



**2018  
Summer Child Care Program  
Registration Packet**

**DATES:**

**FIRST DAY – MAY 29, 2018  
LAST DAY – AUGUST 31, 2018**

**CLOSED JULY 4<sup>TH</sup> IN OBSERVANCE OF INDEPENDENCE DAY**

If you would like to sign your child up for the 2018 Summer Child Care Program (To be held at Chillicothe Middle School, 381 Yoctangee Parkway), please complete and return this registration packet plus the \$45.00 non-refundable activity/field trip fee (per child) to:

Chillicothe City Schools  
Attn: Latchkey Office  
425 Yoctangee Parkway  
Chillicothe, OH 45601.

If you have any questions, please call Joy Dunn at 740-775-4250 Ext. 16117 or send an email to: [joy.dunn@ccsd.us](mailto:joy.dunn@ccsd.us). Thank you!

Please be sure to read over the entire registration package carefully. All lines requiring a signature must be signed and each line requiring your initials must be filled in for the packet to be accepted.

**REMINDER: Any previous Latchkey and/or Preschool Invoices that have been billed must be paid in full prior to your child attending Summer Latchkey.**

**CHILICOTHE CITY SCHOOLS CHILD CARE PROGRAM**  
**Summer Registration Form**

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Month) (Day) (Year)

Child's Name \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_ Student Called \_\_\_\_\_  
(Full Name) Last First Middle

Address \_\_\_\_\_  
Street (and Apt. # - if applicable) City Zip

Home Phone # \_\_\_\_\_ Cell Phone #'s \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade \_\_\_\_\_  
Month Day Year (in 2017-2018 School Year)

School District child will be attending \_\_\_\_\_ If Chillicothe City Schools, what building \_\_\_\_\_  
(For the 2018-2019 school year) (2018-2019 school year)

Is your child presently enrolled in Latchkey? Yes \_\_\_ No \_\_\_ If so, what building does your child attend? \_\_\_\_\_

Have you ever been enrolled in **Summer Latchkey**? Yes \_\_\_ No \_\_\_ If so, what year? \_\_\_\_\_

Name of Father \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Required if living w/student)

Address (if different than student) \_\_\_\_\_ Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of Mother \_\_\_\_\_ Social Security # \_\_\_\_\_  
(Required if living w/student)

Address (if different than student) \_\_\_\_\_ Phone # \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of Guardian (if other than parent) \_\_\_\_\_ Social Security # \_\_\_\_\_  
(REQUIRED)

Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

**Home Status:**

**Living With:**

Parents \_\_\_ Shared Parenting \_\_\_  
Mother only \_\_\_ Father only \_\_\_  
Other \_\_\_\_\_

(Be specific) (Legal documentation is required)

**Family Status:**

Parents Married \_\_\_ Parents Never Married \_\_\_  
Parents Separated \_\_\_ Parents Divorced \_\_\_  
Father Deceased \_\_\_ Mother Deceased \_\_\_

Other \_\_\_\_\_ (Be specific)

If Shared Parenting, who has been legally declared as residential parent? \_\_\_ Mother \_\_\_ Father (Legal documentation is required)

**Program Selection:**

Please select which program your child will **mostly** be participating in:

Part-Time (30 hours or less) \_\_\_\_\_

Full-Time (over 30 hours) \_\_\_\_\_

FIELD TRIP AUTHORIZATION: I give Chillicothe City Schools my permission to transport my child to and from a scheduled field trip.

Signature of Parent/Guardian \_\_\_\_\_

**CHILlicothe CITY SCHOOLS  
SUMMER  
CHILD CARE PAYMENT CONTRACT**

NUMBER OF HOURS	NUMBER OF CHILDREN	COST PER WEEK
PART-TIME (30 HOURS OR LESS)	1	\$55
	2	\$50
	3	\$45
FULL-TIME (OVER 30 HOURS)	1	\$95
	2	\$90
	3	\$85

The summer child care program will be held at Chillicothe Middle School. It will begin on May 29<sup>th</sup> and will end on August 31, 2018. Child Care will be closed on July 4<sup>th</sup>, 2018.

