

# Aransas Pass for Youth Latchkey Program

## General Program Information

**Program Site:** H.T. Kieberger Campus

**Start/End Dates**

August 28, 2023 to May 22, 2024. We will Observe All School Holidays

**Hours of Operation**

Monday through Friday 3:00-6:00pm

**Students Served**

Faulk, Charlie Marshall, & AC Blunt (Pre-Kindergarten through 6<sup>th</sup> Grade)

**Contact Info**

Address: 130 West Goodnight Ave. Aransas Pass, TX 78336

Phone: 361-758-0012

Cell: 361-717-2535 or 361-463-8485

## Tentative Program Schedule

**Faulk Students (PK-3)**

3:00 – 3:35 Arrive

3:35- 3:45 Snack Time

3:45 - 4:00 Assistance with Homework

4:00 - 5:00 Gym/Group Activities

5:00 - 6:00 Arts & Crafts activities until departure

**Charlie Marshall & AC Blunt Children 4-6**

4:30 - Arrive

4:35 - 4:45 Snack Time

4:45 – 5:00 Assistance with Homework

5:00 - 6:00 Arts & Crafts activities until departure

**The Program Strives to:**

Provide a safe, professionally supervised environment for children.

Provide quality recreation experiences and enhance the child's leisure skills, which may include art, sports, music, crafts and more.

Develop the ability to express thoughts and feelings through activities.

Develop self esteem and positive self image skills for personal quality of life.

Provide the children with positive role models and a mentoring program in order to prevent present or future gang participation or drug use.

To encourage a Mentoring Program with our local Police Department, Fire Department and other Positive Mentors.

**Enrollment Fees**

\$130.00 per child per month, second child \$110.00, additional children \$85.00 each

All enrollment forms must be completed prior to first day of participation.

## **Tuition Payment**

Tuition will be due on the first day of the month. Any payment received after the 5<sup>th</sup> of the month will incur a \$5.00 late charge per day.

**Tuition is for a full month only. Per day or weekly fees are not permitted.**

Nonpayment could/will result in suspension from the program. All tuition payments will be made directly to the APFY Program. APISD is not responsible for any tuition payments.

## **Operating Procedures**

All children must be pre-registered in order to attend, space permitting.

Program operates Monday through Friday from 3:00pm until 6:00pm, observing all school holidays.

If school is closed for bad weather and/or emergency closures, the program will also be closed.

Snacks will be offered daily. The snack will be provided by the Texas Public School Nutrition Program in accordance to policy guidelines.

The parent/guardian that registers the child will be the first point of contact.

No refunds on registration fees or tuition if the child is suspended or terminated from the program.

All students MUST be potty trained.

The program will follow the APISD Student Handbook Code of Conduct.

All children must be enrolled in the APISD School District.

## **Transportation**

Children at Faulk will be walked to the Latchkey Program by APFY Staff.

Children at Charlie Marshall and AC Blunt will be transported to the Latchkey Program site by the APISD Transportation System.

Transportation home WILL NOT be provided. All children must be picked up by a parent/guardian from the After School site.

## **Sign In and Sign Out Procedures**

Children will be signed in by the staff as they arrive to the program each day.

Only authorized persons with a picture identification will be allowed to sign the child out.

Parents/persons on the authorized list are only authorized to sign a child out.

The parent will be called if a person picking up the child is not on the authorized pick up list.

Children must be signed out daily and the person picking up the child must initial by their child's name on the sign out list.

Children who leave the program unsupervised will be suspended from the program.

Children must be picked up from inside the building and signed out. Children WILL NOT be allowed to go to the vehicle without adult supervision.

