

**Delaware Community School Corporation  
Latchkey Program Parent Handbook  
2011-2012**

*Striving to provide children of area families with a safe and nurturing environment  
while providing appropriate activities in a before and after school environment.*



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**Latchkey Program Description:**

Delaware Community School Corporation's Latchkey Program has been specifically designed for students in grades kindergarten through fifth grade with an emphasis on tutoring, enrichment and recreational activities. Bearing in mind the developmental needs and interests in this age group, the Latchkey Program offers a wide variety of activities that enhance the social, emotional, cognitive and physical growth of children. At the same time, children's need for independent decision making is recognized, and free choice within the structured environment is encouraged.

We offer a small child-staff ratio of no more than 15 to 1 with an excellent teaching staff. The ultimate goal of our staff is to provide a warm, relaxing and accepting environment where your child's creativity and self-esteem can flourish in the safety of our elementary school setting.

**Contact Information:**

Albany Elementary School: 765-789-6102  
Eaton Elementary School: 765-369-3301  
Royerton Elementary School: 765-282-2044

Program Director:

Pam Huddleston: 765-744-4508  
Email: [phuddleston@delcomschools.org](mailto:phuddleston@delcomschools.org)

Latchkey Main Office is located at Royerton Elementary School and may be reached at the Royerton Elementary School number or at 765-744-4508.

## **Enrollment:**

Parents will need to enroll their child in the Latchkey program each Fall. Only those students who are registered may attend Latchkey. Prior to enrolling a child, parents should make sure the child's school records are complete and up-to-date, including emergency contacts and health care summary sheets. Please notify the Latchkey staff in writing of any changes in address, phone numbers, health matters, emergency contacts or other pertinent information. Upon enrollment, parents should complete an application and a general usage form to assist us in preparing the best possible program for your child. These forms are available at each elementary school in this district (Albany, Eaton, and Royerton Elementary Schools).

Parents must specify in writing those persons allowed to pick children up from the program. **ONLY THOSE PERSONS SPECIFIED ON THE APPROPRIATE FORM AND HAVING PROPER IDENTIFICATION WILL BE ALLOWED TO PICK UP A CHILD.**

## **Times of Operation:**

The Latchkey Program will be in operation from 6:30 a.m. to start of school and from 2:35 p.m. to 6:00 p.m. on days school is in session. **Children must be picked up no later than 6:00 p.m.** A late fee of \$5.00 per 15 minutes may be charged for late pick up. When there is an emergency early dismissal, p.m. Latchkey services will NOT be provided. If school is delayed, there will be NO a.m. Latchkey services. The Latchkey program will be closed when school is closed during the 2011-2012 school year.

## **Fees:**

The normal fee schedule is included on the last page of this handbook. Daily rates must be paid each week by 6:00 p.m. on Friday of the week attending. Pre-paid weekly fees are due by 6:00 p.m. on the first day of the week attending. If pre-payment has not been made by 6:00 p.m. on the first day of the week attending, the daily rate will be charged to your account. Pre-paid weekly rates will be adjusted to account for times when school is not in session. The amounts will be posted at each Latchkey location. All beginning registration fees are being waived for the 2011-2012 school year. A late fee of \$10.00 will be assessed at 6:00 p.m. on the last day of each week the fee is unpaid. Two (2) weeks of non-payment may result in removal from the program until payment is made in full. A registration fee may apply for reinstatement of a student.

## **Discipline:**

The Latchkey program will follow all school disciplinary rules and regulations. We promote a positive system of child management based on praise, communication, gentle reminders and choices offered to children based on their needs and capabilities. When necessary, a child may be removed from a group for time to settle down or be re-directed to another activity. In some cases the Director may wish to meet with the parents and if the situation persists, the child may be removed from the program.

## **Clothing:**

The Latchkey program will follow dress codes as listed at each elementary school. Please make sure children have appropriate clothing for outdoor play including outerwear for cooler weather. Tennis shoes work best for active play. The program assumes no responsibility for lost, stolen or damaged items.

