

**Wichita Public Schools School Age Program (Latchkey)
Parent Information, Authorization, Agreement and Acknowledgements**

Supervision is provided by the director (a certified teacher) and other district employees. Staffing is based on a 15 to 1 ratio. At least one staff member on duty at all times is CPR and First Aid certified.

Daily the children in attendance will have an opportunity to participate in a variety of activities ranging from homework help, arts and crafts, outdoor play, free choice activity time and organized game time.

Medication required during SAP must be in the original container with label clearly marked and required paperwork completed.

Breakfast and Snacks breakfast is offered at an additional fee and is paid directly to Nutrition Services. A nutritious snack is provided to each child in SAP during the afternoon at no additional cost.

Insurance our district provides liability insurance and a group insurance. The group insurance covers latchkey students when injured during latchkey. The premium is paid through your registration fee. In the event of an injury the group insurance plan will work as your secondary insurance. If you do not have insurance it will serve as primary. At the time of injury you will be given a claim form to complete along with a copy of the explanation of benefits. A copy of the explanation of benefits is available now upon request.

Reasons for dismissal:

- Continual late payments.
- Non-payment of fees for two weeks.
- Non-attendance of child for ten (10) consecutive days during the school year without notification in writing or payment. (Scheduled days missed during the absence will be charged at the daily rate.)
- Failure of child or parent to comply with School Age Program policies.
- Repeated behavior problems.
- Non-compliance of parent/guardian of program hours of operation (repeated late pick-up).

Rules and Expectations of children in the SAP program align with school discipline policies:

- Positive and appropriate behavior is expected.
- Children are expected to respect the rights of others.
- School Safety rules are to be followed.
- Children are to obey the adults in charge in a respectful and courteous manner.
- Please keep personal items at home. Staff is not responsible for any personal items brought to school.

Parent Authorization, Agreements and Acknowledgements:

Initial for approval or write NO to decline.

- ___ 1. My child has permission to participate in all of the activities provided.
- ___ 2. Any pictures taken of my child may be used in newspapers, district websites, displays, bulletin boards, or other types of educational publications.
- ___ 3. Notify the director of any family changes that could affect my child's attendance, activities, or behavior in order for us to provide better care.
- ___ 4. Provide in writing changes to my child's schedule, new home/work/cell phone numbers, for myself as well as authorized pickup persons.
- ___ 5. I have received a SAP handbook.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE.

Child's Name (Please Print): _____

Parent's Name (Please Print): _____

Parent's Signature: _____ Date _____

**WICHITA PUBLIC SCHOOLS
SCHOOL AGE PROGRAM (Latchkey)**

APPOINTMENT OF AGENT

I hereby authorize _____, _____ SAP staff or
(Name of facility exactly as stated on the license and license #) (School name)
_____ staff who is representative of the named facility to give consent for any and all
(School name)
necessary emergency medical care for my child _____ while said
(First and last name of child)
child is in the facility's custody between the dates of _____ and _____ while I
(MM/DD/YYYY) (MM/DD/YYYY)
am not immediately available to give consent.

Information for Emergency Room:

List any know allergies or other pertinent information about the medical status of this child 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 _____

*Signature of Parent or Guardian Date signed

Printed Name of Parent or Guardian

*Witness to Parent's or Guardian's Signature (Non-School Age Program Employee) Date signed

Printed Name of Witness

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 is transported by the facility.

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EBT Cardholders

- View the balance on your EBT card
- Review your transactions
- Read helpful hints

[More Information](#)

EBT Cardholder Log In

You can easily view your current account balance and review your card transactions. Enter the number found on the front of your EBT Card in the box below and click Log In.

EBT Card #

Card Number →



You can call 1-800-997-6666 for help

ALWAYS PROVIDE A RECEIPT for your director.

You can print or e-mail the receipt.

See the director for the e-mail address.

Visit MyPaymentsPlus Online...

Your One-Stop-Shop for all
School Payment Needs




Use MyPaymentsPlus to:

- Manage and keep track of all student payments in one convenient location
- Pay for Latchkey and/or meals, see what your students are eating in school, setup automatic reminders and payments
- Pay for school fees designated specifically for the school your students attend
- Stop sending multiple checks to multiple schools and/or departments

Free sign-up:

- Visit www.MyPaymentsPlus.com
- Click "Register a Free Account"
- Follow the simple, onscreen instructions



**ALWAYS NOTIFY THE
LATCHKEY DIRECTOR OF
YOUR PAYMENT BY PRINTING
OR E-MAILING THE
CONFIRMATION**



MyPaymentsPlus™

Online Payment System
Powered by Horizon Software International, LLC

Once you complete your FREE registration,
enter your log-in information below

My Username: _____

My Password: _____

www.MyPaymentsPlus.com



Create your FREE account today by visiting
www.MyPaymentsPlus.com

**Wichita Public Schools School Age Program (Latchkey)
Payment Questionnaire**

How do you plan to make your Latchkey payments? Please initial the appropriate box.

- Check/Cash/Money Order
- Pay with credit or debit card in person at this site
- MyPaymentPlus Online (credit or debit card only) please take a flyer and acknowledge below
- DCF Card (through the Department of Children & Families) please take a flyer and acknowledge below

Acknowledge and initial the two statements below.

