

Please circle Latchkey Site
registering for:

EAST SOUTH INTERMEDIATE

**FAIRFIELD CITY SCHOOLS
2010 SUMMER
LATCHKEY PROGRAM
REGISTRATION PACKET**

Dear Parent,

Thank you for choosing Fairfield Latchkey for your child care needs. The following packet contains information regarding Latchkey Program guidelines and requirements, as well as parental responsibilities pertaining to children enrolled in the Program. Please read this information carefully.

The following items must be submitted upon enrollment of your child:

- ✓ Non-refundable Registration/Supply Fee; (\$55.00 per child. Please make check payable to "Fairfield Latchkey" at the appropriate building.)
- ✓ Completed Registration Form (Please note that all emergency contact information must be completed before form is submitted.) 3301-32-10F Ohio Department of Education
- ✓ Latchkey Guidelines, signed and dated
- ✓ Authorization of Medication Permit, if applicable.

Address questions to the building Latchkey Team Leader:

Sites	Grades	Phone Number	Team Leader
East e-mail: bowling_mr@fairfield-city.k12.oh.us	K-4	737-1992	Mona Bowling
South e-mail: loy_c@fairfield-city.k12.oh.us	K-4	829-0489	Chris Loy
Intermediate e-mail: cantrell_d@fairfield-city.k12.oh.us	5-8	829-9826	Diane Cantrell
Latchkey Coordinator e-mail: vogt_d@fairfield-city.k12.oh.us		868-1654	Debbie Vogt

**FAIRFIELD CITY SCHOOLS
SUMMER LATCHKEY PROGRAM
REGISTRATION FORM**

STUDENT INFORMATION

Date submitted by parent: _____

Child's Name _____ Student ID # _____

Address _____ Birth date _____ Grade SY 10-11 _____

Home phone _____

Please list information that may be helpful in working with your child: (i.e. IEP, special needs, etc.)

Parent/Guardian _____ Home phone _____

Place of Employment _____

Address _____ Work hours _____

Work Phone _____ Cellular _____ Fax Number _____

E-mail address (optional) _____

Parent/Guardian _____ Home phone _____

Place of Employment _____

Address _____ Work hours _____

Work Phone _____ Cellular _____ Fax Number _____

E-mail address (optional) _____

AUTHORIZATION INFORMATION

Name and address of local persons to be contacted in the event parent/guardian cannot be reached at home or work: (Please list three.) Please indicate if these persons are also authorized to pick up this child.

1. Name _____ Relationship _____

Address _____ Phone _____

Authorized to pick up my child: (circle one) YES NO

2. Name _____ Relationship _____

Address _____ Phone _____

Authorized to pick up my child: (circle one) YES NO

3. Name _____ Relationship _____

Address _____ Phone _____

Authorized to pick up my child: (circle one) YES NO

Name of anyone **NOT** authorized to pick up your child:

1. Name _____ 2. Name _____

Signature of Parent/Guardian _____ Date _____

**FAIRFIELD CITY SCHOOL DISTRICT
SUMMER
LATCHKEY GUIDELINES**

Registration Fee: At registration, \$55.00 nonrefundable registration /supply fee is due per child.

Program Fees: The daily fee for each child is thirty-dollars (\$30.00). The weekly fee is one-hundred-fifty dollars (\$150.00) per child. This fee covers equipment, A.M. and P.M. snacks, activity fees, transportation, and admission fees for field trips. There is no discount in the summer for two or more children in the same family.

Attendance: All students must be in the program a minimum of thirty minutes before the trip leaves. Late students may not be able to go on the trip.

Payment: A billing statement will be issued at the beginning of the summer session or upon enrollment. Payments are due biweekly, in advance, for the number of sessions attended by your child/children. Late payments in excess of five calendar days from the due date are subject to a ten dollar (\$10.00) per child or fifteen dollar (\$15.00) per family late fee and dismissal from the program.

NOTE: There will be a five dollar (\$5.00) per check charge for any checks not honored by the bank. After two un-honored checks are processed, payment by check will not be accepted.

Absences/Withdrawals: Parents are required to notify the Latchkey program office of the child's absence. Parents are required to give one week notice of schedule change or withdrawal from the program. Field trips for which you have signed your child will attend will be charged to you even if your child does not attend. In cases of illness or emergencies, please call the program as soon as possible before the trip.

Program Hours: Latchkey Sites are open from 6:30am until 6:00pm.

Late Pick Up: Fifteen dollars (\$15.00) per child or twenty dollars (\$20.00) per family PENALTY FEE will be charged for every 15 minutes, or portion thereof, after 6:00 p.m. that a child is not picked up. The official time will be the clock in the program room and you will be asked to sign a late pick up form. After three late pick ups your child may be dropped from the program.

Contingency: Student enrollment will determine the number of summer Latchkey sites.

Child enrolled:

I HAVE READ AND AGREE TO ABIDE BY THE TERMS OF THE LATCHKEY GUIDELINES AND THE PROCEDURES LISTED IN THE PARENT HANDBOOK.

Parent/Guardian Signature _____

Date _____

**FAIRFIELD CITY SCHOOLS
EMERGENCY MEDICAL AUTHORIZATION FORM**

Purpose: To enable parents/guardians to authorize the provision of emergency treatment for children who become ill or injured while participating in the Latchkey Program, when parents/guardians cannot be reached. Form must be filled out completely prior to enrollment.