There is a weekly charge, regardless of attendance. Non-attendance weeks for vacation purposes will be charged a minimum rate of \$25.00 per week. Please notify the Latchkey office or latchkey staff members if you are going on vacation.

\_\_\_\_\_  
(Initial)

A \$45.00 per child non-refundable registration fee is required at the time of enrollment. Children will not be enrolled if you have any past-due invoices for any previous CCSD summer or school year latchkey program attended. You will receive an invoice each month for the previous month's service. (ex. - you will receive your June invoice in July). **All invoices must be paid within 5 days of the due date to avoid interruption of Child Care services.**

\_\_\_\_\_  
(Initial)

If a child is not picked up by the 6:00 p.m. closing time, an additional \$2.50 per child will be charged for every 10 minute segment after 6:00 p.m. This cannot be billed later on an invoice to you. **This additional fee is to be paid to the teacher at the time of pick-up, and a receipt will be given to you for payment.**

\_\_\_\_\_  
(Initial)

I have read and agree to the terms listed above.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

CHILLICOTHE CITY SCHOOLS CHILD CARE PROGRAM  
Signing In/Out Procedures

Located at: Chillicothe Middle School

The following rules have been put into place to keep your child safe:

- **YOU MUST COME INSIDE TO SIGN YOUR CHILD IN AND OUT EVERY DAY. PLEASE PUT THE TIME IN AND TIME OUT AND PLEASE WRITE CLEARLY.** This lets the staff know what time your child arrives and leaves. This sign in/out procedure is required by the Chillicothe City School District.
- **DO NOT DROP YOUR CHILD OFF OUTSIDE OF THE BUILDING.** This will insure that your child has safely arrived to the child care room and will be supervised and counted for attendance.
- **CHILDREN ARE REQUIRED TO BE SIGNED IN/OUT BY PERSONS 16 YRS OF AGE OR OLDER.** Do not send other children in (under 16 years of age) to sign your child in or out.
- **IF THE CHILDREN ARE PLAYING OUTSIDE WHEN YOU COME TO PICK UP YOUR CHILD, ALWAYS REMEMBER TO STOP INSIDE AND SIGN THEM OUT.** If you have relatives and/or friends dropping off and/or picking up your child, please make sure they are aware of the sign in/out procedures.

It is our goal to keep your child safe. Failure to comply with these procedures will result in your termination from the Child Care program. \_\_\_\_\_  
(Initial)

Thank you for your cooperation in this matter. If you have any questions or concerns, you can contact Joy Dunn at: 740-775-4250, ext. 16117, or email: [joy.dunn@ccsd.us](mailto:joy.dunn@ccsd.us)

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE PROCEDURES FOR SIGNING IN & OUT MY CHILD FOR THE CHILD CARE PROGRAM.

\_\_\_\_\_  
(Child's Name)

Please list all siblings attending latchkey: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# CHILLICOTHE CITY SCHOOLS CHILD CARE PROGRAM

## RULES AND REGULATIONS

Hours 6:30 A.M. – 6:00 P.M.

### 1. Payment of Fees

- All fees are to be paid by parents/guardian to the secretary by the due date on the invoice. You can mail or drop off payments to latchkey office, located at 425 Yoctangee Pkwy or pay online at [myschoolbucks.com](http://myschoolbucks.com).
- You will be billed monthly for the previous month's service.
- Non payment of tuition is an administrative problem. All payments must be received within 5 days of the due date to avoid interruption in Child Care services.
- **Non-payment of tuition will result in discontinuation of Child Care, until full payment is made.** \_\_\_\_\_  
(Initial)

### 2. Meals

- Lunch will be provided by our Chillicothe City Schools Food Services Department on days that we are at the school during our lunch time. You will be notified if your child will need to bring a sack lunch for a field trip.
- All children will be offered a snack mid-afternoon. Snacks are arranged through Chillicothe City Schools Food Service Department and are chosen with the children's taste and nutrition in mind.
- If your child does not like the snack provided, parents are welcome to send a snack. However, there will be no reimbursement on tuition.
- If your child is on a special diet, parents are responsible for providing snacks for the child by the week or month.

