**C:\Documents and Settings\lisa.harley\Local Settings\Temporary Internet Files\Content.IE5\8FA9ELTS\MC900356457[1].wmfValley Local Latchkey Program**

**Agreement and Registration**

**2019- 2020**

Completed application must be submitted to the Latchkey Supervisor prior to the child participating in the program.

Contact Information: Please fill in the information below. Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (If different from Parent #1 address):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Street \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City

Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program Registration:

List Your Child(ren) Who Will Be Participating in Latchkey:

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the program for the child/children listed above.

***Single-Child***

1. **\_\_\_\_\_AM Latchkey Only, 7:00-8:15. One Child Only. Cost: $50 monthly**
2. **\_\_\_\_\_PM Latchkey Only, 3:00-5:30. One Child Only. Cost: $70 monthly**
3. **\_\_\_\_\_Both AM & PM Latchkey. One Child Only. Cost: $120 monthly**
4. **\_\_\_\_\_Emergency Caregiving. (Must be an emergency. Cannot be repeated monthly) One Child Only. $10 per child per session. (Ex: AM & PM= $20 per day)**

***Two or More Children***

**5. \_\_\_\_\_AM Latchkey Only, 7:00-8:15. Multiple Children. Cost: $60 monthly**

**6. \_\_\_\_\_PM Latchkey Only, 3:00-5:30. Multiple Children. Cost $80 monthly**

**7. \_\_\_\_\_Both AM & PM Latchkey. Multiple Children. Cost $140 monthly**

**8. \_\_\_\_\_Emergency Caregiving. (Must be an emergency. Cannot be repeated monthly) Multiple Children. $10 per child per session. (Ex: PM for 2 days for 2 children= $40)**

**(Please complete Back Also)**

I certify by my signature that the information above is accurate and that if any of the information changes, I will notify the supervisor immediately. I have read and agree to abide by the parameters of the Valley Latchkey Program. I understand that I must not drop my child off prior to 7:00 a.m. at the elementary or pick him/her up after 5:30 p.m. at the elementary school. I also agree to pay for these services on or before the first Monday of the month or earlier. If my payment is late, I agree that I will pay a $10 late fee to the balance. In addition, I agree to sign my child in upon arrival and sign him/her out at departure time, providing proof of identity when requested. I further understand that if my child’s behavior is such that causes disruption to this program, latchkey services will no longer be provided.

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

**Permission to Release**

\*\*Please print clearly.

We want all children to be safe at school. Please list below all the people whom you give permission to pick up your child(ren) from Latchkey. **Please inform them know that we may ask for picture identification when they arrive. Plus, this year, each person whom you identify as an authorized pick up will have a 4-digit PIN assigned to them that they must use to sign the child(ren) out.**

**Name** **Cell Phone Number**

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I have completed this “Permission to Release” form and understand that I must notify the Latchkey Supervisor of any changes throughout the year. I also agree to inform those whom I have granted permission to pick up my child that they should bring picture ID with them because it may be needed for the safety and security of my child(ren).

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

\*\*Direct questions or concerns to Latchkey Coordinator Lisa Harley at 740-259-3115.