Latchkey Program
Registration Packet

Dear Parents,

Thank you for choosing Sunrise Academy's Latchkey Program for your after-school child care. The following packet contains information regarding the program guidelines and requirements.
Please read this information carefully, sign and return to Mrs. Mehreen or Mrs. Sumaiya at the front desk with the payment.

The following items must be submitted upon enrollment of your child:

1. Non-refundable registration/supply fee of $25 per child. Check or Money Order only please. ***Make checks payable to Sunrise Academy***. Include your child's first and last name along with "LK" for latchkey in the memo space.
2. Completed registration form
3. Latchkey guidelines must be signed and dated
4. Medical authorization

If at any time you have questions regarding the latchkey program, please contact the front office. The latchkey program will begin after school begins insha'Allah.

Latchkey will be in room 109 in Building A (next to the office)

Latchkey Guidelines

Registration/Supply Fee: A $25 per child non- refundable fee is due upon registration.

Attendance: Once registered, your child has the opportunity to attend latchkey for as many days during the school week as needed.

Program Fees: The monthly rate is $300.

Payment: Payments are paid through ACH along with your child's tuition, or we will take a check or money order for the fees of the month. Note: There will be a $35 additional charge per ACH payment for insufficient funds.

Withdrawals from the Program: Parents are required to give at least a two week notice for withdrawal from the latchkey program. This will allow for arrangements to be made to discontinue ACH payments.

Program Hours: Latchkey begins at 4:00 PM and ends at 6:00 PM. Late fees will be applied for any late pick-ups after 6PM.

Late Pick-Up Fees: Latchkey will charge a daily $20 fee per child for late pickup.

Safety:

- Parents must sign out their child every day. If someone other than the parent is picking up the child, then please make sure to let the school know before 3PM that day, or the latchkey teacher know PRIOR to pick up. It is our policy to ensure student safety, so if the parent is not picking up, and we have not heard from the parent, then the child will not be released to the individual.
- It is important that the students in latchkey are respectful and listen to the latchkey teacher's directions. If students fail to listen and comply with latchkey rules, he/she may be released from the latchkey program.
- If your child has any allergies to food or anything else, please list them below: _____ _____ _____ _____

I have read and understood the latchkey guidelines and agree to abide by the terms of the latchkey guidelines and the procedures listed above.

Parent Signature: _____ Date:_____

FILL OUT FORMS BELOW AND RETURN TO MAIN OFFICE

Sunrise Academy Latchkey Program Registration Form

Student Information: Date Submitted: _ _ _ _ _

Child's Name: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ Grade: _ _ _ _ _

Home Address:

_____

Home Phone: _ _ _ _ _ _ _ _ _ _ _ _ Birth Date: _ _ _ _ _ _ _ _ _ _

Parent/Guardian Name: _ _ _ _ _ _ _ _ _ Phone Number: _ _ _ _ _ _ _ _ _

Parent/Guardian Name: _ _ _ _ _ _ _ _ _ Phone Number: _ _ _ _ _ _ _ _ _

Authorization Information:

Name and Phone Number of local persons to be contacted in the event the parent/guardian cannot be reached.

Please list names of persons who are authorized to pick up this child. (Please list three if possible)

1. Name: _____ Relationship: _____

   Phone Number: _____ is authorized to pick up my child.

2. Name: _____ Relationship: _____

   Phone Number: _____ is authorized to pick up my child.

3. Name: _____ Relationship: _____

   Phone Number: _____ is authorized to pick up my child.

Name(s) of anyone **NOT** authorized to pick up your child:

1. Name: _ _ _ _ _ _ _ _ _ _ _ _ 2. Name _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Signature of Parent/Guardian: _____ Date: _____

Medical Permit Authorization

First Aid Consent:

I hereby give consent for the school staff to provide mild medical treatment to my child. If there is a need for more medical treatment I understand that the ambulance will be called. I also understand that I will be called and notified of any medical treatment that my child received and will not hold Sunrise Academy liable for any accidents or injuries.

Name of Child Enrolled: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Signature of Parent/Guardian: _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _

Date: _ _ _ _ _ _

****Please submit a voided check with this document.**