

2016-2017 School Year

KEY CARE PH#: 440-355-2324

Dear Key Care Family;

WELCOME to KEY CARE!!

Please fill out the attached two forms and return them as soon as possible, along with a payment.

- 1) The Key Care Information Form
- 2) The Emergency Medical Form – even if you sent one into the office, we operate before and after school hours and our records are not shared.
- 3) Your payment (instructions are attached depending on which form of payment you choose to use)

There are some wonderful changes to Key Care that were effective 7-1-16, per the Superintendent's office.

Please see below:

- 1) Key Care will be charging a flat rate for all of our students. The cost is \$3.00 per student for our Key Care AM session and \$3.00 for the PM session per student. Key Care's hours of operation are from 6:30am-9:00am and 2:40pm-6:00pm.
- 2) ALL parents must come in and drop their child off and sign them in during the morning session. This is MANDATORY, so please allow yourself the extra time to do so. Under NO circumstances, will we take a child's word that he/she will be IN Key Care or NOT be in Key Care for a particular day.
- 3) Parents, you will get a calendar sheet to put down when you anticipate your child to be using our \*PM\* - Key Care Services for the month (especially if your child is on a AS NEEDED basis). Please fill this out and return to the Key Care Dept. as soon as possible. This will not be done daily, please feel free to make copies or ask for one when changes need to be made.

Thank you!!  
Mrs. Asbury  
Mrs. Fowler  
Mrs. Kline  
Ms. Mitterling

2016-2017

KEYSTONE LOCAL SCHOOL DISTRICT

Key Care Information Form

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name \_\_\_\_\_

Home Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

BUS NUMBER: \_\_\_\_\_

ANTICIPATED USE OF KEY CARE PROGRAM (CIRCLE DAY/S/AMOUNT TO BE USED)

- 1) Morning Session 6:30am 9:00am M T W Th F
- 2) Afternoon Session 2:40pm (KMS) & 3:30pm (KES) - 6:00pm M T W Th F
- 3) **AS NEEDED - \*\*ANY CHANGES THAT DIFFERS FROM THE ABOVE SCHEDULE NEEDS TO BE REPORTED TO THE MAIN OFFICE BY PARENT/GUARDIAN, AND TO KEY CARE IMMEDIATELY.**

THE FOLLOWING PERSON(S) ARE ALSO AUTHORIZED TO PICK UP MY CHILD:

\*\*\*\*THEY MUST HAVE PROPER IDENTIFICATION WITH THEM\*\*\*\*

NAME	RELATIONSHIP TO CHILD	PHONE#
1 _____		
2 _____		
3 _____		
4 _____		

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# KEYSTONE LOCAL SCHOOLS 2016-2017 School Calendar

