

# HAYSVILLE RECREATION DEPARTMENT BEFORE & AFTER SCHOOL LATCHKEY ENROLLMENT INFORMATION

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To enroll your child(ren) for the HRD Latchkey Program for the school year (2016-2017), you need to do the following:

1. Pay the \$30 registration fee/child and first week's fee. The registration fee is NOT refundable. Fees are based on enrollment not attendance!
2. Weekly fees are due by 6:00pm on the Friday PRIOR to the next week; payments are made in advance of the service provided. Payments received after Friday will be charged a \$5 late fee. If payment is not received by the following Wednesday (the week of attendance) your child will not be able to attend again until payment is made in full.
3. All the attached paperwork must be completed and returned to the HAC before your child(ren) can attend. This includes the enrollment information, health history, authorization for emergency medical care and dispensing medication form (if needed). The parent can fill out the shot record or a copy of the original can be attached. The Authorization for Emergency Medical Care form does not have to be notarized but the witness signature does need to be signed and dated.
4. All latchkey children must be picked up no later than 6:00pm. Any parent arriving late will be charged \$1 for each minute he/she is late. CHILDREN WILL NOT BE ALLOWED TO RETURN UNTIL THE FEE IS PAID.
5. Sign the acknowledgement of Latchkey Policies.

⇒ Registration forms and fees are only taken at:

Haysville Activity Center  
7106 S. Broadway  
Haysville, KS 67060

⇒ If you have any questions, please call the HAC at 529-5922.

# HAYSVILLE ACTIVITY CENTER LATCHKEY ENROLLMENT FORM 2016-2017

Enrollment \$ _____	Week \$ _____
Receipt # _____	Date _____
Start Date _____	Staff _____
Total Amount \$ _____	Ck# _____ CC _____

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
 Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Registered Attendance

	<u>AM/PM Only</u>	<u>Both</u>	<u>Building Attending (circle)</u>
_____ 1 Day/Week	\$13	\$15	Freeman
_____ 2 Days/Week	\$20	\$25	Nelson
_____ 3-5 Days/Week	\$30	\$40	Ruth Clark
_____ Mornings only			Oatville
_____ After school only			Rex
_____ Both before and after school			Prairie

***(PLEASE CIRCLE WHICH PARENT CHILD LIVES WITH IF SEPARATE HOUSEHOLDS)***

Parent/Guardian (Mother) \_\_\_\_\_  
 Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Phone Numbers Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Home \_\_\_\_\_ Email Address \_\_\_\_\_

Parent/Guardian (Father) \_\_\_\_\_  
 Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Phone Numbers Cell \_\_\_\_\_ Work \_\_\_\_\_  
 Home \_\_\_\_\_ Email Address \_\_\_\_\_

**Emergency Contacts/Person(s) authorized to pick up your child(ren)  
(Other than Parents or Guardians - Please list in order)**

1. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
2. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
3. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
4. \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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## Acknowledgement of Latchkey Policies

At the time of initial enrollment, the registration fee (\$30) and the first week's fees must be paid in full.

Weekly fees are due by 6:00pm on the Friday PRIOR to the next week; payments are made in advance of the service provided. Payments received after Friday will be charged a \$5 late fee. If payment is not received by the following Wednesday (the week of attendance) your child will not be able to attend again until payment is made in full.

FEES ARE BASED ON ENROLLMENT, NOT ATTENDANCE. You will be required to pay for the days you have enrolled for, even if you do not use them, until you drop from the program at the HAC. **Fee adjustments will NOT be made due to sick/absent days, early school dismissals, school cancellations for weather and/or no school days.** Fees will be adjusted the week of Thanksgiving and the last week of school accordingly; you will be responsible for payment even if your child(ren) does not attend. **NO CREDITS ARE GIVEN FOR DAYS OF SCHOOL THAT ARE MISSED OR THAT THE CHILD DOES NOT ATTEND.**

All latchkey children must be picked up no later than 6:00pm. Any parent arriving late will be charged \$1 per minute that he/she is late. **CHILDREN WILL NOT BE ALLOWED TO RETURN UNTIL THE FEE IS PAID.** If latchkey staff are unable to contact a responsible party after 30 minutes, the Haysville Police Department will be contacted. If parents are late more than three times, their child will be dismissed from the program. Official time will be kept by the site's cell phone.

