

**2017-2018 "Latchkey" - School Age Child Care (SACC)
Challenger Elementary and Preschool • 601 County Road 61
Phone: 681-2362 • Messages taken 24 hours a day.**

latchkeykidstrf@gmail.com
www.trfcommunityed.com

NEW: Registration is now available online at trfcommunityed.com. Register your child for the class called Latchkey. We feel this system will allow for easier online viewing of invoices and the option of online payments will be coming soon as well!

Community Education offers a childcare program during the school year at Challenger Elementary School for children who are enrolled in grades K - 5. The Latchkey program is available beginning **Tuesday, September 5, 2017** and ending **Friday, June 1, 2018** from **6:30 a.m. - 8:00 a.m.** (availability of morning hours subject to change based on enrollment) and from **2:50 p.m. to 6:00 p.m. on school days and from 6:30 a.m. to 6:00 p.m. on no school days Monday through Friday.**

The Latchkey Program will be in session all day on the following no school days:

Oct. 18, 19, 20, 23; Nov. 10; January 15, 22; Feb. 19 and March 2, 28, 29; April 2 from 6:30 a.m. to 6:00 p.m.

The Latchkey Program will be in session for the following Early Outs:

Early Outs October 11; December 13, 22; March 14; April 11.

The Latchkey Program will NOT be in session on the following days:

November 23, 24; December 25 – January 1; March 30; May 28 and June 4.

If you have any questions regarding these dates and times, please do not hesitate to call.

ATTENDANCE INFORMATION

A parent must register their child on the computer when **dropping off their child(ren) and picking them up.** This enables us to have contact with parents as well as provides us with more accurate records. The Latchkey Program assumes responsibility for children **registered to attend.** **The program must be notified when your child will be absent for any reason (email is best).** **No child should be picked up later than 6:00 p.m. A late charge of \$5.00 per child (for each 15 minutes) will be assessed in case of a late pick up.** We understand that conditions are sometimes beyond the control of the parent (inclement weather, accidents, etc.). If these conditions arise, it is imperative that you notify the staff as soon as possible. **Child(ren) may not arrive at Latchkey before 6:30 a.m.** Your child(ren) would be unsupervised and unable to get help if needed.

FEE STRUCTURE

A fifty-dollar (\$50) down payment fee is due at the time of registration.

This fee is applied to the last billing in June 2018.

\$2.75 per hour for each child. Fees are charged for each child from 2:50 p.m. until parents sign them out.

Statements will be mailed out bi-monthly with alternate Fridays as the cut-off date.

Your bill must be paid within 10 days of receipt of statement.

If you have questions in regards to your account balance, call Julie Clark at
Community Education Office at 681-8711 x 5243.

Please mail your payment to:

Community Education Department-Latchkey
230 LaBree Avenue South
Thief River Falls, MN 56701

"An Equal Opportunity Employer"

POLICY GUIDE

PROGRAM PURPOSE

The primary purpose of the Latchkey Program is to provide high quality after school care for children. Within this framework, the program seeks to provide an educational, recreational, and social environment conducive to learning and development with a minimum of formal structure.

To fit the developmental requirements, cultural background and characteristics of each child, Latchkey makes provisions and plans for a caring, compassionate, and challenging environment, positive group experiences, curriculum and behavioral expectations, freedom for individual choice, and a program that helps meet the health, safety and nutritional needs of each child.

ENROLLMENT

Children served in the program during the school year must be enrolled in elementary school (Grades K-5). *Should accommodations be needed for your child an interview with the Latchkey Coordinator and the Community Education Director will be arranged to insure that Latchkey is the appropriate environment for your child.* PLEASE inform staff of any changes in procedures. All forms (registration, release, emergency, etc.) must be returned to the Community Education Office **2 days BEFORE** a child can attend.

RELEASE OF CHILDREN

Upon registration the name or names of the persons authorized to pick up a child or children must be clearly written on the registration form. If anyone other than the authorized person/s will be picking up a child, the Program Coordinator must be notified. We **WILL NOT** release children to persons who are not listed on the registration forms as “authorized to pick up child”. It is your responsibility to let us know in advance if someone other than those listed on the registration form will be picking up your child/children.

MEALS AND SNACKS

Morning: Latchkey participants may purchase breakfast through the school meal program. Rates will be the same as the 2017-2018 school year (determined when you filled out the free and reduced food program application). Full price rate for breakfast is \$1.50. The breakfast is served from 8:00 a.m. - 8:25 a.m.

Afternoon: A nutritious snack is available to children. The cost of this snack is included in the cost of the program. Should a child wish to share treats with the children in the program, please be aware that it is required by State law that all treats be individually wrapped and not homemade. Items not meeting these specifications will not be distributed.

All Day-No School Days: Breakfast will not be served on these days. All children are also asked to bring a sack lunch to school on no school days. A beverage will be served with the noon lunch and an afternoon snack will be provided. ***Please do not send pop and candy to school with your child on these no school days.***

POLICIES CONCERNING SICK CHILDREN

A registration and emergency file will be kept for each child. Staff will notify parents by phone if any symptoms of an impending illness (headaches, fever, vomiting, cramps) occur. Parents will be expected to pick up a child who appears to be ill. Your child/children should experience a 24-hour time period that is free of symptoms before they may return to the program. Parents will be called in the event of a child requiring emergency care. If parents are unavailable, persons indicated on the emergency card will be notified. In the event that none of the emergency contacts can be reached and it is an emergency situation, the child will be taken to the Sanford Clinic or Medical Center.

MEDICATION POLICY

When a child is to be given oral or surface medication, written instructions by the physician or dentist must be provided. Written authorization to administer the medication must also be given by a parent (see attached form). Medication must be labeled and stored out of the reach of the children.

PERSONAL BELONGINGS

Children should be dressed adequately for both inside and outside activities. The children will have a place in which to keep belongings. **Do not send toys, games, or electronics to Latchkey with your child as these items may get lost or damaged.**

Discipline Policy

Expectations:

While at Latch Key students are expected to show:

1. Respect for self and others.
2. Respect for the feelings and moods of others.
3. Respect for the personal belongings of others.
4. Respect for the property and equipment of Latchkey.
5. Respect for and willingness to follow the Latchkey Rules.

Rules:

Students will not:

1. Tease another student or call them names.
2. Push, kick, or hit another student or staff member.
3. Take the personal belongings of another student or staff member or the property of Latchkey.
4. Use inappropriate language.
5. Yell, scream, or make inappropriate noises.
6. Leave the program area without the permission of the staff.
7. Have in their possession articles that are a nuisance, are illegal, or may cause harm to other persons or property.

Consequences:

Incident #1: Student will be warned. The incident will be documented.

Incident #2: Student will receive a written behavior slip. This incident will be documented and the parent will be notified.

Incident #3: Parents will be notified and will be expected to pick up their child **as soon as possible.**

Incident #4: The child will be suspended from the Latchkey program for one day and a meeting with the parent/student and the coordinator may be scheduled before the child returns.

Incident #5: The child will be expelled from the program for the duration of the season. (This would be the fourth written behavior slip). A new application may be filled out for the next season of Latchkey for consideration. In the event of a second expulsion, the child will no longer be eligible to attend the Latchkey program.

Latchkey reserves the right to consider whether or not continuing in Latchkey is beneficial to your child and/or the program.

WEATHER CANCELLATIONS

In the event that School District #564 cancels school, the Latchkey Program at Challenger for that day, including the morning and the afternoon sessions, will be canceled. **Should School District #564 call off school at any time during the day the Latchkey program will also be canceled.** Closings will be announced on **KTRF (1230), KKAQ (1460), School Reach, and will be placed on the carousel and Channel 3.** A parents' decision to keep a child home, based on weather conditions will be respected. If you choose to keep your child home because of the weather, please notify the Latchkey office.

Please sign up for the Remind 101 message alert below. We will send out messages from time to time with news and information regarding Latchkey.



Sign up for important updates from Bailey Pittman, Meg Kolden, Megan Hodgson, and Tiffany Stroh.

Get information for Challenger Elementary School right on your phone—not on handouts.

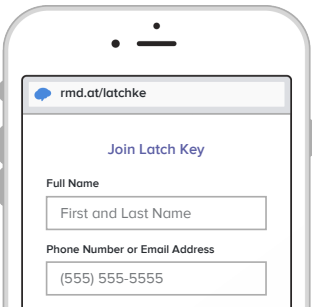
Pick a way to receive messages for Latch Key:

A If you have a smartphone, get push notifications.

On your iPhone or Android phone, open your web browser and go to the following link:

rmd.at/latchke

Follow the instructions to sign up for Remind. You'll be prompted to download the mobile app.

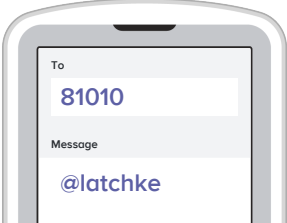


B If you don't have a smartphone, get text notifications.

Text the message @latchke to the number 81010.

If you're having trouble with 81010, try texting @latchke to (651) 315-7417.

* Standard text message rates apply.



Don't have a mobile phone? Go to rmd.at/latchke on a desktop computer to sign up for email notifications.