<b><u>August '16</u></b>						<b><u>January '17</u></b>					
<b><u>M</u></b>	<b><u>T</u></b>	<b><u>W</u></b>	<b><u>T</u></b>	<b><u>F</u></b>		<b><u>M</u></b>	<b><u>T</u></b>	<b><u>W</u></b>	<b><u>T</u></b>	<b><u>F</u></b>	
23rd - Staff Opening Day	1	2	3	4	5	3rd - School Resumes	3	4	5	6	
24th - Inservice	8	9	10	11	12	16th - MLK Day	9	10	11	12	
25th - Collaboration	15	16	17	18	19	19th - End of 2nd Quarter	16	17	18	19	
26th - Workday	22	<23>	<24>	<25>	<26>		23	24	25	26	
29th - First Day for Grades 1-12	*29*	30	31				30	31			
<b><u>September '16</u></b>						<b><u>February '17</u></b>					
<b><u>M</u></b>	<b><u>T</u></b>	<b><u>W</u></b>	<b><u>T</u></b>	<b><u>F</u></b>		<b><u>M</u></b>	<b><u>T</u></b>	<b><u>W</u></b>	<b><u>T</u></b>	<b><u>F</u></b>	
								1	2	3	
			1	2		10th - Professional Development	6	7	8	9	
5th - Labor Day	<del>5</del>	^6^	7	8	9	13th & 15th - ES P/T Conf. 4:30 - 7:30 pm	(13)	14	(15)	16	
6th - First Day for Kindergardners	12	13	14	15	16	17th - No School K-5 Only	<del>20</del>	21	22	23	
	19	20	21	22	23	20th - Presidents' Day	27	28			
30th - Professional Development	26	27	28	29	<del>30</del>						
<b><u>October '16</u></b>						<b><u>March '17</u></b>					
<b><u>M</u></b>	<b><u>T</u></b>	<b><u>W</u></b>	<b><u>T</u></b>	<b><u>F</u></b>		<b><u>M</u></b>	<b><u>T</u></b>	<b><u>W</u></b>	<b><u>T</u></b>	<b><u>F</u></b>	
	3	4	5	6	7			1	2	3	
14th - NEOEA Day	10	11	12	13	<del>14</del>		6	7	8	9	
	17	18	19	20	21	24th - End of 3rd Quarter	13	14	15	16	
	24	25	26	27	28	31st - PD/Teacher work day	20	21	22	23	
31st - End of 1st quarter	31						27	28	29	30	
<b><u>November '16</u></b>						<b><u>April '17</u></b>					
<b><u>M</u></b>	<b><u>T</u></b>	<b><u>W</u></b>	<b><u>T</u></b>	<b><u>F</u></b>		<b><u>M</u></b>	<b><u>T</u></b>	<b><u>W</u></b>	<b><u>T</u></b>	<b><u>F</u></b>	
7th - Professional Development		1	2	3	4						
10th & 15th - HS/MS P/T Conferences 4:30-7:30 p.m.	<del>10</del>	8	9	(10)	11		3	4	5	6	
	14	(15)	16	(17)	18	14th - Good Friday	10	11	12	13	
17th & 21st - ES P/T Conf. 5-8 pm	(21)	22	<del>23</del>	<del>24</del>	<del>25</del>	17th - 21st Spring Break	<del>17</del>	<del>18</del>	<del>19</del>	<del>20</del>	
23rd - 25th Thanksgiving Break	28	29	30				24	25	26	27	
<b><u>December '16</u></b>						<b><u>May '17</u></b>					
<b><u>M</u></b>	<b><u>T</u></b>	<b><u>W</u></b>	<b><u>T</u></b>	<b><u>F</u></b>		<b><u>M</u></b>	<b><u>T</u></b>	<b><u>W</u></b>	<b><u>T</u></b>	<b><u>F</u></b>	
			1	2		25th - End of 4th Quarter	1	2	3	4	
	5	6	7	8	9	25th - Last Day for All Students	8	9	10	11	
	12	13	14	15	16	26th - Teacher's Last Day	15	16	17	18	
	19	20	<del>21</del>	<del>22</del>	<del>23</del>	26th - Commencement 7 p.m - FBC	22	23	24	^*25*^	
Dec 21st - Jan 2nd - Winter Break	<del>26</del>	<del>27</del>	<del>28</del>	<del>29</del>	<del>30</del>	29th - Memorial Day	<del>29</del>	30	31	<26>	

CHILDS NAME: \_\_\_\_\_

CONTACT#: \_\_\_\_\_

Please fill out the above dates your child/children who will be attending PM KEY CARE. If any dates change, please notify **Key Care IMMEDIATELY AT 440-355-2324** as well as the **Elementary Office**. At **NO TIME** will any child's word be taken to attend the Key Care Program. Thank You ~ The Key Care Staff

EMERGENCY MEDICAL FORM

SCHOOL \_\_\_\_\_ STUDENT NAME \_\_\_\_\_  
HOME TELEPHONE \_\_\_\_\_ ADDRESS \_\_\_\_\_

PURPOSE – To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached.

RESIDENTIAL PARENT OR GUARDIAN:

MOTHER'S NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
FATHER'S NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
OTHER'S NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
NAME OF RELATIVE OR CHILD CARE PROVIDER (in case above cannot be reached) \_\_\_\_\_  
RELATIONSHIP \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PART I OR II MUST BE COMPLETED

PART I – TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_  
DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_  
MEDICAL SPECIALIST \_\_\_\_\_ PHONE \_\_\_\_\_  
LOCAL HOSPITAL \_\_\_\_\_ EMERGENCY ROOM PHONE \_\_\_\_\_

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.

\* This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

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

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN  
ADDRESS \_\_\_\_\_

\_\_\_\_\_  
DATE

.....  
PART II – REFUSAL TO CONSENT (Do not complete this portion if Part I was completed)

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

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

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

2016-2017

## KEY CARE BEFORE AND AFTER SCHOOL CHILD CARE PROGRAM

We are pleased to announce that Key Care for all Keystone student's kindergarten through eighth grade, a before and after school child care program, will begin on the first day of school. Child care will be available for **KEYSTONE ELEMENTARY STUDENTS** from 6:30 – 9:00 A.M. AND 3:30 – 6:00PM, and for **KEYSTONE MIDDLE SCHOOL STUDENTS** from 6:30 – 7:45 A.M. and 2:40 – 6:00 P.M.