### 3. Attendance

- Attendance will be taken each day for security and for billing purposes.
- **Child Care will be closed on July 4th, 2018.**

### 4. Program Closing

- **The program closes at 6:00 P.M.** In the event that parents cannot pick up their child by 6:00 p.m., overtime charges shall be paid directly to the staff member on duty at that time, as stated in your contract.

### 5. Clothing

- The children will be spending a lot of time outdoors each day doing various activities, so we ask that you provide appropriate clothing and shoes for this purpose. **Please Note - Flip-flops, sandals, etc. tend to come off and get rocks & other debris inside of them, causing injuries to children's feet.**

### 6. Special Circumstances

- It would be extremely helpful for us if you could provide any information on special circumstances in the life of your child which may affect his/her behavior or experiences in the Child Care program.

### 7. Discipline

- Disciplinary problems will be first handled by a Parent/Guardian & Staff Conference.
- Persistent disciplinary problems after the first conference are grounds for dismissal.
- See your copy of the Child Care Rules and Regulations, Code of Conduct and Behavior Management/Discipline Guidelines that was provided to you when you registered.

### 8. Emergencies

- Emergency Medical Health Forms will be kept on-site.
- Procedures for emergencies will follow the Chillicothe City Schools Board Policy procedures.

### 9. Special Situations

- A copy of all custody/guardianship paperwork, in reference to your child, may be required.
- **All children must be potty-trained in order to attend the Child Care program.** \_\_\_\_\_ (Initial)

CHILD CARE PROGRAM RULES AND REGULATIONS (continued)

10. Signing In/Out

- All children must be signed in and signed out, every time they arrive or leave.
- Person signing must be 16 yrs of age or older.
- Staff is not authorized to sign your child in or out for you.

I have read the Child Care Program Rules and Regulations and agree to the terms listed in them.

\_\_\_\_\_

Parent/Guardian Signature Date

On occasion, your child may be photographed, speak on the radio or appear on television for Chillicothe City Schools. Photographs, etc. may be released to be included on our CCSD Website.

Please check below whether this is permissible for your child.

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Signature

**Chillicothe City Schools Child Care Program**  
**Code of Conduct**

The Chillicothe City Schools Child Care Program provides all students access to quality Child Care and equal consideration under the rules and regulations governing behavior. The Code of Conduct is designed to make children and parents aware of the rules and regulations and consequences of failure to obey. The Classroom/Bus Rules and Regulations will serve as policies and procedures which govern student conduct and disciplinary actions for the Child Care program. The program staff may deal with student misconduct in a variety of ways including but not limited to:

- Child conferences
- Documentation
- Parent conferences
- Separation
- Restitution
- Apology

Serious infractions which knowingly committed may cause or causes harm to self or another child or staff member may require emergency removal and/or exclusion from the program.

**Behavior Management/Discipline Guidelines**

- There shall be no cruel, harsh or unusual punishments.
- No discipline technique shall be delegated to any other child.
- No child shall be subjected to profane language, threats, derogatory remarks, or other verbal abuse.
- Discipline shall not be imposed on a child for failure to eat sleep or toileting accidents.
- Techniques of discipline shall not humiliate, shame or frighten a child.
- Discipline shall not include withholding food, rest or toilet use.

I acknowledge that I have read and understand the Code of Conduct and the Behavior/Management Discipline rules for the Chillicothe City Schools Child Care program, set forth by the Ohio Department of Education.

\_\_\_\_\_

Parent/Guardian Signature Date

CHILlicoTHE CITY SCHOOLS  
STATEMENT OF WHO CAN/CANNOT PICK YOUR CHILD UP  
FROM THE CHILD CARE PROGRAM (LATCHKEY)

STUDENT'S NAME \_\_\_\_\_

The person who will pick up my child on a regular basis is:

Name	Relationship	Phone number	D.L. # OR S.S. #
------	--------------	--------------	------------------

In the event that the above named does not pick up my child, my child may be **released to any one of the people whose names are listed below:**

Name	Relationship	Phone number	D.L. # OR S.S. #
------	--------------	--------------	------------------

Name	Relationship	Phone number	D.L. # OR S.S. #
------	--------------	--------------	------------------

Name	Relationship	Phone number	D.L. # OR S.S. #
------	--------------	--------------	------------------

I give my permission to release my child to anyone listed above.

Please list all names of those who **cannot pick up your child for any reason.** If no one fits this category, please put N/A.

Name	Relationship	Description of person
------	--------------	-----------------------

Name	Relationship	Description of person
------	--------------	-----------------------

Signature of Parent/Guardian	Date
------------------------------	------

If any of this information changes, please call Joy Dunn, preschool and latchkey secretary at 775-4250, extension 16117 and also give the information to your child's teacher.



CHILLICOTHE CITY SCHOOLS SUMMER LATCHKEY PROGRAM  
GUIDELINES FOR USE OF ELECTRONIC DEVICES

The Chillicothe City School District Summer Latchkey program is designed to include educational, enjoyable and interesting activities for all of our students. We understand at times, there will be “free time” available for the students when they will be able to use our onsite computer lab or also utilize their own electronic devices. In the case that a student chooses to bring their own electronic device to the latchkey program, please understand that **Chillicothe City Schools assumes no liability for lost, stolen, or damaged items of this nature while in school or on school grounds.**

I understand and have read the above statement regarding student owned portable electronic devices.

\_\_\_\_\_ Student name (printed)

\_\_\_\_\_ Parent signature

\_\_\_\_\_ Date



# Swimming Field Trip Permission Form

My child has my permission to go on the field trips to the Chillicothe City Pool.  
We will make several trips during June, July and August.

- Your child must have his/her own sunscreen, towel and swimming suit.
- Do not send any money with your child. They will not be permitted to purchase items on their field trips.

Child's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

(If You Cannot Be Reached at the 1<sup>st</sup> Number)

Any Special Instructions/Allergies: \_\_\_\_\_

My Child: \_\_\_\_\_  
(Name)

\_\_\_\_\_ Is a Swimmer

\_\_\_\_\_ Is Not a Swimmer

(Please Check One)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your child will not be able to go on the swimming field trips if this permission slip is not signed and returned.

# Field Trip Permission Form

My child has permission to go on field trips during the Summer Child Care Program.

We will be traveling by bus to the Shawnee Lanes, Great Seal State Park, Danbarry Cinemas, and possibly one or two out of town field trips. All children in attendance on scheduled field trip days will go on these trips. (You will be provided with a calendar of events).

We will be walking to the City Park Pool, playground, and a variety of other locations within walking distance of Chillicothe Middle School, for example: Fire Station #1 on East Water Street, High Street Dairy Queen, and other locations to be announced at a later date.

**Please do not** send any money for snacks, drinks, etc. The children will not be permitted to purchase items on their field trips, unless special circumstances call for this. You will be notified if money is needed for a special trip, such as the Dairy Queen.

Your child **must have** his/her own sunscreen, towel and swimming suit for the trips to the City Pool if it is open and we are permitted to go.

Your child must have a brown bag lunch on the days we go to the Great Seal Park. (It must not contain anything that will need to be brought back, as we must be able to completely throw away the whole bag/left overs, etc.)

Child's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Alternate Phone #: \_\_\_\_\_

(If You Cannot Be Reached at the 1<sup>st</sup> Number)

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Your child **will not** be able to go on the field trips if this permission slip is not signed and returned.



## My School Bucks School Store Instructions for Paying Your Preschool/Latchkey Bills Online

Want to pay your bill online? Simply follow the instructions below to get started:

1. Go to [myschoolbucks.com](http://myschoolbucks.com) and click "Register for an Account:
2. Create an account for you and your children (choose the option "School Store" for preschool & latchkey payments).
3. You can prepay or simply pay the balance due with your credit, debit or electronic check. \*Note a small service fee may apply.

*Register for your FREE account today!*

*[www.myschoolbucks.com](http://www.myschoolbucks.com)*

*Simple and secure online transactions*

*Questions? Need help signing up? You can call  
Joy Dunn, Preschool/Latchkey Secretary at:  
740-775-4250, Ext. 16117 for Technical Assistance.*