FAMILY NAME _____ ***Complete information on front & back sides.***

HCLS LATCHKEY 2026-2027
Registration & Enrollment Contract

Child's Name	Grade	Date of Birth

I understand and will adhere to the following terms:

1. Latchkey program will be open according to the official school calendar of Holy Cross Lutheran School and closed during vacations, early release days, and inclement weather days. Hours of operations during school days are 7:00-8:00 a.m. for morning Latchkey and 3:30-6:00 p.m. after school.
2. Latchkey fee is **$5 per child, per hour**. Charges begin from the time the child signs in, until the child is signed out, taken to the nearest quarter hour. If my child is at school before 7:50 a.m. for morning Latchkey, the charge will be for the full hour. The fee for children signed out after 6 p.m. is $1/minute. I will be billed maximum time if an authorized person does not pick up my child(ren) out of Latchkey.
3. I am responsible for ***prepaying all Latchkey fees***, which includes replenishing my Latchkey account for the next month when the prepaid balance falls below $10. I am aware that notices will be sent for low or negative balances to my account. I will give two-week notice in writing prior to withdrawal from the program.
4. If my child is having problems adjusting to the program, there may be a need for discussion between the Latchkey Director and myself.
5. ***In the event of after-school activities such as sports, church events, etc., the Latchkey staff will be notified in writing one week previous and the Latchkey staff may then sign out my child(ren).*** Latchkey fees will accrue until an authorized person signs out my child.
6. My child(ren) and I will support the Latchkey program and staff and I will consult the Latchkey Director if I have any concerns.
7. The Latchkey program will assume responsibility for my child(ren) from the time he/she signs in until the child(ren) is picked up by an authorized person. During this time my child(ren) will obey the Latchkey rules and follow all instructions given by Latchkey and school staff.
8. Use of personal electronic devices is prohibited. Middle schoolers may use their tablets for schoolwork purposes only. We have a phone line for Latchkey should a student with permission need to reach an adult and parents can call the school number with ext. 201 to contact Latchkey.

By signing below:

- I have read the policies listed on this Registration & Enrollment Contract and will also read and adhere to the policies listed in the Parent Handbook provided by the school.
- I have prepaid the **$15.00 Latchkey Registration Fee**, as well as the **appropriate amount from the Prepayment Table** below based upon how many hours my child(ren) is/are expected to use during the first month (note: prepayment for expected use of ***less than 5 hours per month*** is ***$35***).
- I am aware that Latchkey will obtain any medical information provided for the school.

_____ _____

Signature of Parent or Guardian **Date**

		Expected Average Monthly Use of Services		
MONTHLY PREPAYMENT TABLE	**# of Children**	**1 hour or less per day (including morning)**	**2 hours per day (including morning)**	**3 hours per day (including morning)**
	1	$100.00	$200.00	$300.00
	2	$200.00	$400.00	$600.00
	3	$300.00	$600.00	$900.00

Office: _____ $_____ _____
Date Rcvd Amount Card/Cash/Ck #/Online

Family Name **Address** **City** **Zip**

_____

Person(s) responsible for payment of fees (and address if different from above):

_____

Parents or Guardians

Name Phone # where parents can be reached during LK hours

_____

_____

Parental Status

☐Married ☐Single ☐Divorced ☐Separated

Is there a custody issue of which the Latchkey staff should be aware? If yes, please explain.

☐ Yes ☐ No

_____

_____

_____

If single/divorced/separated, do you give permission for the mother/father/step-mother/step-father to receive billing statements/information?

☐ Yes ☐ No

If yes, please list name and address: _____

(This information is confidential and only used for your child's protection.)

Persons authorized to pick up child(ren) if parents are unavailable:

Name _____ Address _____

Wk / Hm Phone #'s _____ Relationship to Child _____

Name _____ Address _____

Wk / Hm Phone #'s _____ Relationship to Child _____

Name _____ Address _____

Wk / Hm Phone #'s _____ Relationship to Child _____

Food/ Medical Allergies (If Yes, please list them below): ☐ Yes ☐ No

_____

_____

_____

If there is any information, regarding your child(ren), you feel would be pertinent for Latchkey staff to know, please attach a separate letter to this contract.