



2020-2021 Latchkey Enrollment Form

For Staff Use:
 Pd: \$ _____
 Cash Ch # _____
 B/EF/T NOA _____

Please submit this form and a **\$20 non-refundable Enrollment Fee** per child to the Latchkey office or mail to:

Latchkey Office Attn: Kim Eveland
 951 West College Street
 Troy, MO 63379
 (636) 462-5073 (636) 462-5074 Fax

Checks made payable to – Lincoln County R-III School District (In Memo please write Child Name/Latchkey)

Student Information:

Child #1 Please indicate where child attends school: _____

First Name: _____ Last Name: _____ Sex: M or F

Birth date: _____ Grade: _____ Start Date: _____

Teacher (if unknown leave blank) _____

My child has an IEP Yes No My child has a 504 Plan Yes No

My child has other special needs and/or considerations I need to be aware of that will be helpful to know (medical, social, etc.):

Yes No (Please list) _____
 (ADD, Allergies (bee sting, food, etc.), Anxiety, Asthma, Diabetes, Epilepsy, Hearing Impairment, Hyperactivity, Socializing Problems, Vision)

Child #2 Please indicate where child attends school: _____

First Name: _____ Last Name: _____ Sex: M or F

Birth date: _____ Grade: _____ Start Date: _____

Teacher (if unknown leave blank) _____

My child has an IEP Yes No My child has a 504 Plan Yes No

My child has other special needs and/or considerations I need to be aware of that will be helpful to know (medical, social, etc.):

Yes No (Please list) _____
 (ADD, Allergies (bee sting, food, etc.), Anxiety, Asthma, Diabetes, Epilepsy, Hearing Impairment, Hyperactivity, Socializing Problems, Vision)

Parent #1 Information: Billing Information: (Who will be responsible for monthly tuition?)

Relationship to child(ren): _____

First Name: _____ Last Name: _____

Address: _____ City & Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____

*Email Address: _____

Parent #2 Information:

Relationship to child(ren): _____

First Name: _____ Last Name: _____

Address: _____ City & Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Employer: _____

*Email Address: _____

Custodial Information:

The above child(ren) lives with: ____both Parents ____Mother ____Father ____Legal Guardian

Is there a shared custody agreement? ____No ____Yes **(Court documents must be on file in school office)**

Emergency Contacts AND Persons to Pick Up Child

Please provide at least **two** people *other than* parents/guardians to contact in an emergency or who may pick the child up from the program. Prioritize the contacts. We will call them in the order listed.

Name	Relation to Child	Home Number	Cell Number	Work Number
1.				
2.				
3.				

Commitment of Days: Monthly Billing and Scheduling (Latchkey Tuition due on the First of each month)
I am committing my child to the following days/sessions and will be charged each month accordingly.

A ***Change of Schedule*** (COS) -2-week notice is **required** to change schedules.

Your child may only attend the sessions you sign up for.

Emergency Sessions are available for \$12 with approval

Payments are due on 1st of each MONTH

Late payment fee is \$15 if not paid by 10th each month

Monday	AM	PM	My child is Full time (mornings and afternoons) _____
Tuesday	AM	PM	My child will be attending Mornings only _____
Wednesday	AM	PM	My child will be attending Afternoons only _____
Thursday	AM	PM	My child will be attending Early Release only _____
Friday	AM	PM	My child will be attending 3 sessions or less _____ (must specify which days)
			Emergency Care Only _____

*I understand I will be charged on a **monthly** basis for the schedule I have indicated above. _____ **(Initial)**

Any changes to your schedule must accompany a Change of Schedule (a two-week notice). _____ **(Initial)**

Statements entered in SIS can be viewed via Parent Portal. End of the year Tax Statements will be mailed.

Signatures (By signing I agree to adhere to the Procedures, Policies and Rules stated in the Policy Handbook)

Your signature on this form indicates that you are in agreement with the Authorized Emergency Contacts, Billing Information and Commitment of Days, you have read and understand the Policy Book.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date