

RIVERVIEW SCHOOLS
LATCHKEY PROGRAM
PARENT HANDBOOK/
FALL REGISTRATION
SCHOOL YEAR
2017-2018

Sarah Donahue-Coordinator
(734)720-4562



This program follows the model standards in the Model Standards for Out-of-School time programs in Michigan. Established by the Michigan State Board of Education.

PLEASE NOTE:

**If you have an
outstanding balance you
will not be able to
register your child(ren)
until it's paid in FULL.**

RIVERVIEW COMMUNITY SCHOOLS LATCHKEY SCHOOL YEAR 2017-2018

Student's Name _____
Grade/Teacher _____

Home School: (circle one) HUNTINGTON MEMORIAL FOREST

Birthdate _____ Age _____
Home Address _____
City _____ Zip _____

Father's Full Name _____
Employer _____ Work Number: _____
Home Phone () _____
Cell Phone () _____

Mother's Full Name _____
Employer _____ Work Number: _____
Home Phone () _____
Cell Phone () _____

Student resides with: _____
Primary Contact: (mom or dad) _____

(If there are court papers stating one or the other parent cannot pick up or drop off at the child's school or limited contact, we will need a copy to file in their folder.)

Check the days that your student will attend:

(There are schedule change forms to fill out at every elementary school if your child's schedule will change weekly)

Latch Key

A.M. Latch Key Mon. __ Tues. __ Wed. __ Thurs. __ Fri. __

P.M. Latch Key Mon. __ Tues. __ Wed. __ Thurs. __ Fri. __

STARTING DATE: _____

Parent signature

Date

Latchkey

Latchkey provides care to elementary aged students (5-11 years old) before and after school. The latchkey program is available in all three Riverview elementary schools. The program allows time for homework, group games, table games, gross motor play, and art projects. This program is open for half days of school as well.

Hours of Operation

Hours of operation are 6:45 am to 6:00 pm. We will be in operation Monday through Friday, except when noted for holiday closings. Half day Latchkey will be provided for most half days of school.

| | |
|--------------------|--------------------|
| Morning Latchkey | 6:45 am to 8:35 am |
| Afternoon Latchkey | 3:20 pm to 6:00 pm |

Method of Payments

- All payments must be turned into the locked black mailboxes in each latchkey room by 6:00 pm Friday for the following week. A receipt will be given after each payment has been logged.
- Payments need to be in the form of a check or money order made out to the **Riverview Board of Education**.
- We do not accept cash for registration or tuition.
- A fee of \$25.00 will be charged for returned (NSF) check. After one returned check we will only accept a money order.
- Financial assistance is available through the Department of Human Services (DHS) for qualifying families. The child must be pre-approved to attend any of our services. It is the responsibilities of the parent/guardian to pay those fees not paid by FIA including registration fees, late pick up fees and late schedule fees.

Late Fees

Latchkey closes promptly at 6:00 pm each day. When a parent/designated person picks up a child after 6:00 pm a late fee will be charged accordingly:

6:00 pm to 6:04 pm – grace period

6:05 pm to 6:09 pm - \$5.00 each child

6:10 pm to 6:14 pm - \$10.00 each child

6:15 pm to 6:19 pm - \$15.00 each child

This late fee must be paid in cash within five school days of the incident. If the fee is not paid within this time, suspension from the program will be requested along with an additional \$1.00 per day until payment is made. A receipt will be provided once payment has been logged. After the third late occurrence, withdrawal from the program may be requested.

Schedule Changes

- Since our staffing is determined by the number of students, all schedules must be turned in by the Friday at 6:00 pm prior to the scheduled week. If your schedule changes frequently, a schedule change needs to be submitted. Forms can be found in each latchkey room.
- Schedule requests are used to make our attendance sheets, which then are distributed to all elementary school teachers, secretaries and bus drivers. It is very important that these attendance sheets are correct to ensure your student attends latchkey on his/her scheduled day.

Absences/Vacations

- Our program is licensed and we are required to have staff available for the number of students enrolled. Therefore, credits will not be given with the exception of a student being out for five or more consecutive days with an illness and proper documentation from a doctor.
- Children can only attend days they are not scheduled, by use of a schedule change form or by talking to Sarah Donahue in advance.
- Please be aware of our late schedule fee mentioned earlier in this handbook.

When Your Child Should Stay Home

For the protection of all the children enrolled in our program, we ask that students be kept home if he/she shows any of the following symptoms:

- A temperature of 100 °F or greater
- Diarrhea or vomiting
- Any kind of rash or skin irritation
- Extreme discharge from nose, continuous coughing, ear or eye infections

ALL STUDENTS SHOULD BE SYMPTOM FREE FOR 24 HOURS

Parents should exercise every caution and keep their children home should other unusual symptoms occur. When your child has been exposed to a contagious disease or if they have symptoms of a contagious disease please let the staff know as soon as possible. Measles, Rubella (German measles), Mumps, Conjunctivitis (Pink Eye), Hepatitis, Scarlet Fever, Strep Throat, Scabies, Pertussis (Whooping Cough), Encephalitis and Meningitis are among the contagious diseases we must report to the Health Department; therefore, we are required to ask the reason for your child's absence. If a child is absent from school for illness, they will not be permitted to attend Latchkey.

Medication

The State of Michigan requires that medication be in the original containers with the child's name, doctor's name, medication type and instructions. All medication will be administered through the school office.

- The parent/guardian must fill out a medication form and have the doctor sign it.
- Children cannot bring any form of medicine into the program without proper notification from the parent.

Discipline

The staff will handle discipline in a positive manner. We encourage self-control, self-direction, self-esteem and cooperation. Students with unacceptable behavior will have a "time-out" to calm down and discuss their behavior with a staff member. This discussion will include ways to correct or avoid the problem next time. Students who consistently disregard the rules of the latchkey program can be dismissed from the program. Please read and sign the detailed discipline plan.

Parents will be responsible for payment of any day(s) their child is suspended.

Latchkey Rules

- Students are expected to be courteous to staff and fellow students.
- Students will respect the rights and property of others.
- Students need to get permission from the staff to leave the area at any time for any reason.
- When picking up your child, let the staff know they are leaving.
- Children's toys stay at home.

Arrival/Departure

- The doors to the school will be opened at 6:45 am each morning.
- Parents need to accompany their child into the building and sign them in. It is very important that each student is signed in and out every day by a parent/guardian to insure the safety of the child. Please let a staff member know when dropping off or picking up a student.
- Please remember to check the "Parent Information Board" regularly and your mailboxes daily for any notices.
- Only the parent or authorized release person (see emergency card) will be allowed to pick up a child. Please notify a staff member in writing if someone other than you will be picking up your child. Picture identification will be requested.
- If there are specific circumstances where court orders have been issued regarding release, a copy must be provided to the director and will be placed in your child's confidential file.
- A child will not be released to individuals who are under the influence of drugs or alcohol.

Snacks/Lunches

A continental breakfast will be served during the AM latchkey, but it should not be considered a full breakfast. A snack will be served during the PM latchkey session. On half days of school students must bring a lunch. The school cafeteria will be closed on half days.

Enrollment Forms

The forms included need to be filled out completely and returned to Sarah Donahue, Coordinator, at the time of registration. The forms to be completed include:

- Registration Form
- Health Statement
- Payment Contract
- Handbook Agreement
- Emergency Card

Registration and Tuition Fees

- A \$30.00 per student, non-refundable registration fee is charged for the school year.
- All registration fees must be paid at the time of registering to insure a spot for the student.
- Checks can be made out to: RIVERVIEW BOARD OF EDUCATION

NO CASH PLEASE

Latchkey Tuition Fees

| | |
|-------------------------------|--|
| Morning Latchkey | \$8.00 first student \$6.00 additional sibling |
| Afternoon Latchkey | \$9.00 first student \$7.00 additional sibling |
| One hour or less | \$3.75 each student |
| Half day (6 hours or less) | \$14.00 each student |
| Full day (over 6 hours) | \$20.00 first student \$14.00 each additional child |

All forms need to be filled out completely and returned with the registration fee before a student will be admitted into the latchkey program. If you have any questions, concerns or comments please feel free to call any time, 734-720-4562

We look forward to seeing your student in our 2017-2018 school year Latchkey program.

**RIVERVIEW COMMUNITY SCHOOLS LATCHKEY
HEALTH STATEMENT
SCHOOL YEAR 2017-2018**

I attest to the fact that my child, _____
is in good physical health, and that there are no changes in his/her physical
condition since receiving a physical on _____.
(Date)

He/She is physically able to participate in the activities involved in the program,
and is free from any illness or communicable diseases at this time. His/Her
specific limitations include _____

Specific allergies known at this time:

Medications taken at this time:

Should any of the above conditions change, I will promptly notify the Program
Director and staff.

Parent Signature

Date

**RIVERVIEW COMMUNITY SCHOOLS LATCHKEY
PAYMENT CONTRACT
SCHOOL YEAR 2017-2018**

You are responsible to pay for EACH SESSION YOUR CHILD IS REGISTERED. You MUST call the Latch Key site each time they will be absent.

Please call before 8:00a.m.