**My signature below acknowledges that I understand the above enrollment, late fee, fee adjustment and pick-up policies and that I have received a copy of the latchkey parent handbook.**

**Signature of Responsible Party:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**HRD Staff Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**HEALTH HISTORY FOR CHILDREN AND YOUTH ATTENDING SCHOOL AGE PROGRAMS**

As required by K.A.R. 28-4-590(d) (1), each operator shall obtain a health history for each child or youth, on a form supplied by the department or approved by the secretary. Each health history is to be maintained in the child's or youth's file on the premises. As required by K.A.R. 28-4-590(d)(2), each operator shall require that each child or youth attending the program has current immunizations as specified in K.A.R. 28-1-20 or has an exemption for religious or medical reasons.

Complete one form for each child or youth attending the School Age Program.

→ First and Last Name of the Child or Youth	Gender (M or F)	Date of Birth (MM/DD/YYYY)	First day at this program: (MM/DD/YYYY)
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→ First and Last Name of the Child's or Youth's Mother or Guardian
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→ Mother/Guardian's Home Street Address	City	Zip Code	Home Phone # ( )
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→ Mother/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ( )
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→ First and Last Name of the Child's or Youth's Father or Guardian
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→ Father/Guardian's Home Street Address	City	Zip Code	Home Phone # ( )
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→ Father/Guardian's Work Place Name & Street Address	City	Zip Code	Work Phone # ( )
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→ Names and <u>ages</u> of other children in the Child or Youth's Family (Attach additional page if needed.)
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Need Street Address →

Person(s) authorized to pick up the Child or Youth in case of emergency. <u>Include first and last name and Street Address. Attach additional page if needed.</u>	City	Zip Code	Phone Number (during program hours):
1.			
2.			
3.			

→ First and Last Name of <u>Physician &amp; Street Address</u>	City	Zip Code	Phone Number ( )
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→ Name of Hospital Preference in case of emergency. (CAN NOT BE "ANY")
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Yes	No	N/A	Complete the following information about medications for this child or youth.
→			Will this child or youth need to take any nonprescription or prescription medication during their time at the program?
			If yes above, is there signed permission on file? <i>IF YES, Needs Medication Form!</i>

Circle any of the following conditions or difficulties that affect this child or youth.

Allergies	Frequent sore throats/ colds	Ear Infections or Aches	Heart or Lung Conditions
Skin Problems	Asthma	Headaches	Diabetes
Vision	Speech/Communication	Hearing	Emotion/Behavior
Other: Please describe.			

If you circled any of the above conditions, please provide additional information that will help the staff members meet the child's or youth's needs while attending the program. (Attach additional page, if needed.)

Provide additional information about your child or youth that might affect him/her while at the School Age Program including any special needs, restrictions to activities, major changes at home or special instructions. (Attach additional page, if needed.)

Complete the following information about this child's or youth's immunization status.

Yes	No	
		Did this child or youth attend a public or accredited non-public school in Kansas, Missouri or Oklahoma the previous year?
		If yes, are this child's or youth's immunizations current?
X	X	If (yes) to both of these questions, you do NOT need to complete the immunization history below. If no to either of the above questions, you must complete the immunization history below for this child or youth or attach a copy of the child's or youth's immunization history.

Please give dates in the space below for ALL immunization series completed by this child or youth. Record MM/DD/YYYY.

		1	2	3	4	5
DPT, DT*, TD (*DT only if child is allergic to DTP)		//	//	//	//	//
POLIO		//	//	//	//	
MMR		//	//			
Single Dose Only	RUBEOLA (MEASLES)	//	//			
	MUMPS	//	//			
	RUBELLA (GERMAN MEASLES)	//	//			
HIB (Hemophilus Infl. B) *RECOMMENDED		//	//	//	//	
HBV (Hepatitis B Vaccine) *RECOMMENDED		//	//	//		
VAR (Varicella-Chicken Pox) *RECOMMENDED		//				

Print the First and Last Name of the Person Completing this Health History form	Relationship to the Child/Youth	Date Completed
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If the Health History form was completed by a person other than a Parent/Guardian, who provided you with this information?	What is that person's relationship to the child/youth?
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I attest, under penalty of perjury, that to the best of my knowledge, the information provided on this form is true and correct.	
Signature of person completing this form	Date Signed



**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

Written permission for emergency medical treatment must be on file at the facility. Consult with the local emergency medical facility to be sure this form is acceptable. Reference K.A.R. 28-4-127(b)(1)(A). School Age Programs reference K.A.R. 28-4-582(e)(2).

