

HIGHLAND LOCAL SCHOOLS DISTRICT'S  
HIGHLAND EXPRESS AFTER SCHOOL CHILD CARE PROGRAM

**STUDENT ENROLLMENT INFORMATION**

Bus number \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's Teacher \_\_\_\_\_ Room No. \_\_\_\_\_ Grade \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Number(s) \_\_\_\_\_

Names and ages of brothers and sisters \_\_\_\_\_

Who lives in the home with the child? (mom, dad, grandma, etc.) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Parent's Status: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_ Widow(er) \_\_\_\_\_

Previous school or child care center/provider \_\_\_\_\_

Has your child experienced any changes lately? (moving, new baby, etc.) \_\_\_\_\_

Is there anything you feel the child care staff should know about your child? \_\_\_\_\_

Please list all of your child's medications and/or allergies \_\_\_\_\_

**RELEASE OF CHILD**

Name and relationship of **ALL** people authorized to take your child from the facility:

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

Is there anyone **NOT** allowed to take your child from the facility?

\_\_\_\_\_ Reason: \_\_\_\_\_

LATCHKEY START DATE: \_\_\_\_\_

(Parent Signature)

(Date)

**PARENT AGREEMENT CONTRACT**  
**THE HIGHLAND EXPRESS**  
**GRANGER HINCKLEY SHARON**  
**ELEMENTARY SCHOOLS**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone Number \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
E-mail address \_\_\_\_\_

Father's Name \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Cell# \_\_\_\_\_  
E-mail address \_\_\_\_\_

**DAYS OF ATTENDANCE:** (Please circle)

Monday Tuesday Wednesday Thursday Friday As Needed

**TIMES OF ATTENDANCE:** A.M. P.M. FULL TIME AS NEEDED  
(Please circle the above)

**Please sign and return this contract:**

I agree to pay \$8.00 per session or the full-time rate of \$16.00 per day; whichever is applicable to my child's participation in the program. All fees are expected to be paid in full by the end of each month. **Unpaid balances may result in your child being excluded from attending the Latchkey Program.** Fees may be paid online or by check. We appreciate your cooperation and look forward to your child's participation.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**\*PLEASE REMEMBER: IF SCHOOL IS DELAYED, LATCHKEY WILL BE CLOSED. ALSO, IF SCHOOL IS DISMISSED EARLY, LATCHKEY WILL BE CLOSED. IF YOUR CHILD IS ABSENT FROM SCHOOL, HE/SHE MAY NOT USE THE PROGRAM THAT DAY. \***

## LATCHKEY EMERGENCY DISMISSAL FORM

Please complete this form and return to school. Make sure you fill this form out carefully. **If an emergency evacuation or weather dismissal occurs, the media will be alerted as quickly as possible, you will receive a telephone call through our parent alert system, our website will be updated, and you will receive an e-mail if you are signed up through our Highland website at [www.highlandschools.org](http://www.highlandschools.org) to receive e-newsletters and other important school information.**

The telephone lines need to be kept open for emergencies. All children will be released using the directions chosen on this form.

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The following directions have been given to my child:

**Name** \_\_\_\_\_

**Grade** \_\_\_\_\_ **Teacher** \_\_\_\_\_

\_\_\_\_\_ My child is to go directly home. Bus # \_\_\_\_\_

\_\_\_\_\_ My child is to ride his/her regular bus and get off at a neighbor's home.

Neighbor's Name \_\_\_\_\_

Address \_\_\_\_\_

Neighbor's Phone \_\_\_\_\_

\_\_\_\_\_ My child is to be transported by a **different** bus to the following address in our elementary busing area:

Name \_\_\_\_\_

Address \_\_\_\_\_

**Bus Number #** \_\_\_\_\_

It is imperative that your child is informed to what he/she is to do in such emergencies as well as having this information on file. **The school CANNOT make phone calls.**

I have discussed the emergency procedures with my child and he/she knows what to do and where he/she will go if school is dismissed early due to an emergency.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**HIGHLAND EXPRESS CHILD CARE PROGRAM**

Teacher: \_\_\_\_\_ Homeroom: \_\_\_\_\_ Grade: \_\_\_\_\_ Bus Number: \_\_\_\_\_ Driver: \_\_\_\_\_

**HIGHLAND LOCAL SCHOOLS EMERGENCY MEDICAL AUTHORIZATION FORM**

O.R.C. 3313.712

\_\_\_\_\_  
School Attending

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

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip

*Purpose – To enable parents and guardians to authorize the provisions of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.*

**Residential Parent or Guardian Contact Information**

<b>Name/Relationship:</b>	<b>Home Phone:</b>	<b>Work Phone:</b>	<b>Cell Phone:</b>
Parent/Guardian: _____	_____	_____	_____
Parent/Guardian: _____	_____	_____	_____
Relative/Other: _____	_____	_____	_____
Relative/Other: _____	_____	_____	_____

**PART I OR II MUST BE COMPLETED**

**Part I – To Grant Consent**

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Specialist: \_\_\_\_\_ Phone: \_\_\_\_\_

Local Hospital: \_\_\_\_\_ Emergency Room Phone: \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above-named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child’s medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

**Part II – Refusal To Consent**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

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

Date: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_