Latchkey Program 2017-2018 Enrollment Form
Due September 1 to guarantee start date of September 5
PHONE: 681-2362 • MESSAGES TAKEN 24 HOURS A DAY

*Please fill out the following schedule/s to the best of your knowledge, as we need to plan for staff.
When you know of schedule changes, please try and give staff advance notice.*

First Date of Attendance: _____ **Prepayment Deposit (\$50/per family)** _____

Name of Classroom Teacher(s): _____

1. Child's Name _____ **Grade** _____ **Sex** _____ **DOB** _____

Will your child be attending morning Latchkey (6:30 - 8:15 a.m.)? _____yes _____no

Days attending: M T W TH F (please circle)

Will your child be attending afternoon Latch Key (2:50-6:00 p.m.)? _____yes _____no

Days attending: M T W TH F (please circle) **Approximate pick up time:** _____

2. Child's Name _____ **Grade** _____ **Sex** _____ **DOB** _____

Will your child be attending morning Latchkey (6:30 - 8:15 a.m.)? _____yes _____no

Days attending: M T W TH F (please circle)

Will your child be attending afternoon Latch Key (2:50-6:00 p.m.)? _____yes _____no

Days attending: M T W TH F (please circle) **Approximate pick up time:** _____

3. Child's Name _____ **Grade** _____ **Sex** _____ **DOB** _____

Will your child be attending morning Latchkey (6:30 - 8:15 a.m.)? _____yes _____no

Days attending: M T W TH F (please circle)

Will your child be attending afternoon Latchkey(2:50-6:00 p.m.)? _____yes _____no

Days attending: M T W TH F (please circle) **Approximate pick up time:** _____

Ethnic information: (check one) These are the ethnic origins recognized by the state. If left unchecked, the state automatically lists the child as white. _____ American Indian or Alaskan Native _____ Asian or Pacific Islander _____ Hispanic
_____ White, not of Hispanic origin _____ Black/African American, not of Hispanic origin

Parent(s) or Guardian(s) with whom child resides:

Name _____ **Address & City** _____

Phone: _____ (h) _____ (w) **Name of workplace** _____

Cell phone: _____ **Email:** _____

Person responsible for payment:

Name _____ **Address:** _____

Soc.Sec# _____ (required) **DOB** _____ (required)

Phone: _____ **Signature:** _____

Persons authorized to pick up your child (other than parents/guardian): Any changes must be received in writing.

Name _____ **Phone** _____

Name _____ **Phone** _____

If there is a noncustodial parent with visitation who will be picking up your child/children, please list them as an authorized person to pick up your child/children. If there are other issues, please contact the program coordinator.

Person/s **not** authorized to pickup your child _____

Special Needs:

Physical: _____

Medication/s: _____

Food allergies or diet restrictions: _____

Special Education services from the district: _____

Is your child receiving Child Care Assistance? YES NO (If so, please provide proof with enrollment forms.)

Should accommodations be needed for your child, an interview with the Latchkey Coordinator and the Community Education Director will be arranged to ensure that Latchkey is the appropriate environment for your child.

Authorization for Emergency Medical Care

Date: _____

I hereby authorize emergency medical care for my child _____

during attendance at the SACC program if, in the judgment of the staff, treatment is required for any injury or illness. I hereby also authorize the administering of anesthetics and recourse to other procedures deemed necessary by the attending physician. I understand that I am financially responsible for any expenses for medical care or transportation incurred on my child's behalf. Also, whenever possible, I will be notified prior to medical treatment of my child or at the earliest possible time, should prior notice prove impossible.

Child/ren's Physician _____ Phone _____

My child is allergic to the following medications and anesthetics _____

Emergency Numbers

Please give the name, address and phone number of two people that may be notified in case of an emergency or illness, when parents or guardian are not available. These people should live in Thief River Falls. Please provide a telephone number and cell phone number where these people may be reached during program hours.

Name _____ Phone _____

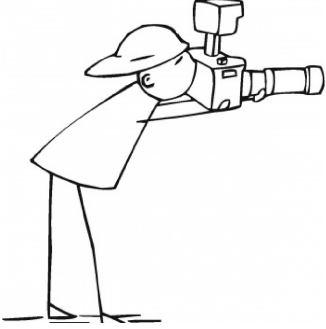
Cell Phone _____

Name _____ Phone _____

Cell Phone _____

If emergency medical care is deemed necessary and I cannot be contacted, I authorize the Latchkey staff to act on my behalf in granting permission for my child to receive emergency treatment.

Signature of parent/guardian: _____



Latch Key has my permission to use photos of my child(ren) in the promotion of the Latchkey Program, including but not limited to the activity guides, local newspaper, website, blog and registration forms.

(Parent/Guardian Signature)

(Date)

Permission to give child Tylenol/Ibuprofen

I give Latchkey staff permission to administer Acetaminophen to my child.

(Parent/Guardian Signature)

(Date)

