

# **LATCHKEY SERVICES**

**(Extended Day Learning Program)**

**for**

**Lawrenceburg Community School  
Corporation**

**(Lawrenceburg Primary School &  
Central Elementary School)**

**2023-2024**



# **Lawrenceburg Community Schools Extended Day Learning Program**

## **Philosophy**

After school care for school aged children is more in demand than ever due to parents' work schedules. The Extended Day Learning Program provides the child with a safe, secure, structured environment while separated from his/her parents.

## **Mission Statement**

It shall be the purpose of the Extended Day Learning Program to provide students with supervised learning and recreational activities in an effort to enhance their social and academic development. The program also provides parents an affordable option for after school child care.

## **Purpose**

The purpose of the Extended Day Learning Program is as follows:

- Provide students with after school care in a safe environment.
- Provide enrichment opportunities to enhance social and academic development.
- Provide an opportunity to pursue individual interests.
- Provide parents with an affordable child care option after the regular school day.

### **Program Description**

Lawrenceburg Community School Corporation has developed an Extended Day Learning Program which will be located at the Lawrenceburg Primary School at 400 Tiger Blvd., Lawrenceburg, IN 47025. The program will provide additional learning experiences after the school day for students attending Lawrenceburg Community Schools in grades kindergarten through fifth grade.

### **Daily Schedule**

(3:45-6:00 p.m.)

3:45- 4:30 p.m. Homework/Activity time

4:30 - 5:00 p.m. Snack & Clean Up

5:00 - 5:45 p.m. Gym, outside activities, or  
Quiet activities

5:45-6:00 p.m. Clean up; Preparation for  
going home

6:00 p.m. Program closes

\*The schedule for your child may vary on a daily basis.

## **Fees**

Latchkey charges are \$10.00 per day for each child. Each family **must** submit a calendar that reflects the days their child will be attending the latchkey program.

Please notify the latchkey coordinator if there is a change in the days your child will be attending latchkey; i.e., the child is sick, work schedule changes, etc. You can notify the coordinator by texting the latchkey phone at 513-635-3641.

Payments are due on the last day your child attends during that weekly session.

- All latchkey fees must be paid in full weekly for your child to continue participation in the program.
- No charge will be made for days when your child is ill and not in attendance during the school day or when school is not in session.
- A penalty of \$5.00 for each 10 minutes will be charged if a child is not picked up by 6:00 p.m.
- The afternoon snack cost is included in the daily fees.
- Once a check is returned, you will **not** be permitted to write checks to pay for latchkey services for the remainder of the school year.
- Individuals with an outstanding balance will not be permitted to enroll for the next school year.

## **PICK UP PROCEDURES**

When picking up your child from latchkey, the parent/guardian will send a text message to the latchkey phone at **513-635-3641**. A member of the latchkey staff will walk your child to the pickup area. Latchkey pickups are at Door #2 (Cafeteria doors).

### **Transportation**

Transportation will not be provided to take students home. Students that attend CES and are enrolled in the latchkey program will be transported by bus to LPS. Parents must make arrangements for children attending the program to be promptly picked up by 6:00 p.m.

### **Food**

- A nutritious snack will be served at approximately the same time each day.
- Children may or may not eat snacks.
- Special food needs for religious or medical reasons must be provided by the parents.

### **Emergencies**

The local school policies for emergencies will be followed (see LPS/CES Parent Handbooks). It is critical that the Extended Day Learning Program enrollment forms be returned with emergency telephone numbers, including a telephone number for work. The Extended Day Learning Director should be notified directly when any numbers change or are discontinued.

It is extremely important to have an alternative plan if your child becomes ill in school or begins to run a temperature. Also, similar plans must be made for early dismissal of school.

Individual arrangements must be made with the Extended Day Learning Director for the release of a sick child to someone other than the parents.

## **Discipline**

A common set of Latchkey Rules has been established and is posted in the Latchkey area. The rules are as follows:

- 1. Follow all school rules as outlined in the Parent/Student Handbook**
2. Be polite to all other students and adults.
3. Show good sportsmanship.
4. Pick up after yourself and keep your area clean.
5. Use games and instructional materials correctly.
6. Ask permission to leave the area.
7. Be a good listener.
8. No fighting or “rough-housing”

For students who choose not to follow our rules, the following progressive sequences will occur:

1. Verbal warning
2. Time out
3. Conference with parent
4. Meeting with principal
5. Suspension or expulsion from the program

We will go to great efforts to try and minimize management and maximize instructional time. We are aware that each child develops self-control at an individual pace and disruptions may occur. We will do our best to solve these problems as informally as possible. We ask that you support our efforts. All other rules and regulations for the regular school program will be in effect for Latchkey too.

