



# New Lothrop Elementary

## Latchkey Program



**Purpose:** Provide quality care, before and after school, for all students in DK - 6th grade.

(Note: Our program does not accept preschool students due to licensing regulations.)

### Hours:

Monday - Friday

Before School: 6:30 - 7:30 a.m.

After School: 3:00 - 6:00 p.m.

### Cost:

**\$10 Registration Fee Per Family Each Year.**

This is Due when paperwork is turned in.

Students will not be registered until their registration fee is paid.

**One Child: \$4.00/hour**

**Each Additional Child: \$3.00/hour**

\* Minimum 1 hour charge for A.M. and 1 hour charge for P.M.

\*\* Failure to pay Latchkey bills will result in late fees and could result in dismissal from the program.

### We Operate On:

- Half-Days of School
- Fog/Ice Delays

### We Do Not Operate On:

- Scheduled Days Off From School
- Snow Days



**Students with a previous balance will not be eligible to enroll until the balance is paid in full.**

# Latchkey Enrollment Agreements: 2020-21 School Year

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

## Expectations of Parents/Guardians- Please initial and sign the following agreements:

Initial:

\_\_\_\_\_ I understand that without exception, my child will not be allowed to attend Latchkey until all mandatory registration papers and fees are turned into the Elementary Office. I plan to double check my child's forms before I turn them in to make sure that I have completed every line of every form and that I have signed in all of the designated areas. **I understand that the \$10 registration fee must be paid prior to my child enrolling in Latchkey.**

\_\_\_\_\_ I understand that either **I, or an adult designated by me, must sign my child in and out of Latchkey at the Elementary Cafeteria.** Even if the Latchkey group is outside on the playground when I arrive to take my child home, I realize I still have to check my child out on Latchkey sign-out sheet. Failure to do so may result in being charged for the full 3 hours of care.

\_\_\_\_\_ I understand that **children will NOT be allowed to sign themselves out at any time, nor will they be allowed to walk home** on their own when Latchkey closes at the end of the day.

\_\_\_\_\_ I plan to be courteous when I drop my child off or pick my child up from Latchkey by not double parking and blocking the circle driveway. I will instead use the parking lot on the East Side of the building. For the safety and welfare of everyone concerned, I will never leave my vehicle running or leave other children in my car when I drop off or pick up my Latchkey child(ren).

\_\_\_\_\_ I understand that Latchkey closes daily at 6 p.m. and that the staff only gets paid until that time. Therefore, I realize being prompt when picking up my child is a must. I further understand that for each minute beyond 6:00 p.m. I will be **billed \$1.00 per minute per child** until I arrive to pick up my child(ren).

\_\_\_\_\_ I understand that Latchkey billing will be calculated from Monday through Friday, with the invoices being handed out each Wednesday by Latchkey Billing. Latchkey Billing will hold the invoices until Thursday afternoon, at which time all invoices not handed out, will be mailed. I further understand that my payment is due the following Monday. Any payments not received by the next billing cycle will be charged a \$5.00 late fee. **I understand that my child may be disenrolled from Latchkey if I fail to provide payment.**

\_\_\_\_\_ I understand that it is not a good idea to send cash payment with my child, therefore, **I will plan to issue a personal check each week made payable to New Lothrop Area Public Schools.** My payments will always be in a sealed envelope and deposited in the Latchkey Drop box located just inside of the cafeteria. Latchkey workers are not allowed to accept payment envelopes. I will deliver them myself.