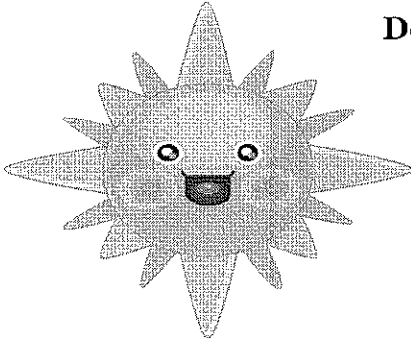
## **Health and Medicine Policies:**

We ask that all medications be given during the school day when a nurse is present if at all possible. Should there be a need for medication to be given during Latchkey hours, it must be medication that is specifically prescribed and directed by the child's physician and must be in the original pharmacy bottle. Over the counter medication will only be given upon a written request from the child's physician.

Children experiencing any of the following symptoms pose health risks to other children and staff, and should NOT attend the program:

- Inflammation or discharge from eyes, ears, nose, and throat
- Signs of fever
- Skin rash or eruption
- General appearance of flush, pallor, listlessness, or irritability

If staff members note any of these symptoms, parents will be notified and asked to pick up the child immediately.



**Delaware Community School Corporation**  
 7821 State Road 3 N.  
 Muncie, IN 47303  
 Phone: 765-284-5074  
 Fax: 765-284-5259

**Latch Key Program**

**Fee Schedule for School Year Latch Key**

	<b>DAILY RATE</b>	<b>PRE-PAID WEEKLY RATE</b>
<b>A.M. ONLY</b>	<b>\$5.00</b>	<b>\$16.00</b>
<b>P.M. ONLY</b>	<b>\$10.00</b>	<b>\$35.00</b>
<b>A.M./P.M. BOTH</b>	<b>\$15.00</b>	<b>\$49.00</b>

**School Year Fee Schedule:**

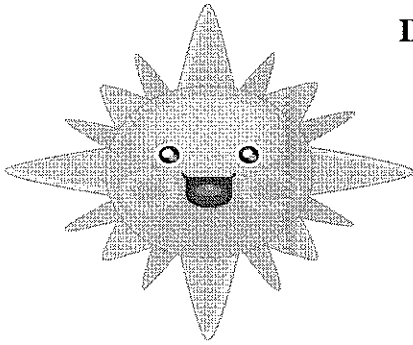
Pre-paid weekly fees are due by 6:00 p.m. on the first day of the week attending. If pre-payment has not been made by 6:00 p.m. on the first day of the week attending, the daily rate will be charged to your account. A late fee of \$10.00 will be assessed at 6:00 p.m. on the last day of each week the fee is unpaid.

**Fee Schedule for *Summer Blast***

<b>SUMMER BLAST: WEEKLY RATE</b>	<b>SUMMER BLAST: DAILY RATE</b>
<b>\$100 per week</b>	<b>\$23.00 per day</b>

**Summer Blast Fee Schedule:**

Summer Blast weekly rate is due by 5:00 p.m. on the first day of each week. A late fee of \$10.00 will be assessed at 5:00 p.m. on the last day of each week the fee is unpaid.



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**Latch Key Program**  
2011-2012

**Application Form**  
(Please Print)

**1<sup>st</sup> Child's Name:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
Gender: M \_\_\_ F \_\_\_ Race \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Attending: \_\_\_\_\_  
School Attending: \_\_\_\_\_

In the event that our facility or program is featured in the local media including any publications, our policy is that pictures may be taken but no names of the children may be divulged in print. This is for the protection of your child. I understand the photo release policy as stated above. I give permission to use photographs/video of my child for the above reasons. \_\_\_\_\_ Yes \_\_\_\_\_ No

**2<sup>nd</sup> Child's Name:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
Gender: M \_\_\_ F \_\_\_ Race \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Attending: \_\_\_\_\_  
School Attending: \_\_\_\_\_

In the event that our facility or program is featured in the local media including any publications, our policy is that pictures may be taken but no names of the children may be divulged in print. This is for the protection of your child. I understand the photo release policy as stated above. I give permission to use photographs/video of my child for the above reasons. \_\_\_\_\_ Yes \_\_\_\_\_ No

**3<sup>rd</sup> Child's Name:**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name \_\_\_\_\_  
Gender: M \_\_\_ F \_\_\_ Race \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Attending: \_\_\_\_\_  
School Attending: \_\_\_\_\_

In the event that our facility or program is featured in the local media including any publications, our policy is that pictures may be taken but no names of the children may be divulged in print. This is for the protection of your child. I understand the photo release policy as stated above. I give permission to use photographs/video of my child for the above reasons. \_\_\_\_\_ Yes \_\_\_\_\_ No

**Parent or Guardian information:** (Information will be used for accounting questions, emergencies, and pick-up verification)

**Parent/Guardian #1:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Parent/Guardian #2:**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Please list additional names & phone numbers of people (minimum of 2) to contact in an emergency and/or names of persons authorized to pick up child/children. Anyone picking up your child must be 18 years of age and will be required to have photo identification. Changes to this list must be done in writing by the parent/guardian whose signatures appear on this registration form. Change forms are available in the Latch Key Office.

