

Cloverleaf Local Schools
Community Information Department
8525 Friendsville Road
Lodi, Ohio 44254

Thank you for registering your child in the Cloverleaf Latchkey Program. This program is designed to be used on an “As Needed” basis with no minimum time requirements. Children entering Kindergarten through 6th grade may be registered.

There is a \$40 registration fee per family per year.

Latchkey hours are 6:30am – 9:15am and 3:30pm - 5:30pm, Monday thru Friday, excluding school holidays and days off for inclement weather.

Latchkey time is billed on a pro-rated basis at a rate of \$3.00 per hour per child.

A late fee is applicable of \$1.00 each minute a parent is late picking up their child. This may be waived in case of emergency.

Breakfast and snacks are served at an additional cost. Snacks are included in your monthly billing, however your child must pay cash to the food service to receive breakfast.

Latchkey is a Pre-Pay Program and payment is due prior to start of services. Payments can be made on a weekly, bi-weekly or monthly basis. Credits will be rolled over to the next month. You will receive a monthly invoice and statement of the actual time used by your children. Arrangements can be made by credit card, VISA & M/C and Discover. You may also pay on line using EZPay on our website at www.cloverleaflocal.org.

If you have questions about your account or the Latchkey Program please call, 330-721-3519.

Please make all checks out to **Cloverleaf Community Information**, and forward to the following address:

Cloverleaf Local Schools
Community Information Department
8525 Friendsville Rd.
Lodi, OH 44254

Latchkey Guidelines

Latchkey is a childcare program that is designed to help elementary school-age children whose parents are working and need a safe place to stay.

It is a loosely structured program built around a group of activities such as: fine arts, crafts, and recreational activities. Breakfast and snacks are available at an additional charge.

Hours of Operation

6:30 AM – 9:15 AM

3:30 PM – 5:30 PM

The Latchkey program follows the school year schedule. When there is no school, there is no Latchkey. The only exception is when school is closed early due to a snow day or other calamity. Latchkey will begin when early dismissal is called.

General Rules

1. Upon arrival, children will report directly to the Latchkey site in their school.
2. Children will follow the instructor's directions at all times.
3. When going through the building, children will move quietly and stay with their group at all times.
4. When a child becomes sick or injured, all efforts will be made to take care of minor illnesses.
5. Parents must complete an emergency medical form listing telephone numbers and persons to contact in case of emergency.

Sign In / Sign Out

1. Each day the instructor will sign your child into Latchkey, noting the time of arrival for billing purposes.
2. When picking your child up from Latchkey, a parent or guardian must sign the child out (signature and time of departure). If someone else is picking up a student, we must have a note giving permission for pickup, signed and dated by the parent /guardian. That person must also sign out your child.

Discipline

1. All Cloverleaf Board of Education policies, administration procedures and building rules apply to the Latchkey Program.
2. Communication is the key to successful experience in Latchkey. Parents are encouraged to keep in close contact with the Latchkey instructors and let them know of any concerns, situations or circumstances that will affect a child's stay in Latchkey. Instructors likewise will communicate promptly any problems or successes the child may be having in Latchkey.
3. A child may lose the privilege of participating in the Latchkey program for chronic misbehavior or non-payment of fees. Accounts not paid in a timely manner will be forwarded to our collections attorneys.

Fees and Payment

The fee for Latchkey is \$3.00 per hour, per child. Breakfast and snacks may be purchased for an additional fee. There is a \$40.00 registration fee due at the first billing. The registration fee applies for any use of Latchkey. Please note this covers the current school year and summer Latchkey. Parents will be billed from the Community Information office. Do not send money with children. Payment is due prior to services started.

There will be a charge for late pickups. The charge is \$1.00 per minute after 5:30 PM. In an emergency situation, please call the Latchkey instructor at school and the late penalty may be waived.