## Expectations of Parents/Guardians (continued):

Initial: _____	<b>I will keep the Latchkey Staff informed of changes that may occur in my child's emergency contact information</b> , such as, a change of address, a change in my telephone number whether it be my home, work or cell phone, a change in my employment information or any change in your child's medical history.
_____	I understand that the Elementary Office will notify my child's teacher of his/her latchkey schedule. With that in mind, I will remember to notify the Office (by 12:00 p.m.) whenever my child is going to be at Latchkey on a day other than his/her regularly scheduled day(s).
_____	I understand that if my child needs to take prescription medication while at Latchkey, that the same procedures that are required during the school day also apply to Latchkey. I realize that it is mandatory to have an "Authorization for Administration of Medication by School Personnel" on file before the Latchkey Staff can dispense prescription medication, and the required form must be completed and signed by me as well as a physician. I understand that all medications regardless if it is prescription or non-prescription must be in its original bottle. (If however, the dosage at Latchkey is just a carryover from during school hours and the Elementary Office already has the required form on file, a copy of the form will be made and handed to the Latchkey Director along with the medication.) All medication is kept out of reach of children at all times.
_____	I understand that New Lothrop Area Public Schools is not responsible for any electronics and personal belongings brought from home. If my child should bring any of these items, they are doing so at their own risk. The Elementary School and Latchkey are not to be held responsible for items lost, damaged or stolen during school or Latchkey hours.
_____	I received a copy of the Latchkey Handbook and plan to follow all of the procedures as outlined.
_____	<b>I understand, and so does my child, that all behavior/discipline rules that are outlined in the Elementary School Code of Conduct carry over to our before/after school programs, which include Latchkey.</b> I will review these rules with my child often.

My signature acknowledging this information is kept on file with my Latchkey Registration. Paperwork.

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Title: \_\_\_\_\_

*\* Please include the \$10 registration fee (required once per year/per family) when returning this paperwork.*



# New Lothrop Elementary Latchkey Program

## Registration Paperwork



### PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116  
**Michigan Department of Human Services**

All child care centers must maintain a licensing notebook which includes all licensing inspection reports, special investigation reports and all related corrective action plans (CAP). The notebook must include all reports issued and CAPs developed on and after May 27, 2010 until the license is closed.

- This Center maintains a licensing notebook of all licensing inspection reports, special investigation reports and all related corrective action plans.
- The notebook will be available to parents to review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Children and Adult Licensing website at [www.michigan.gov/michildcare](http://www.michigan.gov/michildcare).

I have read the above statement issued by the New Lothrop Elementary Latchkey Program.

Child(ren)'s Names: \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs, or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



# New Lothrop Elementary Latchkey Program

## Registration Paperwork



### Registration Information for Students who will attend:

Child's First Name	Middle Name	Last Name	Grade	DOB
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Is there anything medically (allergies, restrictions, special needs, medication) that we need to be aware of concerning your child listed above?

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Child's First Name	Middle Name	Last Name	Grade	DOB
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Is there anything medically (allergies, restrictions, special needs, medication) that we need to be aware of concerning your child listed above?

Child's First Name	Middle Name	Last Name	Grade	DOB
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Is there anything medically (allergies, restrictions, special needs, medication) that we need to be aware of concerning your child listed above?

Child's First Name	Middle Name	Last Name	Grade	DOB
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Is there anything medically (allergies, restrictions, special needs, medication) that we need to be aware of concerning your child listed above?

### Parent/Guardian Information:

Parent/Guardian Name	Relationship to Child(ren)
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Address	City/Zip
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( )

( )

Home Telephone	Cell Phone
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( )

Employer's Name	Work Telephone
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Parent/Guardian Name	Relationship to Child(ren)
----------------------	----------------------------

Address	City/Zip
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( )

( )

Home Telephone	Cell Phone
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( )

Employer's Name	Work Telephone
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I have received and read the Latchkey Handbook and  
I plan to follow all of the procedures as outlined.

Signature of Parent/Guardian

Today's Date



# New Lothrop Elementary Latchkey Program

## Registration Paperwork



### Contact/Emergency Information:

First Contact/Emergency Number		Relationship to Child(ren)	
( )	( )	( )	
Home Telephone	Work Phone	Cell Phone	

  

Second Contact/Emergency Number		Relationship to Child(ren)	
( )	( )	( )	
Home Telephone	Work Phone	Cell Phone	

  

Third Contact/Emergency Number		Relationship to Child(ren)	
( )	( )	( )	
Home Telephone	Work Phone	Cell Phone	

### Good Health & Immunization Waiver:

My child(ren), \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ are currently up-to-date on all required immunizations and on file in the office. I also certify that my child(ren) is currently in good health. I listed all health restrictions, allergies, special needs, and medication that my child(ren) takes on the previous page. I understand that if my child(ren) needs to take medication while at Latchkey, that I need to request the required medication form from the office and have it completed by my physician. I also understand that the form as well as the medication in the original container should be handed directly to the Latchkey supervisor.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Today's Date



# New Lothrop Elementary Latchkey Program

## Registration Paperwork



### PARENT-TEACHER-STUDENT Compact Agreement

Knowing that we greatly impact children, we need to share responsibility by working together. Parents, Latchkey personnel and children agree to implement the following Compact for the 2020-2021 school year.

