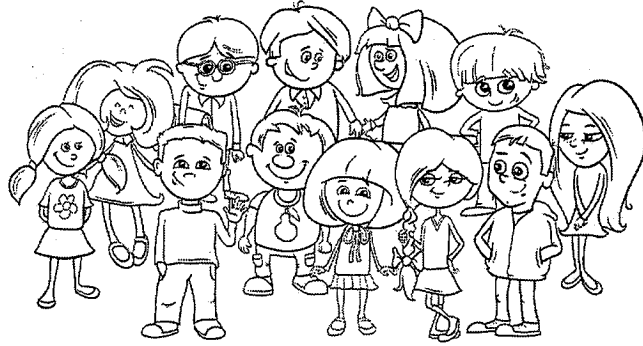


Island City Academy Latchkey Program



Welcome to the Island City Academy Latchkey Program for the 2018-2019 school year. The Latchkey Program is courtesy of Island City Academy and is available to grades K-8 for the convenience of the parents. Latchkey is licensed by the Michigan Department of Human Resources and services children who are 5-14 years of age.

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 6:45 am until the start of the school day and after school until 5:45 pm on days when school is in session. Latchkey will be open on early release days and half days of school. The Latchkey program will NOT be open on scheduled days off and snow days.

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 eighteen 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 wellbeing 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.

Billing Procedures

All payments are required upon receipt of invoices which are sent home every two weeks. If necessary, other payment arrangements maybe be made by contacting the school office.

Latch Key Rates

1 Child (6:45 am – 8:00 am)	\$ 6.00
1 Child (7:10 am – 8:00 am)	\$ 5.00
1 Child (7:30 am – 8:00 am)	\$ 3.00
2 Children (6:45 am – 8:00 am)	\$11.00
2 Children (7:10 am – 8:00 am)	\$ 9.00
2 Children (7:30 am – 8:00 am)	\$ 5.00
3 or more Children (6:45 am – 8:00 am)	\$15.00
3 or more Children (7:10 am – 8:00 am)	\$13.00
3 or more Children (7:30 am – 8:00 am)	\$ 7.00
1 Child (3:30 pm – 4:15 pm)	\$ 3.00
1 Child (3:30 pm – 4:45 pm)	\$ 5.00
1 Child (3:30 pm – 5:45 pm)	\$ 6.00
2 Children (3:30 pm – 4:15 pm)	\$ 5.00
2 Children (3:30 pm – 4:45 pm)	\$ 9.00
2 Children (3:30 pm – 5:45 pm)	\$11.00
3 or more Children (3:30 pm – 4:15 pm)	\$ 7.00
3 or more Children (3:30 pm – 4:45 pm)	\$13.00
3 or more Children (3:30 pm – 5:45 pm)	\$15.00
Late Charge per Child per Minute	\$ 1.00
1 Child Early Release (1:45 – 3:30)	\$ 5.00
2 Children Early Release (1:45 – 3:30)	\$ 9.00
3 or more Children Early Release (1:45 – 3:30)	\$13.00
1 Child Half Day Release (12:30 – 1:30)	\$ 2.50
1 Child Half Day Release (12:30 – 2:30)	\$ 5.00
1 Child Half Day Release (12:30 – 3:30)	\$ 7.00
2 Children Half Day Release (12:30 – 1:30)	\$ 3.75
2 Children Half Day Release (12:30 – 2:30)	\$ 7.50
2 Children Half Day Release (12:30 – 3:30)	\$11.00
3 or more Children Half Day Release (12:30 – 1:30)	\$ 4.75
3 or more Children Half Day Release (12:30 – 2:30)	\$ 9.50
3 or more Children Half Day Release (12:30 – 3:30)	\$15.00
1 Child 2 Hour Delay (8:00 am – 10:00 am)	\$ 5.00
1 Child 2 Hour Delay (9:00 am – 10:00 am)	\$ 2.50
2 Children 2 Hour Delay (8:00 am – 10:00 am)	\$ 7.50
2 Children 2 Hour Delay (9:00 am – 10:00 am)	\$ 3.75
3 or more Children 2 Hour Delay (8:00 am – 10:00 am)	\$ 9.50
3 or more Children 2 Hour Delay (9:00 am – 10:00 am)	\$ 4.75

**Island City Academy
Latchkey Registration
2018-2019**

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 _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer's Name _____ Work Phone _____

Teacher's Name _____

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 health restrictions, allergies and/or medications taken by the child, or any special needs are listed below.

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

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

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 that affects pick up _____
A Child Custody Court Order is NOT on file that affects pick up _____

Signature of Parent/Guardian

Date

Medicine at School

Medicines that are to be given in the Latchkey Program must be accompanied by an Island City Academy Medicines at School form (available in the 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 Island City Academy employee.

Parent Notification of the Licensing Notebook Requirement

Child Care Organization 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 two 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 Island City Academy.

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 Zip Code
Parent/Legal Guardian's Name	Home Phone ()	Parent/Legal Guardian's Name (Optional)	Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address)	Cell Phone ()
City	State	Zip Code	City State Zip Code
Email Address (optional)		Email Address	
Employer Name	Work Phone ()	Employer Name	Work Phone ()
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. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

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 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	

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