

School-Age Latchkey Registration Sheet ~ 2018-2019

Payment made after due date may be subject to late fees and/or dismissal from the program

Student's Full Name: _____ Student's DOB: _____
(First) (Middle I.) (Last)

Primary Parent and/or
Legal Guardian: _____
(First) (Last)

What school does your child attend?

- Thomson
- Central
- Gates
- GSRP
- Hahn
- Hill
- Siple

What school is your child going to attend Latchkey?

- Cardinal' Nest
- Gates
- Hahn
- Hill

ALLERGIES: _____

(If any)

Latchkey: (Cardinal's Nest, Gates, Hill)

AM Latchkey ~ 6:00AM – 8:30AM

Please select the desired latchkey option(s) and circle the days needed:

							Flat rate
							Session Rates
<input type="checkbox"/> 2 days per week	M	T	W	TH	F		\$60
<input type="checkbox"/> 3 days per week	M	T	W	TH	F		\$90
<input type="checkbox"/> 4 days per week	M	T	W	TH	F		\$120
<input type="checkbox"/> 5 days per week	M	T	W	TH	F		\$150

PM Latchkey ~ Dismissal– 6:00PM

Please select the desired latchkey option(s) and circle the days needed:

<input type="checkbox"/> 2 days per week	M	T	W	TH	F		\$60
<input type="checkbox"/> 3 days per week	M	T	W	TH	F		\$90
<input type="checkbox"/> 4 days per week	M	T	W	TH	F		\$120
<input type="checkbox"/> 5 days per week	M	T	W	TH	F		\$150

Hahn PM Latchkey ~ Dismissal – 6:00PM

Please select the desired latchkey option(s) and circle the days needed:

<input type="checkbox"/> 2 days per week	M	T	W	TH	F		\$90
<input type="checkbox"/> 3 days per week	M	T	W	TH	F		\$135
<input type="checkbox"/> 4 days per week	M	T	W	TH	F		\$180
<input type="checkbox"/> 5 days per week	M	T	W	TH	F		\$225

Parent Signature

Date

Ethnicity/Race Information

❖ Part A: Is the student Hispanic/Latino (Check only one)

- No, not Hispanic/Latino
- Yes, Hispanic/Latino A student of Mexico, Puerto Rico, Cuba, South/Central American & other Spanish cultures

❖ Part B: What is the student's race? (Check one or more)

- American Indian or Alaska Native:** A student having origins in any of the original peoples of North, South & Central America
- Asian:** A student having origins in any of the original peoples of the Far East, Southeast , Asia, or the Indian Subcontinent including, Cambodia, China, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam
- Black or African American:** A student having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A student having origins in any of the original peoples of Hawaii, Samoa, or Pacific Islands.
- White:** A student having origins of any of the original peoples of Europe, the Middle East or North Africa.

Family Unit

❖ Student Lives with:

- Mother only
- Father only
- Both Parents
- Legal Guardian

❖ In case of separated or divorced parents, are there any legal restrictions on the release of the student?

- Yes (Court papers are required for any legal restrictions)
- No

I certify that I accurately completed this form and if anything changes, I will notify the Cardinal's Nest by updating this form.

Parent Signature

Date

Latchkey Health Statement

The Licensing Division of the Department of Social Services requires that we have a statement from parents and/or legal guardians of all children in our program indicating the student is in good health and has no health related issues. Please check all that apply and complete the information below.

My child: _____

- Is in good health and has no health related restrictions regarding participation in the Latchkey Program.
- Immunizations are up-to- date
- Has the following restrictions regarding participation in the Latchkey Program: _____
- Receives Special Education services and has an IEP or 504 on file with the school district. I give my permission for the Director and/or Latchkey teacher to obtain information, if needed, to meet the needs of my child.

Parent/Legal Guardian must initial one of the following:

_____ I give permission to Davison Community Schools, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care.

_____ I do **not** give permission to Davison Community Schools, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical and/or emergency surgical treatment for the above named minor child while in care. I understand I assume responsibility for all emergency medical care.

(Date)

(Parent and/or legal guardian signature)

Concussion Awareness

Educational material acknowledgement form in compliance with Michigan Public Acts 342 and 343 of 2012

By names and signatures below, we acknowledge in accordance with Public Acts 342 and 343 of 2-12 that we have received and reviewed the Concussion Fact Sheet for parents and students provided by Davison Community Schools

Students Name Printed

Parent and/or legal guardian Name Printed

Parent and/or legal guardian Signature

Date

Please return this signed form to the sponsoring organization or school. In compliance with the law, these forms must be kept on file for the duration of participation or until the student reaches the age of 18.

Participants/Students and Parents: Please review and keep the educational; materials available for future reference.