#### **PARENT/GUARDIAN AGREEMENT**

It is important to have my child do his/her best in Latchkey. Therefore, I will do the following:

- Encourage my child to be on his/her best behavior and to maintain a positive attitude.
- Value the Latchkey program and personnel because my attitude will often be mirrored in my child.
- Communicate with the Latchkey personnel on a regular basis.
- Make last minute changes to my child's schedule only if there is an emergency. I will always be prompt when picking my child up from Latchkey.

Parent/Guardian's Signature: \_\_\_\_\_

#### **LATCHKEY PERSONNEL AGREEMENT**

It is important for all students to have a positive and enjoyable experience at Latchkey. Therefore, I will do the following:

- Provide a friendly, caring and structured atmosphere for all children.
- Maintain an effective means of communication between children, staff, and parents.
- Foster a respect for all children, parents and staff by adhering to strict confidentiality at all times. "WHAT HAPPENS AT LATCHKEY, STAYS AT LATCHKEY."

Latchkey Supervisor's Signature: \_\_\_\_\_

Latchkey Assistant's Signature: \_\_\_\_\_

#### **CHILD(REN) AGREEMENT**

It is important that I do the best that I can do. Therefore, I will do the following:

- Have a positive and cooperative attitude. I will always be on my best behavior.
- Not break any of the school rules.
- Demonstrate respect for others and their property.

Signature(s) of Child(ren): \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_



# New Lothrop Elementary Latchkey Program

## Registration Paperwork



### Picture & Video Release:

My child(ren) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, may be photographed or video taped while in the Latchkey Program for use in posters, scrapbooks, video presentations, slide presentations, the New Lothrop School website or group work that will be used for the promotion of the Latchkey Program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Today's Date

### Refusal Picture & Video:

My child(ren) \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, are NOT allowed to be photographed for any reason while in the Latchkey Program.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Today's Date

### Child Custody & Release Policy:

Only the adults listed on the emergency forms/cards and the legal parents/guardians will be allowed to take a child from the Latchkey Program. According to licensing regulations, either parent/guardian may take the child from Latchkey, unless there is a court order prohibiting one parent from visitation rights. ALL PERSONS PICKING UP CHILDREN FOR THE PARENTS (OR PARENTS NOT NORMALLY PICKING UP THE CHILD) WILL BE ASKED TO SHOW A PICTURE IDENTIFICATION. If an emergency arises and a person not appearing on the emergency card must pick-up the child, please remember you MUST contact the Latchkey Supervisor.

A child custody court order IS on file in the School Office:

☐ Yes ☐ No

A child custody court order IS NOT on file in the School Office:

☐ Yes ☐ No

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Today's Date





# New Lothrop Elementary Latchkey Program

## Registration Paperwork



### Afternoon Snack Options Parent Survey:

We have a snack time every day. You can choose to send a snack or your child can purchase a snack, which will be charged to your child's lunch account.

Please fill out the survey below so we know how to proceed.

Choose 1	
<input type="checkbox"/>	My child(ren) will only bring a snack from home. Please do not allow them to purchase a snack from the Cafeteria.
<input type="checkbox"/>	<p>My child(ren) may purchase a snack if they request. I understand that the payment is charged to my child's lunch account and they may not purchase if they do not have money in their account.</p> <p>IF Yes~</p> <p>Choose 1 option:</p> <p><input type="checkbox"/> My child(ren) may purchase 1 snack only. Cost is 75¢ (includes drink and snack)</p> <p><input type="checkbox"/> My child(ren) may purchase an additional snack if they ask. Cost is 50¢ per item.</p>

My preference for my child's snack preference is listed above. I understand that I may ask to update my preference at any time.

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Parent Signature

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Date