



WELCOME TO THE  
SAINT MATTHEW THE  
APOSTLE  
LATCHKEY PROGRAM

2021-2022



Dear Parents and Guardians,

Thank you for your interest in Saint Matthew the Apostle Catholic School before (AM) and after (PM) school child care program, Latchkey. We have enclosed the following documents in this packet:

- Program Information
- Registration Agreement
- Attendance Schedule
- Emergency Information Form
- Emergency Transportation Authorization
- Child's Medical Information
- Authorized Persons Pick-up Form

Morning and After school childcare are available for Pre-K through 8th grade\*. To be placed in the PM program, please complete and return the enclosed forms with a \$25.00 non-refundable registration fee per family. Upon receipt of the registration packet if you are an existing family with a FACTS account we will invoice you via FACTS. If you are new to Saint Matthew and don't have a FACTS account yet, please send in a \$25 registration fee with the registration documentation.

You do NOT need to fill out the attached documentation if you are just using AM Latchkey as the office will be open, and we will have access to all of your child/children's information via Digital Academy.

There is a two day minimum for the PM latchkey program. You will be billed for two days of latchkey whether used or not.

When school is not in session, latchkey is closed and you are not required to pay.

If you have any questions regarding the program, please feel free to contact me at 614-532-0655 or call the school office at 614-471-4930.

Sincerely,

Robin Kuhns  
[rkuhns1@cdeducation.org](mailto:rkuhns1@cdeducation.org)  
614-532-0655  
Latchkey Director

**\*We will decide whether or not we are going to offer latchkey care to 6th-8th graders during the 2021-2022 school year based upon interest. Please stay tuned.**

## ST. MATTHEW LATCHKEY PROGRAM INFORMATION

Latchkey services begin on the first day of school in August and are provided each school day until the last day of school. Child care will follow the St. Matthew school calendar. AM latchkey will be provided beginning at 7:00 a.m. – the teachers come to collect the students at 7:20 a.m.. PM latchkey will be provided from 2:25 p.m. (2:00 for Pre-K) — 6:00 p.m.

A \$25.00 non-refundable registration fee per family is required every year for PM latchkey. There is no registration fee associated with AM latchkey. Cost of the program is broken down as follows:

**AM Latchkey:\$3/day/family for any/all students that arrive to school BEFORE 7:20**

PM Latchkey:

1 child	2 children	3 children
\$23/day (2 day min)	\$33/day (2 day min)	\$36/day (2 day min)

Our tax ID # is 31-0672558.

We bill latchkey via FACTS every two weeks. Year-end tax information will be available there. You can set your FACTS account for auto payment. If you need help with your FACTS account, you can call the hotline at 866-441-4637.

ST. MATTHEW LATCHKEY PROGRAM  
REGISTRATION AGREEMENT

I understand I am enrolling my child/children for the \_\_\_\_\_ school year.

I understand latchkey will not be available when school is closed due to scheduled breaks or cancellations.

I understand I am responsible for payment of fees, via FACTS. I will give two weeks notice of withdrawal from the program.

I agree to notify the staff when my child/ren will NOT be attending latchkey: scouts, music lessons, sports, or after school activities etc.

I understand that the St. Matthew latchkey staff will assume full responsibility for my child from the time he/she arrives at the program until dismissal. The child must be signed out by an authorized person.

I agree to adhere to the St. Matthew latchkey registration policies and give my child permission to participate fully in this program.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Name of child/children enrolled in the program

Grade\*

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

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

**\*We will decide whether or not we are going to offer latchkey care to 6th-8th graders during the 2021-2022 school year based upon interest. Please stay tuned.**

ST MATTHEW LATCHKEY PROGRAM  
ATTENDANCE SCHEDULE

Child/Children 's Names:

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Address \_\_\_\_\_

City \_\_\_\_\_ State: Ohio Zip Code: \_\_\_\_\_

To assure your child's place in the program, and to help us with our staffing efforts please complete the schedule below:

BEFORE SCHOOL: (starts at 7:00 a.m.)

M            T            W            Th            F

Dates and times will vary \_\_\_\_\_

AFTER SCHOOL: (starts at 2:25 p.m. (2:00 p.m. for Pre-K)- 6:00 p.m.)

M            T            W            Th            F

Dates and times will vary \_\_\_\_\_

**PLEASE FILL OUT THE FOLLOWING PAGES IN THEIR ENTIRETY**  
**ST. MATTHEW LATCHKEY PROGRAM**  
**EMERGENCY INFORMATION FORM**

**ALL INFORMATION ON THESE PAGES ARE STATE REQUIRED**

Child/Children's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**FOR EMERGENCIES, LIST #'S IN ORDER OF YOUR IMMEDIATE AVAILABILITY**

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer's Address \_\_\_\_\_

**PEOPLE TO BE CONTACTED IN THE EVENT OF AN EMERGENCY, IF THE PARENT  
CAN'T BE REACHED (THREE REQUIRED)**

NAME \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

NAME \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

NAME \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

NAME OF DENTIST \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City, State, and Zip Code \_\_\_\_\_

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

\_\_\_\_\_  
Date

ST. MATTHEW LATCHKEY PROGRAM  
795 HAVENS CORNERS RD.  
GAHANNA, OH 43230

EMERGENCY TRANSPORTATION AUTHORIZATION

**Either PART I or PART II below must be completed. Do not complete both.**

PART I. PERMISSION TO TRANSPORT CHILD/CHILDREN

I give Saint Matthew Latchkey my permission to transport my child/children

\_\_\_\_\_ to \_\_\_\_\_  
(name of child/children) (name of hospital, clinic)

for emergency medical care, or to \_\_\_\_\_ for emergency  
(dentist, clinic)

dental care, or to the nearest available source of assistance.

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**PARENT SIGNATURE IF YOU GIVE PERMISSION** **DATE**

PART II. REFUSAL TO GRANT PERMISSION

I do not give Saint Matthew Latchkey my permission to transport my child/children

\_\_\_\_\_ for emergency  
(name of child/children)

medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the child care facility to take the following actions.

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

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**PARENT SIGNATURE IF YOU DO NOT GIVE PERMISSION** **DATE**

ST. MATTHEW LATCHKEY PROGRAM  
CHILD'S MEDICAL INFORMATION

Child's Name (**ONE PER CHILD**) \_\_\_\_\_

List all allergies and any special precautions and treatments indicated for these allergies:  
(e.g. foods, medications, environmental allergies or insect bites)

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List medications, food supplements, modified diets, or fluoride supplements currently being administered to this child:

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List any chronic physical problems and history of hospitalization:

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List any diseases the child has had:

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Is your child prone to nosebleeds? \_\_\_\_\_

Does your child have an Epi Pen? \_\_\_\_\_ Inhaler? \_\_\_\_\_

If so, one will need to be provided for Latchkey as the school nurse leaves at 2:30 p.m. and all medications must be locked up at that time.

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



**ST. MATTHEW LATCHKEY PROGRAM  
 AUTHORIZED PERSON(S) PICK-UP FORM**

Please keep the child care program up to date on this information.

Child/Children Name \_\_\_\_\_

\_\_\_\_\_ Mom Phone Number Dad Phone Number \_\_\_\_\_

The following person(s) are authorized to pick my child/children up:

1. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Relationship \_\_\_\_\_

2. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Relationship \_\_\_\_\_

3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, Zip Code \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Relationship \_\_\_\_\_

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