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Does your child have any physical conditions, allergies, special needs or require any special attention that we should know about?**

**Name of Child:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications (include all medicines plus instructions if medication to be given during Latchkey): \_\_\_\_\_

Physical Conditions: \_\_\_\_\_

Other Needs: \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications (include all medicines plus instructions if medication to be given during Latchkey): \_\_\_\_\_

Physical Conditions: \_\_\_\_\_

Other Needs: \_\_\_\_\_

**Name of Child:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications (include all medicines plus instructions if medication to be given during Latchkey): \_\_\_\_\_

Physical Conditions: \_\_\_\_\_

Other Needs: \_\_\_\_\_

Please return your signed registration form when you register or to one of the following locations:

Delaware Community School Corporation  
7821 State Road 3 N.  
Muncie, IN 47303

OR

*Your child's school office*  
ATTN: Latch Key Director  
School address

**The Parent or Legal Guardian listed is responsible for payment of any and all fees associated with the Latch Key Program. Late fees will be assessed if fees are NOT paid by 5:00 p.m. of the last day on the attending week. This fee will be \$10.00 for each week your account is delinquent. Failure to pay two weeks in a row may result in child/children being dismissed from the program and the account being sent to a collection agency**

**Parent Authorizations:**

**Emergency Authorization:** I hereby give permission for emergency transportation to the nearest hospital & the medical personnel selected by the staff of Delaware Community School Corporation to order x-rays, routine tests & treatment for my child/children listed above. In the event I am not able to communicate or cannot be reached in an emergency, I hereby give the physician selected by the staff of Delaware Community School Corporation to hospitalize, secure proper treatment for, and order injections and/or anesthesia and/or surgery for my child/children listed above. I will fully be responsible for any costs for such treatment, even if not covered by insurance.

**Liability Statement:** I, the undersigned, as the parent/guardian of the child/children listed above, give permission for my child/children to participate in the Delaware Community School Latch Key Program and hereby assume full responsibility for all risk of injury which may result from my child/children's participation in activities during this program.

**Parent Authorization:** I hereby do declare my child/children to be physically sound, having medical approval to participate in the activities at Latch Key. This information is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I certify that my child/children are amendable to behavior management and free from habits or attitudes which make him/her unable to participate. I have studied the fee information and understand the content thereof. I, the undersigned, give my permission for the above mentioned children to participate fully in the Latch Key Program.

**I certify that I am the parent or legal guardian of the child/children listed on this registration form and I have the legal authority to make representations and grant authorizations contained herein. I also understand the payment options. I understand late fees will be assessed to my account in the event I do not pay by 6:00 p.m. of the last day on the attending week.**

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**Printed Name of Parent or Legal Guardian:**

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**Signature of Parent or Legal Guardian:**

**Phone where you can be reached:** \_\_\_\_\_

# Latchkey Schedule of Attendance

(Please fill out an attendance sheet for each child enrolled. Thank you!)

**Please Print!**

Student's Name: \_\_\_\_\_

Student's Current Grade: \_\_\_\_\_

**Please check all those that apply:**

**Student will attend the following programs:**

\_\_\_\_\_ a.m. \_\_\_\_\_ p.m. \_\_\_\_\_ both

**Student will be there:**

A.M. Attendance:

\_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri.

P.M. Attendance:

\_\_\_\_\_ Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri.

**Student will not attend regularly:**

\_\_\_\_\_ occasional use as needed

**Please list approximate times student will be dropped off for a.m. programs and/or picked up for p.m. programs:**

Possible a.m. drop off time: \_\_\_\_\_ Possible p.m. pick up time: \_\_\_\_\_

If different for different days of the week please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent Name

\_\_\_\_\_  
Phone