Instructors may be reached at the following numbers:
Primary – AM (330) 721-3845 PM (330) 721-3854
Primary - Cell Phone – (330) 958-3036
Intermediate – (330) 721-3906
Intermediate – Cell Phone – (330) 958-2689
Upper Elementary - (330) 721-3946
Upper Elementary – Cell Phone – (330) 958-2436

Medication

If your child needs to take medication while attending the Latchkey program, please see the latchkey instructor and complete the medication release forms prior to having the instructor dispense the needed medication. Please make sure medication is in the prescribed bottle.

A safe, fun, organized, and stimulating Childcare program where kids are our number one priority!

2010-2011 *Cloverleaf Latchkey Registration* (Please use one per child)

The Cloverleaf Latchkey program is now taking applications for the 2010-2011 school year. Cost is \$3.00 per hour, per child. A \$40.00 registration fee, per family applies. Snacks will be provided at an additional cost of \$1.00 per snack. Late charges apply for any child picked up after 5:30pm of \$1.00 per minute. This program is available for all elementary school children attending Cloverleaf schools.

Hours will be from 6:30 AM to 9:15AM and 3:30 PM to 5:30PM. This program is designed to be used as needed. **Latchkey is a Pre-Pay Program.** Payments can be made on a weekly, bi-weekly or monthly basis. Any credit on your account will roll over until the next month. You will receive a monthly invoice and statement for the actual time used by your children. If you have any questions about the program, please call the Community Information Office at Cloverleaf Schools. (330) 721-3519.

Child's Name: _____ Daytime Phone: _____

Home Address (include PO Box) _____

City, Zip: _____ Home Phone: _____

Billing name and address (if different from home address :

Child's Birthday _____ Age: _____ Grade: _____ School: _____

Mother's Name: _____ SS# _____

Employer: _____ Phone # _____

Father's Name: _____ SS# _____

Employer: _____ Phone # _____

Parent's email address: _____ cell phone: _____

- I am registering for ____AM ____PM Latchkey at (please check choice below)

Primary	Intermediate	Upper Elementary
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- My child attends Primary Intermediate Upper Elementary
- My child will need shuttle service Yes No
- Medical Concerns / Non - Food allergies / Specific Food allergies we should be aware of:
- Teacher's Name:
- Permission for Snacks (@\$1.00): YES NO

Your signature below indicates you understand and agree to the following conditions:

1) The hourly charge is \$3.00 per child. 2) Payment is due prior to service 3) Monthly invoice and statement will be sent

Mother's Signature : _____ Date: _____

Father's Signature: _____ Date: _____

VISA, MASTERCARD and DISCOVER ACCEPTED. YOU MAY ALSO PAY YOUR BILL ON LINE USING EZPay ON OUR WEBSITE AT www.cloverleaflocal.org

Registrations may be mailed directly to the Cloverleaf Community Information Department at 8525 Friendsville Road, Lodi, Oh 44254, or turned in at any Cloverleaf school office or latchkey location.

LATCHKEY 2010 2011 Emergency Medical Form

Student _____ Daytime Phone _____ Birthday _____

Mailing Address (Please include PO Box) _____

City, Zip _____ Parent's email _____

In the event reasonable attempts to contact me at _____ (home phone) or cell phone: _____

Mother's Name _____ Place of Work _____ Phone _____

Father's Name _____ Place of Work _____ Phone _____

Please check one: Both Parents are legal guardian Mother Only
 Father Only Other (explain) _____

Or if neither parent can be reached, please contact: _____

Address: _____ Relationship: _____ Phone _____

I hereby give my consent for (1) administration of any treatment deemed necessary by:

Dr. _____ (preferred physician) Phone _____ OR

Dr. _____ (preferred dentist) Phone _____ OR

Dr. _____ (preferred medical specialist) Phone _____ OR

Or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist:
And (2) the transfer of the child to _____ (preferred hospital) Phone _____
Or to any hospital accessible.

This authorization does not cover major surgery unless the medical opinions of two licensed physicians or dentists, concurring the necessity for such surgery, are obtained prior to the performance of such surgery.

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Refusal to Consent: I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

Mother's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Medical Problems / Non – Food allergies / Specific Food allergies we should be aware of: