

St. Pius X Latchkey

Enrollment Options

Participants must choose one option by placing an X in the appropriate box.

- ☐ **FULL TIME: 4 or 5 days per week**
\$75/week: first child; \$70/week: each additional child
- ☐ **PART TIME: 2 or 3 days per week**
\$55/week: first child; \$50/week: each additional child
- ☐ **ONE DAY PER WEEK: for 38 weeks**
\$25/child per week; extra days = \$25/child per day (on an occasional basis)
- ☐ **DROP-IN**
\$30/ day for previously registered child
- ☐ **EXTRACURRICULAR SESSION:** At above rates that include entire session regardless of attendance.

1. Session Name: _____
Student Name: _____

2. Session Name: _____
Student Name: _____

Parent's Signature: _____ Date: _____

SPX LK Director's Signature: _____ Date: _____

760-402-7444

pzeitman@spxelementary.com

1061 Waggoner Road, Reynoldsburg, OH 43068

<https://spxreynoldsburg.com/latchkey>



SPX LATCHKEY REGISTRATION FORM

SCHOOL YEAR: ____/____

****registration forms must be COMPLETE BEFORE child may attend LK Program****

FAMILY NAME _____

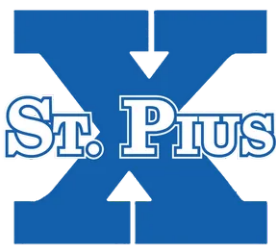
Child's name	DOB	GRADE <i>for above school year</i>
Child's name	DOB	GRADE <i>for above school year</i>
Child's name	DOB	GRADE <i>for above school year</i>
Child's name	DOB	GRADE <i>for above school year</i>
STREET ADDRESS OF CHILDREN	CITY/ZIP	HOME PHONE
Parent/Guardian Name	CELL PHONE	EMAIL
HOME STREET ADDRESS	CITY/ZIP	HOME PHONE
WORK	WORK PHONE	PERMISSION TO USE WORK PHONE NUMBER: YES NO
Parent/Guardian Name	CELL PHONE	EMAIL
HOME STREET ADDRESS	CITY/ZIP	HOME PHONE
WORK	WORK PHONE	PERMISSION TO USE WORK PHONE NUMBER: YES NO
LIST 3 AUTHORIZED PERSONS TO TAKE CHILD FROM PROGRAM IN THE EVENT OF AN EMERGENCY:		
NAME:	NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:
HOME PHONE	HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE	CELL PHONE
WORK PHONE	WORK PHONE	WORK PHONE
PHYSICIAN	DENTIST	OTHER HEALTH CARE PROVIDER:
		NAME
PHONE	PHONE	PHONE
LIST OF PERSONS NOT PERMITTED TO PICK UP THIS CHILD:		RESTRAINT PAPERS/DIVORCE DECREE ATTACHED?
		YES NO
		YES NO
		YES NO

PERMISSION TO PROVIDE FIRST AID & TRANSPORTATION TO AN EMERGENCY CARE FACILITY IF NEEDED:

PARENT/GUARDIAN SIGNATURE _____

If you **DO NOT WANT** your child transported to an emergency care facility or provided first aid specify what action you want taken:

CHILD'S NAME:	
MEDICAL/HEALTH NEEDS:	
ALLERGIES & TREATMENT:	
DIETARY RESTRICTIONS:	
MEDICATION:	
NOTE: A medication form MUST be completed for each medication administered while attending Latchkey	
CHILD'S NAME:	
MEDICAL/HEALTH NEEDS:	
ALLERGIES & TREATMENT:	
DIETARY RESTRICTIONS:	
MEDICATION:	
NOTE: A medication form MUST be completed for each medication administered while attending Latchkey	
CHILD'S NAME:	
MEDICAL/HEALTH NEEDS:	
ALLERGIES & TREATMENT:	
DIETARY RESTRICTIONS:	
MEDICATION:	
NOTE: A medication form MUST be completed for each medication administered while attending Latchkey	
CHILD'S NAME:	
MEDICAL/HEALTH NEEDS:	
ALLERGIES & TREATMENT:	
DIETARY RESTRICTIONS:	
MEDICATION:	
NOTE: A medication form MUST be completed for each medication administered while attending Latchkey	
PLEASE CIRCLE:	
Days of attendance: FULL TIME (4-5 days) PART TIME (1-3 days) 1 DAY DROP IN (occassional)	
Extra Curricular Season: FULL TIME PART TIME 1 DAY rate for entire length of season (sports/choir/club)	
Parent's Signature:	Date:



