



Delaware Community School Corporation
 9750 N. CR 200 E
 Muncie, IN 47303
 Phone: 765-284-5074
 Fax: 765-284-5259

Latch Key Program

Summer Blast* 2023

June 5, 2023 through July 27, 2023

\$30.00 per day per child

(8:00 a.m. to 5:00 p.m. weekdays)

(Doors open at 7:30 for early arrival and close at 5:30 for late dismissal)

Application Form

(One Child per Application)

Child's Name:

First Name: _____ Middle Name: _____ Last Name: _____

Gender: M ___ F ___ Race: _____ Birthday: _____ Age: _____ Grade in the fall: _____

School attending this fall: _____

In the event that our facility or program is featured in the local media including any publications, our policy is that pictures may be taken but no names of the children may be divulged in print. This is for the protection of your child. I understand the photo release policy as stated above. I give permission to use photographs/video of my child for the above reasons. _____ Yes _____ No

Does this child have any physical conditions, allergies, special needs or require any special attention that we should know about? (Use back of page if necessary)

Allergies: _____

Medications (include all medicines plus instructions if medication to be given during *Summer Blast*): _____

Physical Conditions: _____

Other Needs: _____

*Summer Blast accepts children entering kindergarten through those entering eighth grade. All children must be fully able to attend to their own bathroom needs before attending any of the Summer Blast camps or activities.

Parent or Guardian information: (Information will be used for accounting questions, emergencies, and pick-up verification)

Parent/Guardian #1:

Name: _____ Relationship to child: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Parent/Guardian #2:

Name: _____ Relationship to child: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer: _____ Work Phone: _____

Please list additional names & phone numbers of people (minimum of 2) to contact in an emergency and/or names of persons authorized to pick up child/children. Anyone picking up your child must be 18 years of age and will be required to have photo identification. Changes to this list must be done in writing by the parent/guardian whose signatures appear on this registration form. Change forms are available in the Latch Key Office.

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Cell Phone: _____

Latchkey Estimated Summer Schedule

(8:00 a.m. to 5:00 p.m. weekdays with early arrival at 7:30 a.m. and late pick up 5:30 p.m.)

Please Print!

School attending in the fall: _____

Student Name and grade in the fall: _____

Please check all those that apply:

Student will likely attend Summer Blast during the following weeks:

Week of:

_____ June 5, 2023

_____ June 12, 2023

_____ June 19, 2023

_____ June 26, 2023

_____ July 3, 2023

(NO camp July 3 or 4, 2023)

_____ July 10, 2023

_____ July 17, 2023

_____ July 24, 2023

(Last day Wed. 7-26-2023)

Please Note!

Student will likely attend:

_____ Full Week

_____ The following days each week:

_____ Mon.

_____ Tues.

_____ Wed.

_____ Thurs.

_____ Fri.

_____ The days will vary but it will likely be: _____

(Number of possible days each week)

Please list approximate times student will be dropped off and/or picked up for the Summer Blast Program:

Possible a.m. drop off time: _____ Possible p.m. pick up time: _____

Notes and/or explanation: _____

_____ Parent Name

_____ Phone

Delaware Community Schools Summer Blast Program

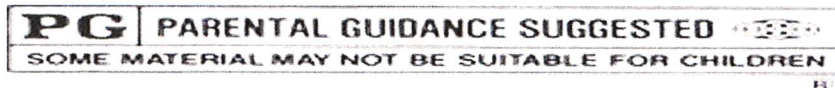
Permission Slip

PG Movies

During the summer there may be days when both camps will be showing movies. Please check the appropriate selection below and sign.

We make every effort to preview movies and ensure they are appropriate to the age of our students. If you do not want your child to watch the PG movie, we will do everything possible to make sure that your child is **not** in the area where the movie is being viewed.

If it is a scheduled "Movie day", we will try to post the movie title ahead of time. There will be occasions such as rainy days, etc., that we will have an unscheduled movie.



