

Latchkey Rules and Regulations

Zane Trace Local Schools

Patricia Burnheimer, Latchkey Team Leader

740.701.2851

Susan L. Congrove, Director

740.775.1304

1. Payment of Fees

- Children will not pay employees.
- All fees are to be paid by parents/guardians to the Latchkey Leader on a biweekly basis.
- Receipts will be issued.
- Delinquent accounts are grounds for dismissal. There will be a \$10.00 late fee if the total is not paid every two weeks.
- Registration fee is \$25.00, and \$3.00 an hour per student after that.
- Please contact Mrs. Burnheimer via text message with questions or call 740.701.2851.

2. Snacks

- All children will be offered snack.
- Snacks are chosen with the children's taste and nutrition in mind.
- If your child does not like the provided snack, you are welcome to send a snack, but there will not be reimbursement of fees.

3. Attendance

- Attendance will be taken daily.
- There will be **NO Latchkey** on *snow days, regularly scheduled school holidays, or emergency dismissal days.*
- *If Zane Trace Local Schools has a **two hour delay**, then Latchkey will open at **8:00 AM**.*

4. Program Opening and Closing

- Latchkey will be open at 6:00 AM. Latchkey closes at 5:30 PM.
- At least one employee must stay until all students are picked up.
- If a student is picked up after 5:30 PM, there will be a \$10.00 late fee assessed.
- Mrs. Burnheimer must be notified if someone different than the usual person picks up the child.
- Mrs. Burnheimer should be notified if there is anyone that should NOT pick up your child.
- Latchkey is not available for students who have been dismissed from the bus for discipline reasons or students staying after school for detention.

Date: _____

Child: _____

Date of Birth: _____ Age: _____

Teacher's Name: _____ Grade: _____

Residential Parent: _____ Phone: _____

Home Address: _____

Work Address: _____

Work Phone: _____

Child's Physician: _____

Address: _____ Telephone: _____

Person to be notified in case of emergency when the parent/guardian is not available:

Name: _____

Address: _____

Relationship to child: _____

Special Health Information:

Additional Information:

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the program staff to act on my behalf in granting permission for my child to receive emergency treatment.

Parent/Guardian Signature: _____

My child will attend Latchkey:

_____ Everyday Times: Morning _____ Evening _____
_____ Occasionally

Names of authorized people to pick up my child: (include yourself)

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Discipline:

All Zane Trace Board of Education policies, administrative procedures, and building rules apply to the Latchkey program.

Disciplinary problems will be handled at first with a parent/teacher conference.

Persistent disciplinary problems will be grounds for dismissal.

Emergencies:

Emergency Medical Health Forms will be kept on site.

Procedures for emergencies will follow Zane Trace Local Schools policies.

I have read the latchkey program rules and regulations and agree to the terms listed.

Parent/guardian signature: _____ **Date:** _____