All Saints Academy Latchkey

2017-2018 Registration

All Saints Academy \* 2855 E. Livingston Avenue, Columbus, Ohio 43209

\* Phone: (614) 231-3391 \*

Dear Parents and Caregivers,

 Thank you for your interest in our Latchkey Program at All Saints Academy! Enclosed you will find an application, emergency form, and information sheet.

 The completed application packet and $25.00 registration fee must be returned to the office before your child has secured a spot. Please remember, there is a limited number of students (20) we can accept into the program.

 Sincerely,

Sheri Rhodes

Afterschool Latchkey Coordinator

2017-2018 Latchkey Fees

|  |  |
| --- | --- |
| **Weekly** | **Monthly** |
| $50 (1st student) | $150 (1st student) |
| $40 (2nd Student) | $140 (2nd student) |
| $30 (3rd student) | $130 (3rd student) |

Fast Facts:

* Afterschool care begins August 28th, 2017 through May 25th, 2018
* Hours are afterschool at 2:30pm (and some 1:00pm dismissals) to 5:30pm, Monday-Friday. *A calendar will be given in regards to special dates, closings, etc.*
* Parents of children picked up from the program later than 5:35pm will be charged a late fee of $1 per minute
* Meal will be provided for the students by the Children’s Hunger Alliance immediately after school at no additional charge. Due to our agreement with this organization, your child may not bring food to be eaten to substitute.
* The $25 non-refundable registration fee must be paid prior to starting to secure a spot.
* Bishop Hartley students will also be available for tutoring/homework help TBD.

Schedule of afternoon:

* 2:35pm: Children will come directly to the cafeteria and sign their name in the daily attendance sign-in book along with time. Immediately following they will wash their hands for dinner meal provided by Children’s Hunger Alliance.
* 3:00pm: After their meal, the children will begin homework at their designated seat. If a child does not have homework, he/she may read a book or be provided with an age appropriate activity which will be worked on quietly. This time will continue to be quiet for those still working on homework.
* Time TBD: Usually by 3:30, children will be finished with homework. They will have free play time either outside on playground (weather permitting) or in the gymnasium. Indoor games, activities, and art will also be available. Computer lab time will also be available TBD by Mrs. Lehr

All Saints Academy Latchkey Application Form

2017-2018

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade\_\_\_\_\_\_\_\_\_\_\_

***\*For Office Use Only\** $25 Registration Fee Paid: \_\_\_\_\_\_**

**I understand and agree that:**

* Full payment must be made the first Monday of the monthy to receive the monthly rate OR Monday of each week for weekly rate. (Payment must be cash or money order only.)
* Late fees will be applied after 5:35pm at the rate of $1 per minute and must be paid the following day.

 **Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_**

**Persons permitted to pick up my child from school and who may be contacted in case of an emergency:**

**Name** **Relationship to child**  **Phone #**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Statement of responsibility for payment of child’s tuition**

**EMERGENCY MEDICAL AUTHRORIZATION**

Purpose: To enable caregivers to authorize treatment for children who become ill or injured while under school authority when caregivers cannot be reached.

STUDENT’S FULL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_BIRTH DATE\_\_\_\_\_\_\_\_\_\_\_\_ LAST 4 S.S. # \_\_\_\_\_\_\_

PARENT/GUARDIAN NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT/GUARDIAN NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN PHONE NUMBERS

NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CELL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 HOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 WORK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate 1, 2 and 3 in boxes to set order in which to call

PARENT/GUARDIAN PHONE NUMBERS NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 CELL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

 HOME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 WORK:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please indicate 1, 2 and 3 in boxes to set order in which to call



**I HEREBY GIVE CONSENT FOR THE FOLLOWING MEDICAL CARE PROVIDERS AND LOCAL HOSPITALS TO BE CALLED:**

Name of Physician or Clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Dentist or Clinic:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_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 my child to any hospital reasonably accessible. This authorization does not cover major surgery unless medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of each surgery.\*

**PARENT/GUARDIAN SIGNATURE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies, medical conditions, or other facts concerning child’s medical history (include any allergies, medications being taken, and any physical impairments to which physician should be alerted of): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CHILD’S HEALTH INFORMATION**

**Child’s Chronic Medical/Health Needs**

**Child’s Allergies/Treatment**

**Child’s Dietary Needs/Restrictions**

**Child’s History of Hospitalization and Disease History**

**Child’s Medications** (NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN PROGRAM ATTENDANCE)