Name of facility exactly as stated on the license. <i>CITY OF HAYSVILLE -</i>	License #
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I hereby authorize *HAYSVILLE RECREATION STAFF* (Name of individual/staff member) and/or *LATCHKEY STAFF* (Name of individual/staff member) who is (are) representative(s) of the above named facility to give consent for any and all necessary emergency medical care for my child or youth \_\_\_\_\_

→ \_\_\_\_\_ (First and Last Name of Child or Youth) while said child or youth is in said facility's custody between the dates of *8/25/16* and *5/25/17*.  
MM/DD/YYYY MM/DD/YYYY

Signature of Parent or Guardian	Date Signed
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Witness to Parent's or Guardian's signature if required by the local hospital or clinic.	Date Signed
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**Notarization of Parent's or Guardian's signature if required by local hospital or clinic.**

State of <u>Kansas</u>	
County of _____	
Signed or attested before me on _____ by _____	
MM/DD/YYYY	Name of Person
(Seal, if any.)	
_____ Signature of notarial officer	
_____ Title (and Rank)	
My appointment expires: _____	

→ List any known allergies or other information about the medical status of this child or youth pertinent in case of emergency:

→ Is child covered by health insurance?  Yes  No

If yes, complete the following:

Health Insurance Policy Name \_\_\_\_\_ Policy Number \_\_\_\_\_  
Medical Assistance Program \_\_\_\_\_ Card Number \_\_\_\_\_  
Military Medical Care I.D. Number \_\_\_\_\_

→ If known, date of last Tetanus inoculation: \_\_\_\_\_

THE MEDICAL RECORD/ASSESSMENT FORM (OR HEALTH STATUS HISTORY FORM FOR SCHOOL AGE PROGRAMS) AND THE AUTHORIZATION FOR EMERGENCY MEDICAL CARE MUST BE TAKEN TO THE EMERGENCY ROOM. BOTH FORMS MUST ALSO BE IN A VEHICLE WHEN THE CHILD OR YOUTH IS TRANSPORTED BY THE FACILITY.

# HAYSVILLE RECREATION DEPARTMENT

## GRADE SCHOOL CALENDAR OF EVENTS 2016 - 2017

August	25 - Thursday	First Day of Latchkey Program
September	<u>5 - Monday</u> 23 - Friday	<u>Labor Day - No Program Offered</u> No School - All Day Program at HAC *
October	21 - Friday 27 - Thursday 28 - Friday	No School - All Day Program at HAC * No School - All Day Program at HAC * No School - All Day Program at HAC *
November	11 - Friday <u>23 - 25</u>	<u>Veterans Day - No School - All Day Program at HAC *</u> <u>Thanksgiving Break - No Program Offered</u>
December	<u>26 - Jan 1</u>	<u>Winter Break - No Program Offered</u>
January	2 - Monday 3 - Tuesday 13 - Friday 16 - Monday 27 - Friday	Winter Break - All Day Program at HAC * Winter Break - All Day Program at HAC * No School - All Day Program at HAC * <u>MLK Day - No School - All Day Program at HAC *</u> No School - All Day Program at HAC *
February	16 - Thursday 17 - Friday 20 - Monday	No School - All Day Program at HAC * No School - All Day Program at HAC * <u>Presidents Day - No School - All Day Program at HAC *</u>
March	17 - Friday 20 - 24	<u>No School - No Program Offered</u> Spring Break Camp at HAC
April	14 - Friday 17 - Monday	No School - All Day Program at HAC * No School - All Day Program at HAC *
May	25 - Thursday 26 - Friday 30 - Tuesday	Last Day of School - <u>Early Dismissal - NO PM Latchkey!</u> <u>Summer Break - No Program Offered</u> Start Date for Summer Elements

\* All Day Program called "SOS Day" at HAC will run from 6:30 am - 6:00 pm. **On these days an extra fee of \$12/child (or \$17/child when they go on a fieldtrip) will be charged on top of the regular Latchkey fees.** Also a separate registration form MUST be filled out at the HAC for each SOS Day. A minimum number of students must be signed up for each SOS day or it will be cancelled.