___ * A \$5 late fee will be applied to your account on the last day of the week for a balance due.

___ * Nonpayment for two weeks may result in your child's removal from the program.

MyPaymentPlus Online payment - initial and acknowledge below.

___ * MyPaymentPlus confirmation page must be received by the director before the payment will be posted.

- Provide a printed confirmation page or forward the confirmation e-mail.
 - When forwarding the e-mail expect a response of thank you. If you do not receive a response verbally notify the director the e-mail was sent. It might go to spam the first time.
- Only one late payment will be voided for delay of notification.
- Our system is not linked to the MPP website like Nutrition Services. They do not notify us of your payment. The balance you see on MPP is your meal balance.
- The phone app only works for meals at this time.
- Make sure you see your site name and SAP Latchkey before posting the payment to avoid payment going to meals or the wrong school.

DCF card payment - initial and acknowledge below.

___ * Notify the director of online payments. The website does not notify us.

- Payments should be made for the amount of your childcare. We are not allowed to keep excess funds for future use.

Child(ren) name(s): _____

Parent printed name: _____

Parent signature: _____ Date _____

Latchkey Site: _____

Wichita Public School Age Program Behavior Guidance and Discipline Policy

Expectations

- ✓ Each SAP child is held responsible for their personal actions. The right to participate in the SAP carries with it the obligation to maintain acceptable behavior.
- ✓ Acting in a defiant manner or any show of disrespect by word and/or action towards any staff member will not be permitted.
- ✓ Profanity and vulgarity are not permitted.
- ✓ A pupil who steals or maliciously destroys or defaces property will be expected to make restitution as part of the consequences or be removed from the SAP program.
- ✓ Parents should be involved in assisting the SAP staff to ensure a meaningful and positive solution to their child's behavior actions.
- ✓ Profanity from parents directed at SAP staff is reason for dismissal from the program.

Staff will use positive behavior management

- Review the expected behavior of the child for the selected activity in a positive statement.
- Provide choices – would you rather play with this or this? State specifically the behavior expected from the child.
- An age appropriate think time, away from others will be given as needed. The child remains in think time only long enough to regain self-control. Staff will use the CHAMPS/Second Step as needed to help students regain control.
- Think time and re-think sheets are completed in a designated area under visual staff supervision.

Think Time and Re-Think Sheets

1. Behavior infractions result in think time as the first step.
2. Re-think sheets are completed as the second step. Re-think sheets are signed by the parent and kept in the student's folder.

Behavior Report

1. A SAP behavior report is completed after three rethink sheets.
2. Two SAP behavior reports for violation other than zero tolerance will result in a two day suspension from the SAP.
3. Three behavior reports for violation other than zero tolerance will result in termination from the SAP.

Zero Tolerance Behaviors Include but are not limited to:

Hitting, bullying, sexual harassment/gestures, extreme disrespect by word/action

1. First Zero tolerance violation will automatically receive a behavior report and receive a two day suspension from the SAP or possible termination from the SAP depending on the severity of the incident.
2. Second Zero tolerance violation will receive a behavior report and result in termination from the SAP.

Bringing a weapon is automatic termination from the SAP and possible expulsion from school.

- ❖ *Parents are informed of their child's behavior by the latchkey director or assistant director.*
- ❖ *Suspension days are charged but an absent credit can be used upon request from parent.*
- ❖ *Termination from the SAP is for the remainder of the school year and possibly the following year.*

SAP may permanently remove any child whose behavior creates a significant risk of harm to the health or safety of other children or staff without following the guidance steps outlined above.

Parent signature _____ Date _____

08/2017

Latchkey Late Pick Up Policy

All accounts are charged \$1 per child for each minute after 6:00 pm

Over five minutes

1st time – late by five minutes or more receives a reminder the program closes at 6:00 pm and repeated late pick up is a reason for dismissal from the latchkey program.

2nd time – late by five minutes or more receives a copy of their signed E-2. Highlighted is the line repeated late pick up under the heading: **reasons for dismissal**. Parent is notified the next time they are over five minutes late it will be their last week in the latchkey program.

3rd time – late by five minutes or more the parent is notified this is their last week in the latchkey program.

Under five minutes

1st time – late less than five minutes receives a reminder the program closes at 6:00 pm and repeated late pick up is a reason for dismissal from the latchkey program.

2nd and 3rd time – late less than five minutes receives a verbal reminder late pick up is reason for dismissal from the latchkey program.

4th time – late less than five minutes receives a copy of their signed E-2. Highlighted is the line repeated late pick up under the heading: **reasons for dismissal**. Parent is notified the next time they are late it will be their last week in the latchkey program.

5th time – late less than five minutes the parent is notified this is their last week in the latchkey program.

I HAVE READ, UNDERSTAND, AND AGREE TO ALL OF THE ABOVE

Parent/Guardian Signature

Kansas Department of Health and Environment
Bureau of Family Health
Child Care Licensing Program
1000 SW Jackson, Suite 200
Topeka, KS 66612-1274
Phone: (785) 296-1270 Fax (785) 559-4244
Website: www.kdheks.gov/kidsnet



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 ages of other children in the Child or Youth's Family (Attach additional page if needed.)

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

First and Last Name of Physician & Street Address	City	Zip Code	Phone Number ()
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Name of Hospital Preference in case of emergency.

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?

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.	Date Signed
Signature of person completing this form	