### **LCSC Employee Children**

Lawrenceburg Community School Corporation employees who utilize the Latchkey services must complete an enrollment form for the Extended Day Learning Program. The employee's child(ren) must be picked up ten minutes after their scheduled contractual time has ended. For example, if an employee's day ends contractually at 3:50 p.m. then the child must be picked up at 4:00 p.m. Employee's child(ren) may remain in the Extended Day Learning Program when a mandatory staff meeting is scheduled by the building administrator.

*Handbook updated on 6/8/21*

*Approved by LCSC Board of Trustees on 6/14/21*

**Medical Authorization:**  
**Parental Agreement of Understanding**

**Child(ren):** \_\_\_\_\_  
\_\_\_\_\_

**School:**                      **LPS**                      **CES**

*I hereby authorize emergency medical care for my child, \_\_\_\_\_, during attendance at the Lawrenceburg Community Schools Extended Day Learning Program at Lawrenceburg Primary School.*

*If emergency medical care is deemed necessary and I cannot be contacted, I authorize the staff to act on my behalf in granting permission for my child to receive emergency treatment. I understand that I will be notified prior to medical treatment of my child. I understand that I will be notified at the earliest possible time should prior notice prove impossible.*

*I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf.*

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

\_\_\_\_\_  
*Emergency Contact (if parents cannot be reached)*

\_\_\_\_\_  
*Parent Phone (Home)*

\_\_\_\_\_  
*Emergency Contact Phone (Home)*

\_\_\_\_\_  
*Parent Phone (Cell)*

\_\_\_\_\_  
*Emergency Contact Phone (Cell)*

\_\_\_\_\_  
*Parent Phone (Work)*

\_\_\_\_\_  
*Emergency Contact Phone (Work)*

**STUDENT INFORMATION AND ENROLLMENT**  
**LAWRENCEBURG COMMUNITY SCHOOLS EXTENDED DAY LEARNING PROGRAM**

**Student Name** \_\_\_\_\_ **Teacher/Grade** \_\_\_\_\_

**Student Name** \_\_\_\_\_ **Teacher/Grade** \_\_\_\_\_

**Student Name(s)** \_\_\_\_\_ **Teacher/Grade** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Live with:** \_\_\_ **Mother** \_\_\_ **Father** \_\_\_ **Both** \_\_\_ **Other** \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ **Phone (cell):** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Phone (work):** \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_ **Phone (cell):** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Phone (work):** \_\_\_\_\_

**Emergency Contacts**

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

If your child does not live with both parents, are there *any restrictions* on the non-custodial parent?    **Yes**    **No**

If yes, please explain \_\_\_\_\_

**Who has custody?** \_\_\_\_\_ **Relationship** \_\_\_\_\_

**Name of non-custodial parent** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Address** \_\_\_\_\_

**Employer** \_\_\_\_\_ **Work Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Persons authorized to take child from facility:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Persons NOT authorized to take child from facility:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please indicate any health conditions that may require our attention at school.**

\_\_\_\_\_  
\_\_\_\_\_

**In the event of an accident or sudden illness an attempt will first be made to contact the parents. If the parents cannot be contacted and immediate attention is needed, we need permission to contact your family physician or to take your child to the hospital or emergency unit. Please indicate any special instructions you have in case of emergency.**

\_\_\_\_\_  
\_\_\_\_\_

## Parent Responsibilities and Billing Procedures

I understand and agree that:

1. My child is not allowed to come and go freely from the program site.
2. My child will be signed in each day, and I (or authorized person) must sign him/her out each day.
3. I must maintain communication with the Extended Day Learning Director about my child and keep him/her informed of any pertinent changes.
4. I must notify the Extended Day Learning Director of any daily departure changes.
5. I must contact the Extended Day Learning Director when my child will be absent on a scheduled day. I realize this is for my child's protection.
6. Weekly amounts are due on the last day of each week my child attends the latchkey program.
7. Once a check is returned, I am not permitted to write checks to pay for latchkey services for the remainder of the school year.
8. A penalty of \$5 for each 10 minutes will be charged if my child is not picked up by 6:00 p.m.
9. Parent/Guardian will provide a reusable water bottle for outdoor activities that remains at the latchkey program.
10. **I must submit a calendar that reflects the days my child will be attending the latchkey program.**

**I plan for my child to attend (Circle days): M T W Th F**

Student Name \_\_\_\_\_

Teacher/Grade \_\_\_\_\_

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*Parent/Guardian Signature*

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*Date*