

**2016-2017 LATCHKEY PROGRAM  
CHILD CARE PROGRAM INFORMATION SHEET  
PIONEER ELEMENTARY AT ARCADE**



Dear Parents,

Pioneer Elementary at Arcade offers a before and after school child care program known as the Latchkey Program.

The before school program offers in-school care from 7:00 – 8:45 AM. The after school child care program is from 3:25-6:00 P.M. The cost is \$2.00 per hour per child and includes a daily snack (in the afternoon) and a variety of fun and educational activities. The program is flexible so that children can attend any or all of the days for the entire three hours or any part of it.

If you are interested in enrolling your child in either the before or after school child care program, please return the attached application to the main office and indicate on the bottom of the form the date that you would like your child/children to start.

Some information you will need to know about the Latchkey Child Care Program:

1. We do **NOT** operate on days when school is closed.
2. After school care will **NOT** operate on half days.
3. Payment for service is due by **FRIDAY** following the week services were provided. **Please request a receipt when making a payment.**
4. You may pre-pay for childcare.
5. All school rules for behavior apply to the Latchkey Program.

If you have any questions, please call the school at 492-9300 ext.9424. We look forward to hearing from you.

Mellisa A. Devitt  
Principal

### **PARENT/GUARDIAN RESPONSIBILITIES:**

1. Parent/Guardian agrees **to make arrangements for all emergency closings of the school**. It is understood that children will be sent to the person listed on the school emergency closing form. In case of a delayed opening, the program will continue until school begins. If, after a delayed opening, school is closed, children will be sent to the person listed in the Emergency Contact information.
2. If after-school activities are **cancelled**, Latchkey will still be available.
3. Any changes of address, telephone number, or employment are to be sent to Sandy Fontaine in the office at school.
4. Parent/Guardians are requested to notify the Arcade After School Child Care in writing of any change in a child's attendance.
5. Parent/Guardians are requested to dress children suitably for the weather.
6. Arcade After School Child Care will **NOT** administer medication.
7. Children will be released only to those listed by the parent/guardian on the registration form. Persons coming to pick up children may be asked for picture identification (driver's license) before the child will be released.
8. Parent/Guardians are requested to discuss any difficulties with the Program Director.

### **FINANCIAL POLICY:**

1. Payment is **due by Friday** following the week services were provided.
2. **If your bill exceeds \$100.00 and payment is not made, childcare services will be terminated until payment is made.** Any unpaid balance will be turned over to a collection agency. There will be no exceptions.
3. There will be a \$20.00 service charge for all checks returned for "insufficient funds".
4. If you are receiving childcare services through your county, you must make the Arcade Latchkey program **AND** the Dept. of Social Services aware of this so the necessary paperwork can be completed before latchkey can begin.

### **DISCIPLINE POLICY:**

1. The staff of the Arcade Latchkey Program will use positive methods of discipline, encouraging self-control, self-direction, and self-esteem.
2. Children will discuss appropriate behavior with staff members as needed. No corporal punishment will be used. Children may be separated from the group for appropriate periods of time until ready to participate again. At all times, children will be supervised.
3. Issues of behavior will be discussed with parents. Staff and parents will plan together to help the child behave in an appropriate way. If issues of behavior are not effectively resolved, **a child may be excluded from the program.**

**ARCADE BEFORE/AFTER SCHOOL CHILD CARE**

**REGISTRATION FORM**

Teacher's Name\_\_\_\_\_

Child's Name\_\_\_\_\_

Parent/Guardian Name\_\_\_\_\_

Mother's Name\_\_\_\_\_ Father's Name\_\_\_\_\_

Home Address\_\_\_\_\_ Home Address\_\_\_\_\_

Home Phone\_\_\_\_\_ Home Phone\_\_\_\_\_

Cell Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Employer\_\_\_\_\_ Employer\_\_\_\_\_

Work Phone\_\_\_\_\_ Work Phone\_\_\_\_\_

Child's Birth Date\_\_\_\_\_ (Circle one) Male Female

Date that student will begin program: \_\_\_\_\_

Please circle the time your child will attend child care:

7:00-8:45AM 3:20-4:00 3:20-5:00 3:20-6:00

PLEASE DO NOT SEND YOUR CHILD BEFORE 7:00AM

I have read and agree to follow procedures stated in the Arcade Before and After School Child Care Policy Statement.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**PLEASE TURN OVER & FILL OUT THE BACK PAGE!**

**ARCADE AFTER SCHOOL CHILD CARE  
EMERGENCY INFORMATION**

Part 1 – MEDICAL RELEASE FORM:

All children registered for the Arcade Elementary Latchkey program must return the medical release form with the registration form.

I give permission to send my child, \_\_\_\_\_, by car or ambulance to the hospital or physician of my choice,  
(Physician's Name) \_\_\_\_\_ (Phone Number) \_\_\_\_\_  
If an emergency situation should occur while my child is at the Program.

\_\_\_\_\_  
Signature of Parent/Guardian

Part 2 – MEDICATIONS/LIMITATIONS

List all medications your child is taking: (Please note: **NO** medication will be given during the program.)

\_\_\_\_\_

List any physical limitations your child has:

\_\_\_\_\_

Part 3 – EMERGENCY CONTACTS: In the event that the parent CANNOT be reached, who should we call in an emergency during Latchkey hours.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Cell Number: \_\_\_\_\_

My child is to be released only to: \_\_\_\_\_  
(other than a parent) \_\_\_\_\_  
\_\_\_\_\_