Billing is done every two weeks, for the dates your student is registered. NO credits will be given because staffing is based on the number of children registered per day. See handbook form additional information regarding this policy.

Registration fees are due at the time of registering the student.

Checks can be made out to:

RIVERVIEW BOARD OF EDUCATION.

NO CASH PLEASE.

I have read the above contract and agree to the terms outlined.

Parent signature

Date

**RIVERVIEW COMMUNITY SCHOOLS LATCHKEY
HANDBOOK AGREEMENT
SCHOOL YEAR 2017-2018**

Student's Name: _____

Age: _____ Grade _____

Home School: _____

Parent's Name: _____

**I have read and understand all the policies and procedures
set forth in the Parent's handbook.**

Parent signature

Date

ELECTRONIC DEVICES and TOYS FROM HOME CONTRACT
PLEASE READ CAREFULLY!

Riverview Schools Latchkey provides toys, games and other activities for our children. If it's your child's desire to bring personal items from home such as toys and coloring items or bring in an electronic device such as, cell phone, tablet, portable game, ipod, media player etc.. They will need to follow these rules.

- 1. NO games with foul language. (slangs, swear words, vulgar language)**
- 2. NO sharing their device or items from home. (The only exception is family members)**
- 3. NO games with violence. (Such as gore, killing, blood, shooting etc..)**
- 4. Children will have a certain area within the room to play their electronic devices and use chargers.**
- 5. Children cannot make calls or texts without first informing a staff member. (This rule is void if there is an emergency)**
- 6. They may take cell phones with them outdoors but must leave other electronic devices at the Latchkey location. (Call or text rules still apply while outside the latchkey room, during latchkey hours.)**
- 7. NO sound on. Your child must have the sound off at all times or bring in their own pair of headphones to use themselves.**
- 8. Your child will not be allowed to video record or take photos of any other child besides themselves.**

If your child is using their item's inappropriately or breaks one of these rules, they will have their devices or toys taken away and their device or items from home will be banned from the program.

Riverview Schools Latchkey is not responsible if your child's electronic device or personal items from home get broken, malfunctions or are lost during Summer Camp business hours.

PLEASE if you can, LABEL your personal items with a permanent marker or label.

By signing this you agree with the terms of this contract. We are not liable for broken, lost or malfunctioning devices or personal items from home. If you do not sign this, your child will not be allowed to bring his device or personal items from home.

PARENT or GUARDIAN SIGNATURE

DATE

**CHILD INFORMATION RECORD
STATE OF MICHIGAN**
Department of Human Services
Bureau of Children and Adult Licensing

| | | | | | | | |
|--|-------|-------------------------|----------|--|----------|-------------------------|----------|
| Date of Admission: | | Allergies: | | | | | |
| Date of Discharge: | | | | | | | |
| Name of Child: (Last, First, Middle Initial) | | | | Address (Number and Street, Building/Apartment Number) | | | |
| Child's Date of Birth: | | Home Phone: () | | City | | State | Zip Code |
| Father/Legal Guardian's Name: | | Home Phone: | | Mother/Legal Guardian's Name: | | 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 | | |
| Employer/School Name: | | | | Employer/School Name: | | | |
| Address (Employer/School) | | | | Address (Employer/School) | | | |
| City | | State | Zip Code | City | | State | Zip Code |
| Employer/School Phone () | | Daily Work/School Times | | Employer/School Phone () | | Daily Work/School Times | |
| Name(s) of Person other than Parent or Legal Guardian to whom child may be released: 1. _____ Phone: _____ 2. _____ Phone: _____ 3. _____ Phone: _____ | | | | | | | |

| | | | | | | | |
|--|--|-----------------------|--|---|------------------------------------|---|----------|
| I give permission to _____, licensed by the Department of Human Services to (Provider's Name) secure emergency medical and/or surgical treatment for the above named minor while in care. | | | | | | | |
| Signature of Parent or Guardian: | | | | | Date Signed: | | |
| Name of Physician or Health Clinic: | | | | Physician's or Health Clinic's Phone Number: () | | | |
| Address of Child's Physician or Health Clinic: | | | | Name of Insurance Carrier: | | | |
| Hospital Preferred for Emergency Treatment: | | | | Health Insurance Policy Number: | | | |
| Special Needs: | | | | Date of Last DTaP(Diphtheria, tetanus, pertussis) Shot: | | | |
| Name of Person to be notified in an Emergency when Parents NOT available: | | | | | Local Address of Emergency Person: | | |
| Home and/or Cell Phone () | | Work Number () | | City | | State | Zip Code |
| Special Instructions: | | | | | | | |
| 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. | | | | | | AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation | |