

**Delaware Community School Corporation**

**9750 N CR 200 E**

**Muncie, IN 47303**

**Phone: 765-284-5074**

**Fax: 765-284-5259**

**Latch Key Program\***

**2020-2021**

**Application Form**

(Please Print)

**1<sup>st</sup> 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

**2<sup>nd</sup> 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

**3<sup>rd</sup> 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

*\*The latchkey program accepts children in kindergarten through 6<sup>th</sup> grade. All children must be fully able to attend to their own bathroom needs before attending any of the latchkey programs or activities.*

**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 to contact in an emergency and/or names of persons authorized to pick up child/children. Anyone picking up your child/children must be legally able to drive with passengers and will be required to have photo identification. Changes to this list must be done 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: \_\_\_\_\_

## **Latchkey Schedule of Attendance**

### **First semester 2020-2021**

We are very excited and happy to be able to bring latchkey back and to be able to offer quality programming to our students after school each day as well as during planned E-Learning days during this first semester. We have temporarily suspended our morning program, but hope to bring it back as the school year progresses. Due to space limitations as we bring students together for afterschool latchkey as well as E-Learning day latchkey, we will need to be very careful of attendance at all programs. With that in mind, we are no longer taking applications for students to attend on an as needed basis. If you have need of latchkey services, you must give at least 48 hour notice and understand we must check to see if there will be space for your child/children on the day requested. We apologize for any inconvenience and hope this is only temporary.

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

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

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

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

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

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

### **Please check all those that apply:**

#### **Student(s) will be attending on the following times and days:**

P.M. Attendance (after school until 6:00 p.m.):

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

Planned E-Learning Attendance (7:30 a.m. to 6:00 p.m.):

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

**Please list approximate times student will be picked up and/or dropped off at these programs on the days you've designated as well as any other attendance issues you'd like for us to take note of:**

---

---

---

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

\_\_\_\_\_  
Phone

**Delaware Community School  
Latchkey Program  
Homework Agreement Plan  
2020-2021**

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

*As we head back to school during this transitional time, post-quarantine, we will offer work time to each group of students as it is deemed appropriate to the curriculum being offered. It is our recommendation that all students work on their schoolwork during this time provided for them. Any work in paper form will be sent home with the students so parents may see what they've completed and what still needs work. Work completed on their Chromebook will remain at school. With restrictions set to keep everyone safe as we return to school, we may be unable to offer quiet space to continue working on homework throughout a student's time with us. We hope this is temporary and will do all we can to make sure appropriate attention is given to school work during this time.*

**Permission Slip PG Movies (short form)**

2020-2021

During the school year there may be days when we will be showing movies. Please check the appropriate selection below and sign.

We make every effort to preview movies and ensure they are appropriate to the age of our students. If you do not want your child to watch the PG movie, we will do everything possible to make sure that your child is **not** in the area where the movie is being viewed.

\_\_\_\_\_ Yes, I will allow my child to watch PG movies.



\_\_\_\_\_ No, I do not want my child to watch PG movies.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

***All children must be fully able to attend to their own bathroom needs before attending any of the latchkey programs or activities.***

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

Delaware Community School Corporation  
9750 N. CR 200 E  
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 may be assessed if fees are NOT paid by 6:00 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 three weeks in a row may result in child/children being dismissed from the program and the account being sent to a collection agency. (see parent handbook for payment information)**

### **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 in a timely manner.**

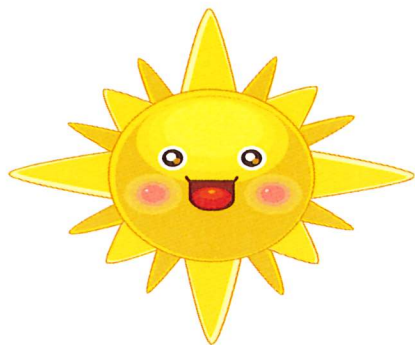
---

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

---

**Signature of Parent or Legal Guardian:**

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



**Delaware Community School Corporation**

9750 N. CR 200 E

Muncie, IN 47303

Phone: 765-284-5074

Fax: 765-284-5259

**Latch Key Program**

**2020-2021**

**Fee Schedule per child for School Year Latch Key**  
*Payment for fees is expected by the first attended day of any week*

	<b>School in Session DAILY RATES</b>	<b>Planned E-Learning Sessions DAILY RATES</b>
<b>A.M. ONLY</b>	<del>\$5.00</del> <b>Temporarily Unavailable</b>	<b>N/A</b>
<b>P.M. ONLY</b>	<b>\$10.00</b> <b>(Maximum of \$40.00)</b>	<b>N/A</b>
<b>A.M./P.M. BOTH</b>	<del>\$15.00</del> <b>Temporarily Unavailable</b>	<b>\$25.00</b>

**Sessions currently available:**

School day p.m. latchkey: \$10.00 per day per child  
 (Maximum per week of \$40.00)

E-Learning day latchkey: \$25.00 per day per child

**Fee payment schedule: some wording removed and/or changed**

Latchkey fees are due by 6:00 p.m. on the first day attended of each week. If the weekly payment amount remains unpaid for three (3) weeks, late fees in the amount of \$10.00 per week will be added for each child's delinquent account. Payment arrangements must be made for any account which is three (3) or more weeks behind in payments. Non-payment of accounts may result in removal from the program until such time as payment is made in full. A registration fee of \$25.00 will apply for reinstatement to the program.



