

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

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

School Year Fee Schedule:

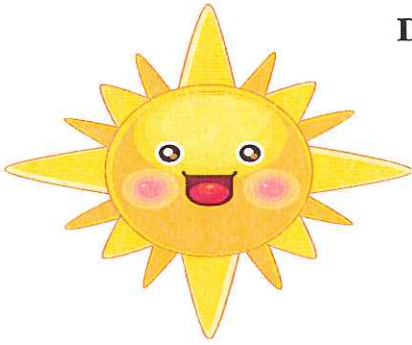
Pre-paid weekly fees are due by 6:00 p.m. on the first day of the week attending. If pre-payment has not been made by 6:00 p.m. on the first day of the week attending, the daily rate will be charged to your account. A late fee of \$10.00 will be assessed at 6:00 p.m. on the last day of each week the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

Fee Schedule for *Summer Blast*

SUMMER BLAST: WEEKLY RATE	SUMMER BLAST: DAILY RATE
\$100 per week	\$23.00 per day

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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Application Form

1st Child's Name:

First Name: _____ Middle Name: _____ Last Name _____

Gender: M ___ F ___ Race _____ Birthday: _____ Age: _____ Grade in the Fall: _____

School Attending this Fall: _____

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

2nd Child's Name:

First Name: _____ Middle Name: _____ Last Name _____

Gender: M ___ F ___ Race _____ Birthday: _____ Age: _____ Grade in the Fall: _____

School Attending this Fall: _____

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

3rd Child's Name:

First Name: _____ Middle Name: _____ Last Name _____

Gender: M ___ F ___ Race _____ Birthday: _____ Age: _____ Grade in the Fall: _____

School Attending this Fall: _____

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 *Summer Blast*): _____

Physical Conditions: _____

Other Needs: _____

Name of Child: _____

Allergies: _____

Medications (include all medicines plus instructions if medication to be given during *Summer Blast*): _____

Physical Conditions: _____

Other Needs: _____

Name of Child: _____

Allergies: _____

Medications (include all medicines plus instructions if medication to be given during *Summer Blast*): _____

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.

Printed Name of Parent or Legal Guardian:

Signature of Parent or Legal Guardian:

Phone where you can be reached: _____