

**2018-2019 "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](mailto:latchkeykidstrf@gmail.com)  
[www.trfcommunityed.com](http://www.trfcommunityed.com)

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 4, 2018** and ending **Friday, May 31, 2019** 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. 17, 18, 19 ,29; Nov. 9, 22, 23; January 18, 21; Feb. 18 and March 1; April 18, 22

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

Early Outs October 10; December 12, 21; March 13; April 10.

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

November 22,23; December 24 – January 1; April 19; May 27 and June 3.

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.** 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**

Latchkey fees are based on full-time or part-time enrollment. Full-time enrollment (\$3.00/hr.) is for students attending at least 4 days a week. Families will be charged for hours not attended if this minimum is not met each week. **Upon registering your child for Latchkey a schedule must be entered. To make it easier on full-time families, an auto scheduler is enabled to auto generate that schedule for the year. Changes to your child's schedule must be made BEFORE Saturday at 12:00 am. A phone call will be made to families that are scheduled but do not attend each day.** Part-time enrollment (\$3.50/hr.) is for students attending less than 4 days per week. Latchkey bills can now be paid with a credit/debit card, as well as cash or check. A convenience fee of 5% will be applied to your next months invoice when paying with a credit/debit card. **Invoices will be mailed out every two weeks 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 681-8711x5243.

**Please mail your payment to:**

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

## 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 2018-2019 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: 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 #4: Parents will be notified and will be expected to pick up their child **as soon as possible.**

Incident #5: The child will be expelled from the program for the duration of the season. 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, has an early out or late start **due to weather**, Latchkey will remain open its regular hours. 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. Full-time families will not be penalized for not attending Latchkey due to weather.

**Latchkey reserves the right to close in extreme weather situations.** Closings will be announced on **KTRF (1230), KKAQ (1460), and School Messenger.**

## **ANNOUNCEMENT!**

Please sign up for the Remind message alert by texting **@latchke to 81010.**

**We will send out messages from time to time with news and information regarding Latchkey.**

Please also like our Facebook page (**@TRF Latchkey**) for updates and announcements.

# 2018-19 Latchkey Program Enrollment Form

Phone: 681-2362 .....Messages taken 24 hours a day

FULL TIME (\$3.00/HR; MUST ATTEND 4 days/week)       PART-TIME (\$3.50/HR)

Non-Refundable Registration Fee-\$25/per child (\$50 family max); Amount paid \_\_\_\_\_

First Date of Attendance \_\_\_\_\_ Name of Classroom Teacher \_\_\_\_\_

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: \_\_\_\_\_

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

Name \_\_\_\_\_ Address \_\_\_\_\_

Parents Work Place: \_\_\_\_\_

Phone: \_\_\_\_\_(w) \_\_\_\_\_(h) \_\_\_\_\_(cell)

(2 PHONE NUMBERS REQUIRED)

## Person responsible for payment(required):

Name \_\_\_\_\_ Address: \_\_\_\_\_

Soc.Sec# \_\_\_\_\_(required)      DOB \_\_\_\_\_(required)

Phone: \_\_\_\_\_(w) \_\_\_\_\_(c) Signature: \_\_\_\_\_

Email: \_\_\_\_\_

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

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Persons **NOT** authorized to pickup your child \_\_\_\_\_

Please list the current method of discipline at home \_\_\_\_\_

**Special Needs:**

Physical: \_\_\_\_\_

Medication: \_\_\_\_\_

**Food allergies or diet restrictions:** \_\_\_\_\_

**Special services from the district:** \_\_\_\_\_

*Should accommodations be needed for your child an interview with the Latchkey Program Coordinator will be arranged to screen and discuss these needs prior to enrollment.*

**Authorization for Emergency Medical Care**

Date \_\_\_\_\_

I hereby authorize emergency medical care for my child(ren) \_\_\_\_\_ 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 emergency or illness, when parents or guardian are not available. These people should live in Thief River Falls. Please provide a telephone number where these people may be reached during program hours.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

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

**Signature of parent or guardian** \_\_\_\_\_

**Field Trip Permission Slip**

\_\_\_\_\_ has my permission to go on the scheduled field trips.  
Child(s) name

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

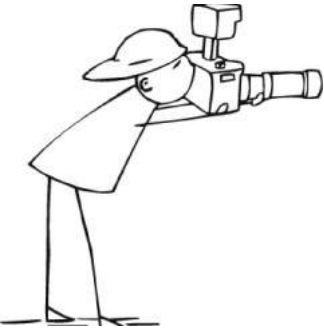
**Permission to give child Tylenol/Ibuprofen**

I give Latchkey staff permission to administer Ibuprofen to my child(ren).

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**Photography Permission Slip**



Latchkey 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, Facebook page, blog and registration forms.

\_\_\_\_\_  
(Parent/Guardian Signature)

**(Medication Form)**

I would like my child \_\_\_\_\_ given the following medication

\_\_\_\_\_  
(State amount, time, how administered, and notes medication is to be given).

I hereby release Latchkey and the staff who administers the medication from all responsibility.

Date: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_

