

**2024– 2025 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 it, and return it 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. A non-refundable registration/supply fee of \$25 per child exists. Please check or make money orders payable to Sunrise Academy. In the memo space, include your child’s first and last names and “LK” for latchkey.
2. Completed registration form
3. Latchkey guidelines must be signed and dated
4. Medical authorization

Please contact the front office with any questions about the latchkey program. Insha'Allah, it will begin after school begins.

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

Latchkey Daily Schedule: 4:00 PM – 6:00 PM

4:00 – 4:30 – Attendance/Snack time taken

4:30 – 5:00 – Homework and/or Reading time

5:00 – 6:00 – Free Time

Latchkey Guidelines

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

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

Program Fees: The monthly rate is \$200.

Payment: You can pay through ACH along with your child's tuition, or we can take a check or money order for the monthly fees. Note that there will be an additional \$35 charge per ACH payment for insufficient funds.

Withdrawals from the Program: Parents must 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 6 PM.

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, please let the school know before 3 PM that day, or the latchkey teacher knows PRIOR to pick up. Our policy is 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 latchkey students are respectful and listen to the latchkey teacher's directions. If students fail to listen and comply with latchkey rules, they 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 THE 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 if the parent/guardian cannot be reached.

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

1. Name: _____ Relationship: _____

Phone Number: _____ I am authorized to pick up my child.

2. Name: _____ Relationship: _____

Phone Number: I am authorized to pick up my child.

3. Name: _____ Relationship: _____

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 know that I will be called and notified of any medical treatment that my child receives 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****