The purpose of key care is to provide a safe and enjoyable child care environment. Qualified staff have been hired. Free choice of activities will be available for your child, such as games, homework assistance and group activities. The telephone number to **KEY CARE IS 440-355-2324.**

You may arrange care for your children during part or all of the above mentioned times. Perhaps you only need child care two mornings or afternoons per week, or perhaps your work schedule changes each week. Key Care hopefully has the flexibility to meet your needs. **The school must be notified by a parent for any changes made to schedules. A student's verbal notice is NOT acceptable.**

Since Key Care must be self-supporting, **the cost of this pre-paid child care is a \$3.00 flat rate for the AM and a \$3.00 flat rate for the PM Sessions. Parents are asked to pay in advance.** Payments can be made by checks, on-line, money orders and cash. **CASH PAYMENTS MUST BE IN AN ENVELOPE WITH THE CHILD'S NAME, DATE AND THE PARENTS NAME. CHECK PAYMENTS NEED TO HAVE THE CHILD'S FIRST AND LAST NAME IN THE MEMO AREA OF THE CHECK.** Payments can be made directly to the Key-Care staff or the Elementary School office when Key Care is not open. Payments can also be made online (Directions enclosed in this packet). **We are a pre-paid program therefore ALL accounts need to be paid in full by the last day of school.**

Prices for payments not made by the end of the school year are subject to price increases (if applicable) the follow SCHOOL YEAR.

You may enroll your child in Key Care at any time during the year. Our Key-Care workers must know in advance which children will be attending the program on a given day.

**\*\*\*\*AFTER 6:00 P.M\*\*\*\***

Per our principal's office, and backed by the Board of Education, beginning on June 3<sup>rd</sup> 2015, a new school policy is in effect for students not picked up by 6:00 P.M. For any student/s remaining after 6:00 P.M. there will be a late fee. **The fee charged to parents is, \$10.00 for every fifteen minutes late. AND it MUST be paid in full before the next visit to Key Care. After 2 hours (8:00P.M.) the police will be called.**

**EXAMPLE:**      6:00-6:15PM = \$10.00 (15MIN)  
                         6:15-6:30PM ANOTHER \$10.00 is charged  
                         6:30-6:45PM ANOTHER \$10.00 is charged

2016-2017

**KEYCARE**

**\*\*IMPORTANT INFORMATION\*\***

1. Key Care is closed whenever school is closed due to snow or other calamity. Key Care will follow the school calendar. If school is cancelled, Key Care is cancelled.
2. Key Care is located and accessed using the elementary school gym. During the time frame of 8:20am-8:45am please bring your child to the cafeteria doors when dropping them off this is only for the AM session.
3. **Parents must come in to the drop off/pick up door with their child EVERYDAY and make sure their child gets signed in on the sign-in sheets in the A.M. as well as you MUST sign them OUT in the PM on the attendance forms located in the gym.**
4. Children will only be released to the parent or the other individuals listed on the Key Care Information form. **OUR KEY CARE WORKERS WILL ASK TO SEE IDENTIFICATION.**
5. Snack will be provided before and after school
6. Parents should give notice whenever there are any schedule changes for Key Care. **A NOTE IS NECESSARY** for any changes. **A child's verbal notice WILL NOT be accepted.** The safety of the child is always the main concern of our staff. Whenever in doubt, the child will stay.
7. **ALL ACCOUNTS NEED TO BE PAID IN FULL BY THE LAST DAY OF SCHOOL.**
8. **Emergency Medical Authorization cards will be kept on file in the Key Care Program. Parents MUST fill them out annually and return them to Key Care as soon as possible.**
9. Any student not picked up in the care rider line on time is automatically sent to Key Care. Any student bus rider, when the bus driver sees that no one is home and can't drop the child off, will bring the student back to the school to Key Care.

**Below is a list of our Key Care rules – Please review these with your child:**

**Infractions handled by monitor:**

Cutting in line  
Damage to property  
Chanting/Harassment  
Leaving area without permission  
Inappropriate conversations  
Disrespect  
Swearing

**Infractions handled by administration:**

Fighting  
Throwing objects that cause injury  
Intimidation  
Stealing  
Weapons  
Drug Paraphernalia  
Sexual Harassment

## **KEY CARE RULES 2016-17**

### **RULES IN GYM**

Follow all KES rules the same as when you are in school.

