

**FAIRFIELD CITY SCHOOLS
2009—10 School-Year
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 Fee; (\$35.00 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
Central e-mail: cantrell_d@fairfield-city.k12.oh.us	K-4	829-0580	Diane Cantrell
East e-mail: hassler_k@fairfield-city.k12.oh.us	K-4	737-1992	Kathi Hassler
North e-mail: muskopf_n@fairfield-city.k12.oh.us	K-4	868-0460	Nancy Muskopf
South e-mail: loy_c@fairfield-city.k12.oh.us	K-4	829-0489	Chris Loy
West e-mail: sandor_c@fairfield-city.k12.oh.us	K-4	887-0549	Cheryl Sandor
Intermediate e-mail: rosser_m@fairfield-city.k12.oh.us	5-8	829-9826	Mike Rosser
Coordinator e-mail: vogt_d@fairfield-city.k12.oh.us		868-1654	Debbie Vogt

**FAIRFIELD CITY SCHOOLS
LATCHKEY PROGRAM
2009-2010 REGISTRATION FORM**

Please circle Latchkey site: Central East North South West Intermediate
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STUDENT INFORMATION

Child's Name _____ Birth date _____ Student ID # _____

Grade 09--10 _____ Teacher _____ Bus # _____

Address _____

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 _____ Cell # _____

E-mail address (optional) _____

Parent/Guardian _____ Home phone _____

Place of Employment _____

Address _____ Work hours _____

Work Phone _____ Cell # _____

E-mail address (optional) _____

SCHEDULE INFORMATION

Full Time (M-F) _____ Variable Schedule _____ days per week M T W TH F

Estimated morning drop off time _____ Estimated afternoon pick up time _____

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 _____

Date submitted by parent: _____

**FAIRFIELD CITY SCHOOL DISTRICT
2009- 2010
LATCHKEY GUIDELINES**

Registration Fee

A non-refundable registration fee of thirty dollars (\$35.00) per child is required upon enrollment. Registrations will not be processed unless submitted with fees.

Program Fees & Program Hours

Elementary:

The fee is eight dollars (\$8.00) per child per session. AM session is from 6:30—9:00am; PM session is from 3:30—6:00pm.

Intermediate:

The fee is ten dollars (\$10.00) per child for the afternoon session. PM session is from 2:30—6:00pm.

Fees cover supplies, equipment, food, and all other financial costs endured by the Latchkey Program.

Payment

A billing statement will be issued at the beginning of the fall 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 seven calendar days from the due date are subject to fifteen dollars (\$15.00) per child late fee.

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/Schedule Changes

Parents are required to notify the latchkey personnel of the child's absence or withdrawal from the program. Notification is to be made to the Latchkey site office. If the Latchkey staff is expecting your child to attend afternoon Latchkey and you have not notified them prior to the p.m. session of a change in plans, you may be charged the session rate. If a child is expected to be absent from the program for an extended length of time, the parent is to notify the program staff.

Late Pick-Up Fees of \$15.00 per child will be charged for the first fifteen (15) minutes for any child not picked up by 6:00pm; and \$10.00 per every additional five (5) minutes past the original 15 minutes, beginning at 6:15pm. 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.

Child(ren) 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. Must be filled out completely prior to enrollment.

Child's Name _____ School _____ Grade 09-10 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 _____

Fairfield Latchkey Program Attendance Schedule

Dear Parent / Guardian,

In efforts to ensure communication between Latchkey staff, school staff, and your child's classroom teacher, we are asking that you please fill out the following form. Please return it to Latchkey staff who will make sure that your child's teacher gets a copy. This will help insure that all parties are aware of where your child should be at all times.

Should your child's attendance be on a flexible schedule, please inform your child's teacher on a weekly basis. *It is the responsibility of parent / guardian to notify both Latchkey and the teacher as to when your child will attend.*

Our primary concern is providing for your child's safety, therefore we also ask that you make both Latchkey staff and your child's teacher aware of any changes that may occur in your child's regular schedule.

Thank you,
Fairfield Latchkey Staff

(Please fill out and return to Latchkey Staff.)

✂ =====

Dear _____,
(Teacher's Name)

My child _____ will be attending Latchkey:
(Child's Name)

✓		Monday	Tuesday	Wednesday	Thursday	Friday
	AM & PM					
	AM only					
	PM only					
	Flexible schedule	I will let	you know	when my	child will	attend.

Parent / Guardian Signature _____

Date _____



Fairfield City Schools

Latchkey Program Coordinator
6116 Morris Road
Hamilton, Ohio 45011
(513) 868-1654

2009—2010 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

Central Latchkey 5058 Dixie Hwy. Fairfield, Ohio 45014 829-0580	East Latchkey 6711 Morris Rd. Hamilton, Ohio 45011 737-1992	North Latchkey 6116 Morris Rd. Hamilton, Ohio 45011 868-0460	South Latchkey 5460 Bibury Rd. Fairfield, Ohio 45014 829-0489	West Latchkey 4700 River Rd. Fairfield, Ohio 45014 887-0549	Intermediate Latchkey 255 Donald Drive Fairfield, Ohio 45014 829-9826
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