Child's Name _____ School _____ Grade 10-11 SY _____
Address _____
Date of Birth _____ Gender: ___ Male ___ Female Telephone: (home) _____

Residential Parent or Guardian:

Mother's Name _____ Daytime Phone _____ Cellular Phone _____
Father's Name _____ Daytime Phone _____ Cellular Phone _____
Other's Name _____ Daytime Phone _____ Cellular Phone _____

Name of authorized person to be contacted in the event you cannot be reached:

Name _____ Relationship _____
Address _____ Daytime Phone _____

Name _____ Relationship _____
Address _____ Daytime Phone _____

Name _____ Relationship _____
Address _____ Daytime Phone _____

PART I OR II BELOW MUST BE COMPLETED

PART I: To Grant Consent

I hereby give consent for the following medical care providers and local hospital to be called:

Physician _____ Phone _____
Dentist _____ Phone _____
Medical Specialist _____ Phone _____
Local Hospital _____ Emergency Room Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by above-named doctors, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not include major surgery unless the medical opinion of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of surgery. Facts concerning the child's medical history, including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

Signature of Parent/Guardian _____ Date _____
Address _____

PART II: Refusal to Grant Consent

I do NOT give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Latchkey personnel to take the following action: _____

Signature of Parent/Guardian _____ Date _____
Address _____

ADMINISTRATION OF MEDICATION DURING LATCHKEY PROGRAM

Dear Parents/Guardians and Physicians:

Providing medical care to children is the responsibility of the parent/guardian and should not be assumed by the Latchkey staff. Whenever possible, we would prefer that children receive medication before and/or after Latchkey hours. If it is absolutely necessary that medication be given during Latchkey hours, the following procedures will apply:

1. For legal purposes, a written permission for dispensing drugs must be obtained from the child's parent/guardian and from his/her physician. The administration of any drug (prescription or over-the-counter) without the order of the physician and the permission of the parent/guardian could be interpreted as practicing medicine and is prohibited by law.
2. The statement should include the child's name, name of medication, dosage, time it should be given, possible side effects, if any, and length of time the child will be taking the medication. This information is needed for each new medication or dosage change. No medication will be given unless this information and permission is provided. THIS IS A STATE LAW.
3. Except in cases of emergency, parents/guardians shall give the first dose of any newly prescribed medication so that they may personally observe the child's reaction.
4. Oral medications will be given during lunchtime. Suntan lotion and medication to treat bug bites or poison ivy may be administered by Latchkey personnel if deemed necessary. Such items must be labeled with the child's name. Dressing changes cannot be done in Latchkey.
5. The parent/guardian must bring the medication to the Latchkey personnel, **with the original container clearly marked giving the name of the child, name of medication, dosage directions, physician's name, and prescription number.** The parent/guardian must supply the Latchkey site with the exact dosage.
6. Children may not carry or administer their own medication. Reactions to the drug taken might not be recognized and inappropriate treatment might be rendered.
7. When the medication has been discontinued, any remaining medication must be picked up by the parent/guardian immediately after discontinuation or it will be disposed of by the Latchkey personnel.

Fairfield City School District
Health Services Department
Medication Permit

(In accordance with Ohio Revised Code 3313.713)

Use this form if it is essential a child receive medication during the Latchkey program hours.

This section to be completed by the parent/guardian:

Name of Child _____ Birth date _____
Child's Address _____
School _____

I request Latchkey personnel to administer the medication as instructed and agree to (1) deliver the medication to the school in the original container and (2) notify the latchkey program if I change physicians or if the medication is changed or eliminated. I understand it is the child's responsibility to report on time for this medication. I agree to hold Latchkey personnel and the Board of Education free from all responsibility for results of such medication.

Parent/Guardian Signature _____ Date _____
Telephone during Latchkey hours _____

This section is to be completed by the physician:

Medication _____ Date of authorization _____
Dosage _____
Times to be given _____
Date to begin _____ Date to end _____
Adverse reactions to be reported: _____

Physician Emergency Telephone _____
Special Instructions
Administration _____
Storage _____
Other _____
Prescribing Physician (print) _____ Signature _____
Physician's address _____

For Latchkey Use Only

The following latchkey personnel have read this form and are authorized to administer the medication as outlined:

Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____
Signature _____	Date _____

2010 Summer Latchkey
Swimming and Water Activity Permission Slip

Child's Name _____

Parent / Guardian's Name _____



Please check one:

- My child is a swimmer
- My child is NOT a swimmer

My child, _____ has permission to participate in the swimming and water activities scheduled during the Summer Latchkey Program. I have received a calendar of all swimming and water activities.

Parent / Guardian Signature

Date



2010 Summer Latchkey
Photographic Permission Slip



I DO // DO NOT (circle one) give permission to have my child appear in any media coverage approved by the Fairfield City Schools Latchkey Program. I understand that the Team Leader in conjunction with Coordinator have been given authority by the Latchkey Program to determine appropriate requests.

Parent / Guardian Signature

Date

Fairfield City School District
Health Services Department
Medication Permit

(In accordance with Ohio Revised Code 3313.713)

Use this form if it is essential a child receive medication during the Latchkey Program hours.

This section to be completed by the parent/guardian

Name of Child _____ Birth date _____

Child's
Address _____

School _____

I request Latchkey personnel to apply **sunscreen and/or lotion** as instructed and agree to (1) deliver the sunscreen and/or lotion to the school in the original container and (2) notify the Latchkey program if there is a changed or application is to be eliminated. I agree to hold Latchkey personnel and the Board of Education free from all responsibility for results of such medication.

Parent/Guardian Signature _____ Date _____

Telephone during Latchkey hours _____

For Latchkey Use Only

The following Latchkey personnel have read this form and are authorized to apply the medication as outlined:

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

Signature _____ Date _____