

Flushing Community Schools

Preschool Age Latchkey Program



Welcome to the Preschool Age Latchkey Program for the 2020-2021 school year. The Latchkey Program is available for children who are 3 years and 4 years old. Children must be potty trained.

The program is designed to provide a safe, healthy, caring and fun-filled atmosphere for children while promoting education, literacy, social and emotional growth.

The Latchkey Program will operate from 7:00 a.m. until 5:30 p.m. on days when school is in session and on half days of school. The Latchkey program may be open on some scheduled days off from school and possibly snow days depending on weather conditions. Latchkey will be open on days school is delayed for cold weather.

Parents must sign their child into the Latchkey program in the morning and sign their child out in the afternoon. Only authorized adults will be permitted to sign out a child from the program.

LATCHKEY STAFFING

The Latchkey staff is a dedicated team with great patience and a caring attitude toward all children and parents. The staffing for the program is one adult for every ten children. Staff is required to be certified in both CPR and First Aid. A minimum of 16 hours of professional development per year is also required for all staff members to assure the well being of the children. Every staff member is required to have a Child Abuse/Neglect Clearance from the Department of Human Services on file prior to working in the Latchkey program.

LATCHKEY PROGRAM BILLING PROCEDURES

1. A completed registration form, along with a non-refundable registration fee of \$10.00 per child annually, must be on file prior to attendance.
2. The cost for the program is as follows:
 - \$4.00 per hour for 4 hours or less (with a one hour minimum)
 - \$16.00 for half day session of 4 - 5 $\frac{1}{2}$ hours
 - \$22.00 for full day sessions over 5 $\frac{1}{2}$ hours
3. Latchkey closes promptly at 5:30 p.m. A late pick-up fee of \$1.00 per minute will be added to the bill after 5:30 p.m.
4. Bills will be calculated from Monday through Friday and are due on Monday or the child's last day in attendance for the week.
5. Late payments may result in a late charge of \$5.00 per week or removal from the program.

(NOTE: Latchkey operates on a drop-in basis. There is no charge when your child does not attend.)

LATCHKEY PROGRAM BREAKFAST, LUNCH AND SNACK PROVISIONS

- All meals and snacks meet the nutritional requirements for ages 3 - 5 years old, based on the requirements of the United States Department of Agriculture. Breakfast will be provided every morning and snack every afternoon at no additional charge.
- Lunch will be available for an additional charge of \$2.50 per day. Parents are asked to inform Latchkey **before 9:00 a.m.** if your child needs a lunch that day. All meals are prepared and served by Latchkey staff or the Flushing Community Schools Food Service Program.
- Your child may also bring a sack lunch and purchase milk only for \$.50. Preschool latchkey is peanut-free. All sack lunches must be labeled daily with child's first and last name as well as current date.
- Substitutions will be made for any food allergies the children may have.
- Applications for Free or Reduced Lunch program can be obtained from the Latchkey Supervisor or from any Flushing Community Schools office.
- Please direct all Latchkey questions to the Early Childhood Center Latchkey Program Coordinator, Kathy McMahan at 810-591-1297.

Preschool Age Latchkey Program



LATCHKEY REGISTRATION 2020 - 2021

Child's Name _____ **Grade in Fall** _____

Parent's Name _____

Address _____ **City** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Email Address _____

Employer's Name _____ **Work Phone** _____

Parent's Name _____

Address (if different) _____ **City** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Email Address _____

Employer's Name _____ **Work Phone** _____

Teacher's Name _____ **Program** _____ **AM/PM** _____

Child's Health Insurance _____ **Policy #** _____

Persons To contact If Parent Cannot Be Reached

Name _____ **Phone** _____

Name _____ **Phone** _____

I have received and read the program guidelines and billing procedures.

Signature of Parent/Guardian

Date

Good Health and Immunization Waiver

My child, _____, is currently up-to-date on all required immunizations and currently in good health. (Any child **not** enrolled in a program at the Flushing Community Schools' Early Childhood Center must provide an up-to-date immunization record and health appraisal **before** they may attend the Latchkey Program.)

Signature of Parent/Guardian

Date

Picture and Video Release

My child, _____, may be photographed or video-taped while in the Latchkey program for use in posters, scrapbooks, video presentations, slide presentations or class work that will be used for the promotion of the Latchkey program.

Signature of Parent/Guardian

Date

Permission to Walk Over to Central Elementary

Child's Name: _____

I give my child permission to walk to Central Elementary with the Flushing Community Schools Latchkey Program to play.

Parent/Guardian Signature

Date

Child Custody and Release Policy

Only those persons listed on the emergency card, and legal parents or guardians may take a child from the Latchkey Program. According to licensing regulations, either parent 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 contact the Latchkey Supervisor.

A Child Custody Court Order **IS** on file _____

A Child Custody Court Order is **NOT** on file _____

Signature of Parent/Guardian

Date

Medicine At School

Medicines that are to be given in the Latchkey Program must be accompanied by a Flushing Community Schools Medicines At School form (available in any office), completed and signed by the child's physician and parent. Medicine must be in original container. This rule applies to prescription and over-the-counter medications. All medications will be given by a fully trained member of the Latchkey staff or Flushing Community Schools employee.

Parent Handbook

I am aware that the parent handbook for latchkey is available on the school's web page and that I may request a printed copy if I choose to.

Parent Signature

Date

Parent Notification of the Licensing Notebook Requirement

Child Care Organizations Act, 1973, Public Act 116

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 for review during regular business hours.
- Licensing inspection and special investigation reports from the past three years are available on the Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

I have read the above statement issued by **Flushing Preschool & Childcare**.

Parent Name _____

Parent Signature _____ Date _____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing

Instructions: Unless otherwise indicated, all requested information must be provided. If the information is not known or does not apply, "unknown" or "none" is the required response. A blank field, a line through a field or "N/A" are not acceptable responses.

For Provider Use Only:		Date of Admission	Date of Discharge	
Name of Child (Last, First, Middle Initial)				Child's Date of Birth
Address (Number and Street, Building/Apartment Number)			City	State
Parent/Legal Guardian's Name			Home Phone ()	Parent/Legal Guardian's Name (Optional)
Home Address (if not child's address)			Cell Phone ()	Home Address (if not child's address)
City	State	Zip Code	City	State
Email Address (optional)			Email Address	
Employer Name			Work Phone ()	Employer Name
Name of Child's Physician or Health Clinic			Physician's or Health Clinic's Phone Number ()	
Hospital Preferred for Emergency Treatment (optional)				
Allergies, Special Needs and Special Instructions (Attach additional sheets, if necessary.)				

BCAL-3731 (Rev. 7-18) Previous edition 6-17 may be used.

See Reverse Side

Emergency Contact & Release of Child: List all individuals, including parents/legal guardians, in order of preference, to be contacted in an emergency. If possible, include at least one person other than the parents/legal guardians to be contacted in an emergency and to whom the child can be released. The second phone number column can be left blank. (If more individuals, attach additional sheets.)

1.	()	()
2.	()	()
3.	()	()

Release of Child Only: List all individuals, other than the parents/legal guardians, to whom the child may be released. (If more individuals, attach additional sheets.)

1.	()	2.	()
3.	()	4.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical treatment for the above named minor child while in care.

I certify that I accurately completed this form and if anything changes, I will notify the provider by updating this form.

Signature of Parent or Guardian _____ Date Signed _____

Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials	Date Card Reviewed	Parent or Legal Guardian Initials
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

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