



SULLIVAN WEST ELEMENTARY SCHOOL

33 Schoolhouse Road, Jeffersonville, NY 12748
Tel. (845) 482-4610 ext. 2141 Fax: (845) 482-9883

Rod McLaughlin
Principal

Kevin Carbone
Assistant Principal

LATCHKEY PROGRAM APPLICATION

2023-2024

****Please note: Only applications that are complete will be accepted****

Please include all children in family on one application.

Name of Student(s): _____ Grade Level ____ DOB _____

Parent/Guardian: _____ Teacher _____

Address: _____

Telephone: Home: _____ Work: _____ Cell: _____

E-mail address: _____

PLEASE RETURN APPLICATION WITH PAYMENT TO: LATCHKEY COORDINATOR – AMANDA GRUENKE

Please circle the days of the week your child will attend: AM/ PM/ BOTH/ AS NEEDED

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Daily fee AM \$6.00/PM \$12.00 X # of days attending = _____ As Needed fee- AM \$7.00 / PM \$14.00/day

Responsible party for payment - self _____ other _____

Emergency Information

Emergency Contact: _____

Telephone: Home: _____ Work: _____ Cell: _____

List any medical conditions, including allergies, your child has: _____

Please note: No medication can be given during the Program

List medications your child is currently taking: _____

Primary Care Physician: _____ Office Telephone _____

Preferred Hospital: _____ Emergency room # _____

List names of adults that have permission to pick up your child:

Name: _____ Name: _____

Name: _____ Name: _____

List names of adults that CANNOT pick up your child:

Name: _____ Name: _____

Name: _____ Name: _____

**** CHILDREN WILL NOT BE RELEASED TO ANYONE WITHOUT WRITTEN PERMISSION**

FROM HIS/HER PARENT/GUARDIAN**

PARENT AGREEMENT FOR 2023-24

- Parents/Guardians agree to pre-pay for each month by the first Friday of each month, payable to the Sullivan West Elementary School. Any overcharges due to extreme weather or snow closings will be automatically credited to the next month.

PARENT INITIAL _____

- Parents/Guardians understand there will be a late fee of \$6.00 for any time a student is picked up between 5:30-5:45 and an additional \$12.00 fee if student is picked up between 5:45-6:00.

PARENT INITIAL _____

- Parents/Guardians understand that if they are repeatedly late picking up student from Latchkey, that student is subject to removal from the program.

PARENT INITIAL _____

- Parents/Guardians understand that they will be charged for the days the student is earmarked for attendance regardless of child(ren)'s attendance unless school is closed or in extreme weather closings.

PARENT INITIAL _____

- Parents/Guardians understand that children whose payment are more than one week late will be subject to removal from the program.

PARENT INITIAL _____

- Parents/Guardians must maintain with the Latchkey Program accurate emergency contact information that includes phone numbers and alternate names of individuals who may pick up your child(ren) in your absence.

PARENT INITIAL _____

- Parents/Guardians and students agree to adhere to and follow all terms, conditions, rules and regulations outlined in the Sullivan West Student Handbook. Parents/Guardians hereby acknowledge that he/she has read the handbook with their child(ren) and agrees to abide by the regulations therein contained.

PARENT INITIAL _____

Parent Signature

Date

Latchkey Coordinator

Casey Ross

Tel: 845-482-4610 ext. 2129

Fax: 845-482-9883

Email: latchkey@swcsd.org