**To remain eligible for the After School Program the children must be picked up no later than 6:00pm. APFY Staff should be immediately notified by parent/guardian if late pick happens by unavoidable causes.**

**Any child not picked up by 6:00pm, without notifying APFY staff, will incur an additional charge of \$2.00 per minute after 6:00pm, additional charge due at time of pick up.**

**Any child not picked up by 6:10pm will be released to Child Protective Services.**

**ARANSAS PASS FOR YOUTH LATCHKEY PROGRAM  
2023-2024 REGISTRATION FORM**

[www.aransaspasyouth.com](http://www.aransaspasyouth.com) or 361-758-2750 ex. 3

- \* A separate Registration Form must be completed for each student.
- \* Eligible applicants must be enrolled and attending the APISD.
- \* Transportation from the program will not be available.
- \* The program will be held at Kieberger Campus
- \* Program Fees:  
\$130.00 per child per month, second child \$110.00, additional children \$85.00 each  
**No daily or weekly rates are available**

**THIS SECTION MUST BE COMPLETED ENTIRELY OR APPLICATION WILL NOT BE PROCESSED**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Lives with: \_\_\_\_\_ Relationship: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Household Annual Income: \_\_\_\_\_ Do both parents live in the home? \_\_\_\_\_

# of people living in home: \_\_\_\_\_

Is your child in school's free lunch program? \_\_\_ yes \_\_\_ no

Number of children under the age of 18 living in the home: \_\_\_\_\_

My child may watch movies with a \_\_\_\_\_ rating.

Alternative Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

What school does your child attend? \_\_\_\_\_ Grade Enrolled: \_\_\_\_\_

Physical/Learning Disabilities: \_\_\_\_\_

Allergies: \_\_\_\_\_ List medications: \_\_\_\_\_

Please Rate Applicant's Social Ability:

\_\_\_\_\_ Shy/Introvert          \_\_\_\_\_ Sociable          \_\_\_\_\_ Outgoing/Extrovert

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION AND  
ACCEPTANCE OF THE RULES, REGULATIONS AND POLICIES**

**I have read and understand** the rules and regulations and accept them for my child. Furthermore, I hereby give my consent for my child to participate in the Aransas Pass for Youth Latchkey Program. If in the judgment of any representative of the Aransas Pass for Youth, my child needs immediate medical treatment as a result of an injury or sickness, I hereby request, authorize and consent to such treatment as may be given to said child by any physician, trainer, nurse, hospital or qualified medical personnel. I also hereby agree to indemnify and save harmless the Aransas Pass for Youth Organization and any representative of said organization, the Aransas Pass I. S. D., the Aransas Pass Chamber of Commerce, or anyone else directly or indirectly involved in this program from any claim by any person, whomsoever, on account of such treatment of said child.

The Aransas Pass Chamber of Commerce, Aransas Pass ISD, and Aransas Pass for Youth, Inc., or their employees will not be held liable for accidents occurring while your child is participating in the After School Program. We will not carry liability insurance on your child to cover any medical expenses that may occur due to his/her participation in the After School Program.

**It is the responsibility of the parent to pick up their child at the appropriate time, no later than 6:00pm.** Your child can and will lose their right to participate in the Latchkey program if they are not picked up at the appropriate time. If your child is not picked up by 6:10pm they will be released to Child Protective Services.

**Photo/Video Release**

Aransas Pass For Youth, Inc. may photograph sketch or video students during Latchkey while they are participating in activities. **These photographs are used for advertising and/or promoting the program.** By signing this registration form you are giving permission for your child to be photographed, sketched or videoed and pictures to be published in local newspapers, for news purposes only, and for promotional displays.

\_\_\_\_ Yes, I give my permission for my child to be photographed, sketched or videoed.

\_\_\_\_ No, I do not give my permission for my child to be photographed, sketched or videoed.

**Internet Release**

In consideration of the privilege of my child using Aransas Pass ISD's electronic communications system, and in consideration for having access to the public networks, I hereby release Aransas Pass ISD, Aransas Pass Chamber of Commerce, and Aransas Pass For Youth, Inc., or their employees, its operators, and my child's use of, or inability to use, the system, including without limitations, the type of damage identified in the district's policy, which is available upon request; and administrative regulations.

\_\_\_\_ Yes, I give my permission for my child to access the Internet.

\_\_\_\_ No, I do not give my permission for my child to access the Internet.

**I have read and understand the above information. My signature shows my agreement and acknowledgment of these rules and this information.**

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Parent/Guardian Signature

Date

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Parent/Guardian Print

Date

