

Solid Rock Christian Academy

5017 Curtis Clark Drive
Corpus Christi, TX 78411

361-992-4471

www.solidrockupc.org

Srcacademy1994@gmail.com

School Hours Open 8:00am – 3:45pm

Latchkey Prices

Morning Latchkey Hours 7:30am – 8:00am

\$10 per family

Afternoon Latchkey Hours 3:45pm – 5:30pm

\$25 per student (no daily rates)

Afternoon Latchkey drop-off 3:45pm - 4:00pm

\$15 per student (no daily rates)

(within a 10-mile radius)(must sign release at end of agreement)

LATCHKEY AGREEMENT

Initial:

AT SCHOOL LATCHKEY _____ **LATCHKEY (drop off)** _____

Date child will start _____

Name of Student: _____
Last Name First Name

Home Address: _____
Street City/State Zip

Phone Number: _____
Home Cellular

DROP OFF ADDRESS: _____

NOTE: IF YOUR CHILD HAS ANY MEDICAL CONCERNS, PLEASE ATTACH A NOTE TO THE APPLICATION FORM EXPLAINING THE CONDITION AND PHYSICAL LIMITATIONS.

***HEALTH ALERT _____

PARENT'S SIGNATURE

PARENT OR GUARDIAN INFORMATION

Mother's Name _____	Home # _____
Place of Employment _____	Cellular # _____
	Work # _____
Father's Name _____	Home # _____
Place of Employment _____	Cellular # _____
	Work # _____
Guardian's Name _____	Home # _____
Place of Employment _____	Cellular # _____
	Work # _____

EMERGENCY CONTACT PERSONS OR DESIGNEE

1.	Name _____	Relationship to Child _____
	Address _____	Phone/Cell # _____
2.	Name _____	Relationship to Child _____
	Address _____	Phone/Cell # _____
3.	Name _____	Relationship to Child _____
	Address _____	Phone/Cell # _____

Dear Parents and Guardians:

We are pleased to inform you that our school will offer a Self-Sustaining Latchkey Program. The program begins on the first day of school. The program operates Monday through Friday from the end of the school day to 5:30 p.m. The program does NOT operate when schools are closed or on a half day schedule. Parents are to make arrangements to pick up their child(ren) at Solid Rock Christian Academy 5:30 P.M. Parents who are late more than three times in picking up their child(ren) will be asked to withdraw from the Latchkey Program. No exceptions will be made.

The Latchkey program will continue to include time for snack which your child can bring and/or purchase, homework assistance, recreation, sports, board games, and/or arts and crafts. Your child will be supervised by Solid Rock Christian Academy staff who will conduct the program in a wholesome atmosphere. While attending the after school program, we expect your child to behave at all times and follow the rules as stated in the Student Handbook and Enrollment forms. It is the responsibility of the parent to review and reinforce with his/her child the standards of behavior established by Solid Rock Christian Academy. In the event that a student's behavior presents a clear and present danger of physical injury to the student, other students or school personnel, **or prevents the orderly operation of the self –sustaining Latchkey Program, he/she may be removed from the program at the discretion of the Principal.**

Your child will not be released to any person who is not listed on the emergency contact sheet (attached). Every person must have photo ID when picking up a child.

I have read the information above and I understand that it is my responsibility to make arrangements to pick up my child at S.R.C.A. BY 5:30 P.M. I also understand that my child(ren) are expected to behave at all times and follow the rules of the Latchkey program consistent with the standards of behavior established by S.R.C.A. I also understand in the event that my child's behavior presents a clear and present danger of physical injury to the student, other students or school personnel, **or prevents the orderly operation of the Latchkey Program he/she may be removed from the program at the discretion of the Principal.** I have also reviewed and made any necessary changes to my child's emergency contact information and I am aware of the posted weekly payment schedule.

I understand payment can only be accepted by cash or credit card (NO CHECKS).

Student (s) Name: _____

Parent/Guardian Signature: _____ Date: ____/____/____

DROP OFF RELEASE

Please read this form carefully and be aware in signing this waiver for your minor child/ward to be transported by automobile by a S.R.C.A. staff member and any activities associated therewith you will be waiving your rights to all claims for injuries you and/or your minor child/ward might sustain arising out of being transported by automobile by a S.R.C.A. staff member and you will be required to indemnify, hold harmless and defend Solid Rock Christian Academy for any claims arising out of your minor child/ward being transported by automobile by a S.R.C.A. staff member.

In consideration of my minor child/ward being allowed to be transported by automobile by a S.R.C.A. Staff member, as the Parent or legal guardian of a participant under 18 years of age, I recognize and acknowledge that there are certain risks of physical injury associated with being transported by automobile by a S.R.C.A. staff member. I agree to assume the full risk of injuries that may be sustained by any minor child/ward of mine, as a result of being transported by automobile by a S.R.C.A. staff member and all activities connected or associated therewith. I agree to waive and relinquish all claims on behalf of my minor child/ward that the minor child/ward may have against Solid Rock Christian Academy as a result of the minor child/ward's being transported by automobile by a S.R.C.A. staff member.

I do hereby fully release and discharge Solid Rock Christian Academy and its officers, agents and employees from any and all claims from injuries, damage or loss which I, or any minor child/ward may have or which may occur to my minor child/ward on account of his/her being transported by automobile by a S.R.C.A. staff member. I further agree to indemnify and hold harmless and defend Solid Rock Christian Academy, its officers, agents and employees from any and all claims sustained by me or my minor child/ward, and arising out of, connected with, or in any way associated with being transported by automobile by a S.R.C.A. staff member.

The invalidity or unenforceability of any of the provisions hereof shall not affect the validity or enforceability of the remainder of this Agreement.

I have read and fully understand the above Waiver and Release of all claims.

_____ Name(s) of Minor

_____ Printed Name of Parent/Legal
Guardian

_____ Signature of Parent/Legal
Guardian Date

