



St. Augustine Catholic School

67901 Howard St. Richmond, MI 48062

Phone: 586.727.9365

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August 19, 2024

Dear Latchkey Parents,

As we begin the 2024-2025 school year, we continue to rely on your assistance in helping us prepare properly for latchkey each month. The state has standard requirements for caregiver to student ratio of 1:18 (for grade school students) and 1:12 (when preschool 4's are included in the group) or 1:10 (when preschool 3's are included in the group) must always be maintained.

In order to ensure compliance with the caregiver to student ratios, we need to know in advance which students will be attending latchkey on any given day. Therefore, we need your assistance in filling out and returning the provided monthly calendar. On the calendar, please record the days you anticipate your children will attend latchkey for both the morning and afternoon programs. Once we receive your calendar, it is date stamped, and the available spots are filled on a first come, first served basis. By collecting these calendars, we are able to calculate the number of students who will attend *in advance*, allowing us to prevent an overage and violation of the caregiver to student ratio. It may seem like it would be simple to grab a teacher or any adult to cover an overage, but it is much more complicated than that. Our latchkey program is a separate entity from our grade school; therefore, adults who serve in latchkey need different clearances in order to comply with the licensing requirements. There are only certain adults in our building that have these clearances, thus reducing the likelihood of availability.

Overages potentially become more problematic in afternoon latchkey, since there is usually a greater demand for after school care. If children arrive at latchkey without prior notice, we will be taking the following steps to prevent this issue:

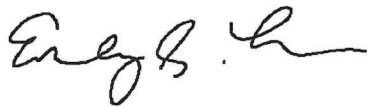
1. On the first occurrence, we will make a phone call reminder to return the calendar.

2. On the second occurrence, a \$50.00 fee will be charged per child in addition to regular latchkey rate.
3. On the third occurrence, a \$100.00 fee will be charged per child in addition to regular latchkey rate.
4. On the fourth occurrence, the family will be dismissed from the latchkey program for the 2024-2025 school year.

We understand that unforeseen circumstances may arise that require a change of plans. When this occurs, please call the office and let us know that you need to request latchkey for that day. We will be able to let you know if we have availability. Likewise, if you have a change in plans that allows you to pick up your children at dismissal time and you no longer need latchkey, please let us know that too. This makes a spot available for another student.

Compliance with state requirements for our latchkey program is extremely important. It helps us maintain a safe ratio, allowing for excellent care and supervision for your children, while adhering to these requirements so we can continue to operate. I know the latchkey service is important to our families, and we would like to be able to continue to offer it at our school. Thank you for your cooperation and consideration!

Sincerely,



Emily Lenn

Principal & Latchkey Director

**St. Augustine Latchkey Program
Registration Form
2024 – 2025 School Year**

Parent/Guardian (Last, First): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Child's Name (Last, First): _____

Date of Birth: _____ Grade: _____ Gender (M/F): _____

Child's Name (Last, First): _____

Date of Birth: _____ Grade: _____ Gender (M/F): _____

Child's Name (Last, First): _____

Date of Birth: _____ Grade: _____ Gender (M/F): _____

Registration Qualifications

1. Child(ren) must be enrolled at St. Augustine School in grades Pre-K through 8 to participate in the Latchkey Program.
2. Registration fee of \$50.00 is charged annually **per family**. The **fee is due with the completed registration form**, and is non-refundable. Hourly rate for care is \$8.00 per hour per child. Fees for care will be invoiced at the end of each month and payment is due 7 days after receipt of invoice.
3. Any outstanding Latchkey fees in excess of 30 days will automatically be applied to your FACTS account. If you do not have a FACTS account, your child will not be allowed to utilize our Latchkey Program until your balance is resolved or a payment plan authorized by the principal is in place.
4. (Optional) I authorize all Latchkey fees to be applied to my FACTS account during the 2024-2025 school year.

Parent Signature

Date

Completed form and registration fee can be dropped off at the school office or mailed to the school at 67901 Howard St, Richmond 48062.

I authorize all Latchkey fees to be applied to my FACTS account during the 2024-2025 school year. _____ (please initial)

CHILD INFORMATION RECORD

State of Michigan - Department of Lifelong Education, Learning, and Potential - 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		Primary Phone ()	Parent/Legal Guardian's Name (Optional)		Primary Phone ()
Home Address (if not child's address)		2 nd Phone (if applicable) ()	Home Address (if not child's address)		2 nd Phone (if applicable) ()
City	State	Zip Code	City	State	Zip Code
Email Address (optional)			Email Address (optional)		
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/or Special Instructions? No <input type="checkbox"/> Yes <input type="checkbox"/> If yes, explain: (Attach additional sheets, if necessary.)					