**Delaware Community School Corporation  
Latchkey Program Parent Handbook  
2020-2021**

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



# **Delaware Community School Corporation Latchkey Program Parent Handbook 2020-2021**

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

## **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 (texting welcome)  
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 enrolled may attend Latchkey. **Only those students who are fully able to attend to their own bathroom needs will be able to enroll in the latchkey program.**

Please notify the Latchkey staff in writing of any changes in address, phone numbers, health matters, emergency contacts or other pertinent information. 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.

## Covid-19 Response:

- Due to policies related to the Covid-19 pandemic, latchkey will temporarily **not** accept “as needed” applications. Enrollment in each elementary building will be capped and programs will only be able to accept enrollment for known days and then only as long as space is available.
- Students may be enrolled in latchkey at any time with 48 hours’ notice to allow notification of open positions available.
- All early morning latchkey programs are suspended temporarily. We hope to re-open this portion of the program as quickly as possible and we thank you for your patience in this matter. (This in no way affects the afterschool programs)
- Delaware Community Schools’ latchkey programs will enforce any and all policies as established by the elementary schools within the district.
- All health and social distancing policies put in place by the elementary schools will be the same for any latchkey program.
- **All students attending a latchkey program will be required to bring their own supplies kept in a drawstring bag in their classrooms.** Please mark the bag clearly with their name. Supplies would include:
  - Crayons
  - Markers
  - Glue stick
  - Pencils
  - Erasers
  - 8 count water color paints with paint brush
- We are happy to announce the latchkey program is planning to operate during the planned e-learning days. We will be open from 7:30 a.m. to 6:00 p.m. with limited capacity in all open programs.

## Times of Operation:

The afterschool latchkey program will be in operation from 2:25 p.m. to 6:00 p.m. each day 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 will be charged for late pick up. Latchkey services will NOT be provided during school delays or early dismissals. Early morning latchkey programs will temporarily be unavailable. The Latchkey program will be closed when school is closed during the 2020-2021 school year with the exception of planned e-learning days. Latchkey will be operational from 7:30 a.m. through 6:00 p.m. on all planned e-learning days. (see details below)

## Planned E-Learning Days:

Delcom Latchkey will offer a new trial program during the planned e-learning days scheduled for the first semester of the 2020-2021 school year.

### TIMES:

A.M.: 7:30 a.m. students may be dropped off at the latchkey doors. They must be signed in by a parent/guardian unless other arrangements have been made.

P.M.: 6:00 p.m. is close and all students must be signed out by 6:00 p.m.

### FEES:

Full Day - \$25.00 per child

### MEALS:

- Morning snack – 9:30 a.m.
- Lunch – 12:00 p.m.
- Afternoon snack – 3:00 p.m.

All food/snacks will need to be brought from home for each day. There will be no food service offered during planned e-learning days

All food brought should be “picnic” style as we will be unable to access any of food service during this deep cleaning time in each building. Children will always eat in their assigned area for the day.

### MEDICAL:

ALL medicine to be given on planned e-learning days will need prior approval of the school nurse. NO medication will be given without written approval of the school nurse.

All other medical policies will be the same as any other day as discussed later in this document.

## **Drop off/Pick up Procedures:**

**All elementary schools:** Those who are picking up should come to the appropriate door (as outlined above). You must wear a mask and should have a picture ID available. No one will be permitted into the building beyond the sign in tables due to school policies related to covid-19. Please remember to remain as socially distanced as possible in the sign in/out area while waiting. Thank you for your patience as we do our best to keep everyone safe during these unprecedented times.

**Albany Elementary:** Please ring the bell at the front entrance to pick up your child(ren). There will be a sign in/out table just inside the doors and we will bring your child(ren) to you.

**Eaton Elementary:** Please ring the doorbell provided at the back door entrance to the gymnasium to pick up your child(ren). This door is located on the southeast corner of the building between the basketball goals and the outdoor freezer. The doorbell button must be pushed all the way in firmly. There will be a sign in/out table just inside the door and we will bring your child/children to you.

**Royerton Elementary:** Please ring the bell at the latchkey entrance to pick up your child(ren). The latchkey entrance is located near the south parking lot closest to the ball fields. There will be a sign in/out table just inside the door and we will bring your child/children to you.

## **Fees:**

The temporary fee schedule is included on the last page of the latchkey application. Daily rates are due on the first day attended each week. These daily rates must be paid each week by 6:00 p.m. on Friday of the week attending. Daily rates that remain unpaid for three (3) weeks will be assessed a \$10.00 late fee for each week the account remains unpaid. Three (3) weeks of non-payment may result in removal from the program until payment is made in full or payment arrangements have been agreed upon. A registration fee of \$25.00 will apply for reinstatement to the program.

Checks may be written to Albany Latchkey, Eaton Latchkey, Royerton Latchkey or Delcom Latchkey. Please include child/children's names in the memo line if possible.



## **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. A registration fee of \$25.00 will apply for reinstatement to 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:

All medical policies established by the Delaware Community School Corporation will apply to all latchkey programs and will be strictly enforced for the safety and health of all students and staff.

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 (Temperature of 99.6 or higher)
- vomiting
- Skin rash or eruption
- General appearance of flush, pallor, listlessness, or irritability
- ANY symptoms deemed a risk by the Delaware Community Board of School Trustees

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

# AFTERSCHOOL

