



Latchkey Enrollment Contract

It is my desire to have my child/children enrolled in the Latchkey Program at Onsted Community Schools. This program will follow the 2017-2018 Onsted Community Schools Parent and Student Policy Handbook posted on the website. I also understand that my child is being accepted on a two week trial basis. During this time, the staff will make observations and evaluations pertaining to the child's ability to adapt to the latchkey surroundings. Unless otherwise notified, the child/children will be accepted and permanently enrolled. I further understand that if the policies outlined in this handbook were not adhered to, it would be sufficient cause for the removal of the child/children from the Latchkey program.

_____ **Please initial** that the above information has been read and reviewed by the parent signing below.

Latchkey hours are 3:00-6:00 pm. Monday-Friday

_____ Pick up before 4:30 pm

_____ Pick up after 4:30 pm and before 6:00pm.

_____ Schedule will vary.

Please initial each item indicating you understand and agree to the financial portion of the agreement and policies of the Latchkey program.

_____ I understand that I must provide a completed immunization record, physical form and proof of birth certificate prior to the first day of school.

_____ I understand that I am contracting for school year only arrangements.

_____ Before 4:30 pm fee is \$6 per day.

_____ After 4:30 but before 6:00 pm is \$10 per day.

_____ Siblings will receive a 15% discount from their tuition.

_____ I will be responsible for all charges and any other fees that are charged to my account.

_____ Billing late fees are \$5.00 per day and may result in child being dismissed from the program if it becomes a reoccurring issue.

_____ I also agree to give a minimum of two weeks written notice (ten full school days) of my intent to withdraw my child/children from the program. If a two week notice is not given, I agree to make full tuition payment for the final two weeks.

Parent Signature

Date

Onsted Community Schools Superintendent

Phone Number: _____ Email: _____

Child's Name: _____ Date of Birth: _____