Name Relationship Phone Number

In the event that the above named does not pick my child up, my child may be released to any one of the names listed below:

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

Name Relationship Phone Number

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

Name Relationship Phone Number

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

Name Relationship Phone Number

I give my permission to release my child to anyone listed above.

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

Parent/Guardian Signature Date

Please call the office at 740-492-2881, if any of this information changes. You will also need to give the information to your child’s teacher.

Please list all names of those who cannot pick your child up for any reason. If no one fits this category, please put N/A:

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

Name Relationship Description of person

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

Name Relationship Description of person

If you have a photo of anyone who is not to pick your child up, please provide us with one.