

**FAIRFIELD CITY SCHOOLS
2018—19 School-Year
LATCHKEY PROGRAM
REGISTRATION PACKET**

School Year 2018-2019

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; (\$40.00 per child).
 - Payments for 2018-19 SY will be accepted through EZPay beginning August 13, 2018.
 - Payments before August 13th accepted in cash or by check.
(Please make check payable to “Fairfield Latchkey” at the appropriate building.)
 - Registration Fee must be accepted, along with completed forms, before enrollment will be processed.
- 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.

✧ **ENROLLMENT MAY BE DENIED BASED UPON DELINQUENT PAST FEES; AND LATE PICK-UP HISTORY.**

Address questions to the building Latchkey Team Leader:

Grades K-5	Phone Number	Team Leader	E-Mail
Central	858-8595	Diane Cantrell	cantrell_d@fairfieldcityschools.com
Compass	858-5020	Michelle Dowers	dowers_m@ fairfieldcityschools.com
East	737-1992	Mike Rosser	rosser_m@ fairfieldcityschools.com
North	868-0460	Cindy Hassler	hassler_c@ fairfieldcityschools.com
South	829-0489	Chris Loy	loy_c@ fairfieldcityschools.com
West	887-0549	Cheryl Sandor	sandor_c@ fairfieldcityschools.com

★ **ALL information must be completed prior to registration forms being accepted.**

FAIRFIELD CITY SCHOOL DISTRICT
2018- 2019 LATCHKEY GUIDELINES

Registration Fee: A non-refundable registration fee of forty dollars (\$40.00) per child is required upon enrollment. Registrations will not be processed unless submitted with fees.

Program Fees: Fees cover supplies, equipment, food, and all other financial costs endured by the Program. The fee is ten dollars (\$10.00) per child per session. Session is either AM Latchkey or PM Latchkey.

Program Hours:

AM session 6:30—school start time; PM session end of school day—6:00pm.

Payment: Payments are due in advance.

Balance must be at zero or credit each week for child to return the following week.

Payments made in advance for days that a child does not attend Latchkey will be credited to next payment schedule period.

Payment for the last week of attendance for your child must be paid in advance or daily for that week.

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 twenty dollar (\$20.00) 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.

Special Needs: In order to best meet the needs of all children enrolled within any Latchkey site, a consultation is required before enrollment of any child with an IEP (Individualized Educational Plan), 504, and/or special needs to determine if additional, specialized staffing is necessary prior to enrollment of the child. If so, support staff must be obtained before enrollment. All efforts will be made to create an inclusive environment which supports the mission of 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 SCHOOL DISTRICT
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.

School _____ Student Name _____
Grade 17-18 SY _____ Address _____
Date of Birth _____ Zip _____
Gender: Male Female Home Phone _____ Cell Phone _____
Is either parent or guardian currently serving on active duty in the U.S. Armed Forces? Yes No
If yes, in which branch? _____

Residential Parent or Guardian: Parent/Guardian Email _____
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, in accordance with Ohio Revised Code 3313-713. Medical Form (page 6) must be completed.
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. 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.
5. In accordance with FCSD policy JHCE, students, if age appropriate, after approval from students' physician/clinic, along with parent and school nurse completion of appropriate school form/s, may carry or administer their own epinephrine.
6. 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.
7. Dressing / bandage changes cannot be done in Latchkey.

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 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 TO BE COMPLETED BY 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 Instructions _____
Other _____
Prescribing Physician
(print) _____ Signature _____
Physician's address _____

THIS SECTION 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 _____

FAIRFIELD CITY SCHOOLS
2018-19 School Year
LATCHKEY PROGRAM

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	Compass Latchkey 8801 Holden Blvd. Fairfield, Ohio 45011 829-9826	East Latchkey 6711 Morris Rd. Hamilton, Ohio 45011 737-1992	North Latchkey 6116 Morris Rd. Hamilton, Ohio 45014 868-0460	South Latchkey 5460 Bibury Rd. Fairfield, Ohio 45014 829-0489	West Latchkey 4700 River Rd. Fairfield, Ohio 45014 887-0549
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