Child/Children's Name _____

Movies

_____ Yes, I will allow my child to watch PG movies.



_____ No, I do not want my child to watch PG movies.

Parent Signature _____ Date _____

Please return your signed registration form to your school office or latchkey supervisor or mail to:

Delaware Community School Corporation
Royerton Elementary Latchkey Main Office
1401 East Royerton Road
Muncie, IN 47303

The Parent or Legal Guardian listed is responsible for payment of any and all fees associated with the Latch Key Program. Late fees will be assessed if fees are not paid by 6:00 p.m. of the last day on the attending week. This fee will be \$10.00 for each two week period your account is delinquent. Failure to pay two weeks in a row may result in child/children being dismissed from the program and the account being sent to a collection agency. (see parent handbook for payment information)

Parent Authorizations:

Child's Name:

First Name: _____ Middle Name: _____ Last Name: _____

Emergency Authorization: I hereby give permission for emergency transportation to the nearest hospital & the medical personnel selected by the staff of Delaware Community School Corporation to order x-rays, routine tests & treatment for my child/children listed above. In the event I am not able to communicate or cannot be reached in an emergency, I hereby give the physician selected by the staff of Delaware Community School Corporation to hospitalize, secure proper treatment for, and order injections and/or anesthesia and/or surgery for my child/children listed above. I will fully be responsible for any costs for such treatment, even if not covered by insurance.

Liability Statement: I, the undersigned, as the parent/guardian of the child/children listed above, give permission for my child/children to participate in the Delaware Community School *Summer Blast* Latch Key Program and hereby assume full responsibility for all risk of injury which may result from my child/children's participation in activities during this program.

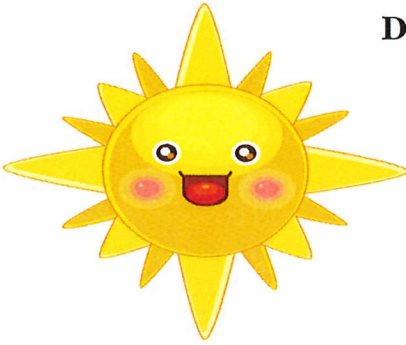
Parent Authorization: I hereby do declare my child/children to be physically sound, having medical approval to participate in the activities at *Summer Blast*. This information is correct so far as I know, and the person herein described has permission to engage in all prescribed program activities except as noted. I certify that my child/children are amendable to behavior management and free from habits or attitudes which make him/her unable to participate. I have studied the fee information and understand the content thereof. I understand the *Summer Blast* Latch Key Program will involve time for swimming at the Delta High School Pool (or other pool facility if necessary) as well as time away from Royerton Elementary School each day for various reasons. Transportation will be provided by the Delaware Community School Corporation's Transportation Department. I, the undersigned, give my permission for the above mentioned children to participate fully in the *Summer Blast* Program.

I certify that I am the parent or legal guardian of the child/children listed on this registration form and I have the legal authority to make representations and grant authorizations contained herein. I also understand the payment options. I understand late fees will be assessed to my account in the event I do not pay in a timely manner.

Printed Name of Parent or Legal Guardian:

Signature of Parent or Legal Guardian:

Phone where you can be reached: _____



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Summer Blast Program
2023

Fee Schedule for
Summer Blast



SUMMER BLAST RATES

\$30.00 per day per child
(Includes everything: snacks, hot lunch, supplies, extra programs, etc)
NO HIDDEN FEES

Fee payment schedule:

All registration fees are waived for Summer Blast 2023. The Summer Blast fee is a single daily rate of \$30.00 per day per child with no other hidden fees. The daily rates are due by 6:00 p.m. Friday of each week attended. If the weekly payment amount remains unpaid for two (2) weeks, late fees in the amount of \$10.00 per unpaid week will be added for each child's delinquent account. Payment arrangements must be made for any account which is two (2) or more weeks behind in payments. Non-payment of accounts may result in removal from the program until such time as payment is made in full. A registration fee of \$20.00 will apply for reinstatement to the program.

**Fee Schedule for school year latchkey may be obtained at the
summer blast/latchkey office.**