1. Keep your hands to yourself
2. Always ask when leaving the room. (Exp: Getting a drink of water & going to the bathroom)
3. Go only to where you tell us you are going and come right back
4. Never kick the bleachers
5. Never stand or walk on the bleachers
6. You may take out any toy you want to play with, but you must put them away when you are finished playing
7. Only use the toys as they are meant to be used
8. Keep your conversations school appropriate
9. NO screaming or yelling
10. NO bullying

### **RULES IN THE CAFETERIA**

1. Keep your hand to yourself
2. Always sit down when eating or drinking
3. Always clean up after yourself when finished eating
4. No running, playing or just wandering around the cafeteria
5. NO bullying

### **RULES FOR OUTSIDE**

1. Keep your hand to yourself
2. No talking in the hallway when going outside or coming back in
3. When going back in for any reason, only go where you said you will be and come right back out.
4. Do not go anywhere else in the building unless you ASK first
5. Obey all of the same rules as the school rules
6. Stay on or near playground at all times
7. Always ask to leave to use the restrooms and/or get a drink of water, as well as going back inside the building to stay.
8. NO bullying
9. NO screaming or yelling

2016-2017

**PAYMENTS**

Dear Parents of Key Care Children;

We are so pleased that parents here at Key Care do their best of making payments for your child/children. We are a pre-paid program and are happy to service you. We are always doing our best to accommodate different situations.

However, due to the growing number of students and parents with different last names, extended families, guardians and grandparents with different last names that wish to pay for your child at Key Care, we are asking that you please:

WHEN PAYING BY CHECK OR MONEY ORDER:

- 1) Put the **CHILD'S NAME ON YOUR CHECK IN THE MEMO AREA** or **MONEY ORDER,**  
**PLEASE ALWAYS ATTACH THE CHILD'S NAME TO THE PAYMENT**
- 2) Make Checks Payable to: **KEY CARE**
- 3) When paying by coins, **ALL** coins need to be in coin wrappers **PRIOR** to bringing them in for payment with the **CHILD'S NAME** printed on them.

WHEN PAYING BY CASH:

- 1) **CASH PAYMENTS MUST BE PLACED IN AN ENVELOPE. PLEASE DO NOT HAND CASH OUT OF POCKET WITHOUT INFORMATION ATTACHED.** You may use a post it so that our records match yours for payment.

WHEN MAKING A PAYMENT ONLINE:

- 1) **FOLLOW THE INSTRUCTIONS ATTACHED ON THE NEXT SHEET OF PAPER**

Please keep in mind, with the large turn-out of students we have enrolled and many different situations occurring with children and parents we like to accurate. **This program is pre-paid and ALL delinquent accounts must be paid IN FULL by the last day of school.** We thank you for your help and assistance in the matter that will make things run smoothly.

Thank you,  
The Key Care Staff  
Mrs. Asbury  
Mrs. Fowler  
Mrs. Kline  
Ms. Mitterling



Dear Parents of Key Care Students;

It is with great pleasure that the Key Care Department is bringing you this news. The new Pay For It online system is now in effect. You may pay for Key Care online using Pay For It, or still use a check or cash like you have always done.

**PAY FOR IT – STEPS:**

- 1) Set up an account in Pay For it
- 2) Log into the account
- 3) Across the top tab, click on student accounts
- 4) A drop down menu will appear
- 5) Click on Fund Student Account
- 6) Your children's names will pop up, select your child/children whom you want to apply the amount to
- 7) Go to the amount column, highlight and put in amount
- 8) Click on create transaction
- 9) In the next screen, select a payment method (this is the one you set up originally in Pay For It)
- 10) Then Transaction Complete will appear, that means it was a success

**IF YOU CHOOSE TO APPLY ONLY THE AMOUNT DUE**

- 1) Click on pay applied
- 2) Student accounts
- 3) Click on Make a Fee Payment and click on the + sign

**USING CASH:**

- 1) The money must be placed in an envelope, or use a post it with the **STUDENTS NAME AND \$ AMOUNT ON IT**, so it can be correctly applied to your account

**FOR CHECKS:** All checks are to be made payable to: **KEY CARE**, with your **STUDENT'S NAME** in the MEMO area on the bottom of your check, this will insure correct billing

Also, in **THE A.M. parents MUST COME IN** with your child and make sure that they are signed in, this will also make it easier for you receive any important information regarding your child and/or account when necessary. For safety purposes, **IN THE P.M. YOU NEED TO SIGN THEM OUT**, we need a signature of who the student leaves with.

Thank you,  
The Key Care Staff  
Mrs. Asbury  
Mrs. Fowler  
Mrs. Kline  
Ms. Mitterling