



Teacher's Name _____

HILDALE LATCHKEY PROGRAM 2023-2024

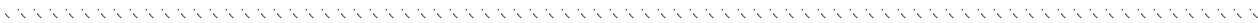
The Latchkey program is an extended care service provided to our students. It is for elementary students in grades pre-school to 5th grade. It is staffed by experienced childcare providers. It provides convenient childcare immediately after school and alleviates any transportation problems. Students will have playground time, games, homework time, and snack time.

It begins immediately after school; students are to meet in the Gym at 3:25 P.M. Children must be picked up by or before 6:00 P.M. An additional charge of \$3.00 for every 15 minutes after 6:00 P.M. If a student is picked up by 3:45 P.M., there will be a \$2.00 charge, please be sure and write the time down, otherwise you will be charged full price. Also, it is up to our parents to keep their accounts up to date. We send statements out at the beginning of the month. Outstanding balances cannot go over \$100. If this occurs, it will place students in jeopardy of losing Latchkey privileges.

The cost for Latchkey is \$7.00 per child per day, and an additional \$5.00 for the next sibling and an additional \$4.00 for each sibling after that. (Example: if you have two (2) children it would cost \$12.00 per day, 3 children would cost \$16.00 per day, etc.). You are only charged for days attended.

We request payment be made in advance, or at the time you pick your child up. Please send payment in an envelope with your child's name on it. **YOUR LATCHKEY PRIVILEGE COULD BE SUSPENDED IF BALANCES ARE NOT KEPT CURRENT.**

CHILDREN MUST BE PICKED UP AND SIGNED OUT BY PARENTS ONLY, UNLESS THE PARENT NOTIFIES US OF ANY CHANGE.



Child's Name	Child's Name	Child's Name
--------------	--------------	--------------

Mother/Guardian's Name	Cell Phone Number	Work Phone Number
------------------------	-------------------	-------------------

Father/Guardian's Name	Cell Phone Number	Work Phone Number
------------------------	-------------------	-------------------

Additional Emergency Name	Cell Phone Number	Work Phone Number
---------------------------	-------------------	-------------------

Mailing Address	City	State	Zip Code
-----------------	------	-------	----------

Food Allergies?	Medical Information
-----------------	---------------------

Person(s) who have permission to pick up child _____

Name	Phone	Name	Phone
------	-------	------	-------

Name of anyone who should not pick up your child _____

The school system assumes no financial responsibility for medical cost of an accident occurring to a student while participating in a sport or other school activities, including latchkey. An accident insurance program is offered for your convenience. Neither the school nor any school official is compensated by the Insurance Company. We have selected an Insurance company that provides student accident insurance through approximately 400 school districts in Oklahoma.

I will not hold Hilldale Public Schools or any employee of said school liable for any accidents or injuries.

X _____
Signature of Parent/Guardian

Date