

Hollis Grade School Latchkey Program

5613 West Tuscarora Road , Peoria, IL 61607 309-253-8151

Application 2021-2022

Date _____

Child Name Last _____ First _____ Middle _____

Date of Birth _____ Sex _____

Additional Children

Name _____ Date of Birth _____ Sex _____

Name _____ Date of Birth _____ Sex _____

Name _____ Date of Birth _____ Sex _____

Home Address _____ City _____ Zip _____

Home Phone _____ Parent's email _____

Mother's/Guardian Full Name _____

Address: _____ e-mail: _____

Place of Employment _____ Ph.# _____ Cell# _____

Father's/Guardian Full Name _____

Address: _____ e-mail: _____

Place of Employment _____ Ph.# _____ Cell# _____

Parent with Custody (circle one) Mother Father Both Other _____

Doctor's Name _____ Ph. # _____

Hospital _____

CHILDREN WILL ONLY BE RELEASED TO PARENTS OR TO A PERSON DESIGNATED BY THE PARENTS.

List individuals that may pick up your child. Please check the box next to those person(s) that you would want us to contact in an emergency if parent(s) cannot be reached.

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Name _____ Phone # _____ Relationship _____

Signature of Parent _____

YES NO

_____ _____ I am noting special information about my child(ren) on the back of this form (Special problems such as allergies, existing illness, and/or medication prescribed for continuous long term use.)

_____ _____ I give my authorization for Hollis Latchkey to care for my child in an emergency.

I will be dropping my child off at approximately _____ A.M.

I will pick my child up at approximately _____ P.M. My child will attend _____ days a week

In the event of illness or injury to my child, which in the judgment of the Hollis Latchkey Staff requires emergency treatment, my permission is granted to call the doctors listed above, after attempts are made to contact me phone have been unsuccessful. I hereby release the Hollis School Latchkey program from any claim arising out of the doctor's actions. All medial expenses shall be the parent's responsibility.

All cost that is determined by the Hollis Latchkey Staff, such as broken equipment, windows, property damage etc. done by my child will be paid for by me.

Also, Hollis Latch Key will not be liable for injury to my child unless there is proof of negligence. I agree to the statement above and give my permission as the child's legal guardian to except all legal and financial responsibility for my child.

PARENT/GUARDIAN _____ DATE _____

I have enclosed the \$30.00 registration fee to secure my child's spot in your program. Yes / no
This registration fee is NON refundable.

Please list any special problems, limitations and/or medical problems

Please read and sign acknowledging the discipline policies listed below.

At Hollis Latchkey we use verbal warning, time outs, loss of privileges, and removal from the group as means of discipline. However, if a child does not respond to the discipline procedures termination may be necessary.

I _____ have read the above statement.

Parent Signature

2021 – 2022 Latchkey Fees

	1 CHILD	2 CHILDREN	3 CHILDREN
1 or 2 days (a.m. & p.m.)	\$25.00	\$48.00	\$70.00
1 or 2 days (afternoon only)	\$20.00	\$38.00	\$56.00
1 or 2 days (morning only)	\$20.00	\$38.00	\$56.00
3, 4 and 5 days (a.m. & p.m.)	\$55.00	\$100.00	\$145.00
3, 4, and 5 days (afternoons only)	\$45.00	\$72.00	\$99.00
3, 4, and 5 days (morning only)	\$35.00	\$62.00	\$89.00

Latchkey times are 6:30 am – 8:00 am AND 3:15 PM – 6:00 PM.

Late Fee: A \$1.00 per minute after 6:00 PM

NSF Fees: a \$25.00 fee will be charged for each return item notice received from the bank for non-sufficient funds.

Office use only

Date of enrollment _____ registration fee paid _____ weekly rate _____