St. Pius X Latchkey

Student Agreement


- I agree to attend the Latchkey program at St. Pius X School.
- I agree to behave, obey the Latchkey rules, and to act appropriately.
- I agree to be responsible for all of my belongings (bookbag, coat, clothing, shoes, schoolbooks, etc.)
 - I agree to take care of them, have my name on them, keep them in the proper place, and to take them with me when I leave.
 - I will remember to bring all my books, coats, etc. when I leave the classroom.
 - I understand I may not be allowed to return to my classroom after coming to Latchkey.
- I agree to be helpful to the other children and adults whenever I can.
- I agree to use the Latchkey toys, games, equipment, and supplies carefully and to put the things away when I am finished with them.
- I understand that if I purposely destroy Latchkey and/or school equipment or supplies, I will be expected to pay for them through FACTS incidental billing.
- I agree to share with other children and to play fair.
- I agree to try to get my homework done at Latchkey, if my parents want me to do it.
 - If I have any questions, I will ask Latchkey staff to help me.
- I agree to not fight, or purposely hurt others, either physically or hurting their feelings.
- I agree to arrive at Latchkey when I am expected to be there. If I know I will be late, I will come to Latchkey first to let the staff know.
 - If I am late, I will get a note from my teacher.
- I know that I cannot return to the school building after we leave it.
- I agree to talk to one of the Latchkey adult staff or with my parents if I have a big problem at Latchkey, or if something worries me.
- I agree to listen to all the Latchkey staff, to do what they ask me to do, and to treat them with respect.
- I agree to treat the other Latchkey students as I want to be treated.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

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St. Pius X Latchkey

Parent Agreement

The St. Pius X Latchkey Staff agrees to:

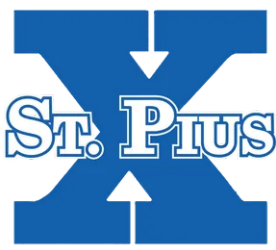
1. Provide after school care for your child(ren).
2. Provide a quality program in keeping with the philosophy, goals, and expectations of St. Pius X School.

Latchkey Director's Signature: _____ Date: _____

We, the parents of _____ agree to:

1. Pay the family registration fee of \$25.
2. Complete and return all required Latchkey forms, updating them as necessary.
3. Give two weeks notice, in writing, in the event of withdrawal from the program. If less than two weeks notice is given, it is understood that payment must be made for those two weeks. Re-enrollment may require payment of a new registration fee and will be based on space availability.
4. Inform the Latchkey Program in writing, in person, or by phone of absences from the program on regularly scheduled days of attendance, regardless of the reason for the absence. After the 3rd failure to notify the Latchkey staff on those days when attendance is expected, but does not occur, may result in a penalty of \$5.00 (or higher) per incident.
5. Arrange for early pick up as soon as possible if the Latchkey staff feels that my child is too ill to remain at Latchkey.
6. Notify the Latchkey staff when picking up my child(ren).
7. Observe the required 6:00 p.m. pick up time. There is a late fee of \$1.00 per minute after the third late pick-up has occurred. After the 5th occurrence, the fee increases to \$5.00 per minute. Failure to pay a late fee (through FACTS incidental billing) within a week and/or consistent lateness may result in dismissal from the Latchkey Program.
8. Read the Latchkey Student Agreement and discuss it with my child(ren).
9. Initial the receipt of and agreement with the Latchkey handbook.
10. Pay the regularly scheduled payment every month through FACTS account even when my child(ren) is(are) not attending for any reason. Payment is due for the entire week, regardless of whether there is school every day, according to the St. Pius X school calendar for calamity days.
11. Take Protecting God's Children, be fingerprinted, and submit the results from the Ohio Bureau of Criminal Investigation to the Diocesan Safe Environment Office (197 E Gay St, Columbus, OH, 43215) to volunteer with the program. This policy applies to grandparents, other family members, and all adults over 18, as well.

Parent's Signature: _____ Date: _____



St. Pius X Latchkey

Cell Phone Agreement

Child's Name: _____

Cell Phone Number : _____

Any child with a cell phone with them when they arrive to Latchkey will be asked to put their phone in the cell phone bin. Mrs. Z will be in charge of the cell phone bin. Children will receive their cell phone back when their parent arrives for pick up, or when Latchkey arrives at the Latchkey building in the 4-8 club room.

Parent's Initial

Child's Initial

I give permission for my child to use his/her cell phone at latchkey for communication, **with parents only**, while in the school building. My child and I understand that the use of a cell phone for any other purpose may result in the loss of cell phone privileges.

Parent's Signature: _____ Date: _____

Student's Signature: _____ Date: _____