CCL-3731 (Rev. 6/7/2024) Previous editions 7-18, 4-21, & 3-22 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.	()
5.	()	6.	()

Parent/Legal Guardian Initials:

_____ I give permission to _____, licensed by the Department of Lifelong Education, Advancement, and Potential, 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

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St. Augustine Latchkey Program

School-Age Child

Good Health Statement

I, Parent/guardian of

certify that my child(ren) is/are in good health.

The child(ren)'s activities should be restricted because of these physical defects or illnesses.

My child(ren)'s immunizations/waivers are up to date and on file at St. Augustine School.

Parent/Guardian

Signature _____

Date ___/___/___

WRITTEN INFORMATION PACKET DOCUMENTATION
Michigan Department of Licensing and Regulatory Affairs
Child Care Licensing Bureau

Child(ren)'s Name(s) (Last, First)	Facility's Name and License Number DL00019413 St. Augustine Latch Key
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A written information packet has been provided at the time of enrollment. The packet included all the following information (R 400.8146 (1-2)):

- Criteria for admission and withdrawal.
- Schedule of operation, denoting hours, days, and holidays during which the center is open, and services are provided.
- Fee policy.
- Discipline policy.
- Food service program.
- Program philosophy.
- Typical daily routine.
- Parent notification plan for accidents, injuries, incidents, and illnesses.
- Transportation policy, if applicable.
- Medication policy.
- Exclusion policy for child illnesses.
- Notice of the availability of the center's licensing notebook. (CENTER MUST CHECK ONE)
 - The center keeps a licensing notebook containing a summary sheet, all licensing inspections and special investigation reports, and related corrective action plans for the last 5 years. The licensing notebook is available to parents/guardians during regular business hours. Reports from at least the past three years are available at www.michigan.gov/michildcare.
 - The center does not keep a licensing notebook, but internet is available onsite. Reports from at least the last three years are available at www.michigan.gov/michildcare.
- Other _____

I certify that I received all of the above items.

Parent/Guardian Signature

Date

Note: A single CCL-4340 form may be used for all children in the same family.

LARA is an equal opportunity employer/program.

**St. Augustine Catholic School
Latchkey Policy Acknowledgement**

The St. Augustine Catholic School Latchkey Policy outlines the steps that the school is taking to prevent an overage and violation of the caregiver to student ratio as per our licensing requirements.

An electronic version of this document is available for viewing on our website. Please review and complete the acknowledgement below. **This form must be returned to the school office for every family that will be using our Latchkey Program!**

Policy Summary

If children arrive at latchkey without prior notice, we will be taking the following steps to prevent this issue:

1. On the first occurrence, we will make a phone call reminder to return the calendar.
2. On the second occurrence, a \$50.00 fee will be charged per child in addition to regular latchkey rate.
3. On the third occurrence, a \$100.00 fee will be charged per child in addition to regular latchkey rate.
4. On the fourth occurrence, the family will be dismissed from the latchkey program.

Parent Acknowledgement

By signing below, you acknowledge your understanding of the St. Augustine School Latchkey policy and agree to its terms and conditions.

Student(s) Name(s) (Please print)

Parent/Guardian Signature: _____

Date: _____

Dear Parents and Guardians:

The St. Augustine Latchkey Program is required by the Department of Licensing and Regulatory Affairs, to notify you that under **Rule 400.8170 – Outdoor Play Area** of Licensing Rules for Child Care Centers, we are exempt from sub-rule (11), which states:

The playground equipment, use zones, and surfacing in the outdoor play area shall be inspected by a certified playground safety inspector and an approval granted for playground equipment and areas used before issuance of an original provisional license, upon request of the department, and before using any newly added playground equipment. The center shall provide documentation of the inspection to the department upon request and shall keep it on file at the center.

Our playground will need renovation to meet the requirements for the Certified Playground Safety Inspection. Because of the cost associated with a playground renovation, this process will take time. In order for school-aged (K-8) children to use the equipment as a latchkey participant, your signature on this form is required. Please sign and date this form and return it to school as soon as possible. Thank you for your prompt attention to this matter.

Names of Latchkey Students

Parent/Guardian Signature

Date

Snacks

This agreement is required by the State of Michigan which states that the parent(s) or guardian(s) will provide a snack when their children are in attendance at Latchkey.

Child's Name _____

Child's Name _____

Child's Name _____

Child's Name _____

Parent or guardian signature _____

Date _____