



New Lothrop Elementary Latchkey Program



Registration Paperwork

PARENT-TEACHER-STUDENT Compact Agreement

Knowing that we greatly impact children, we need to share responsibility by working together. Parents, Latchkey personnel and children agree to implement the following Compact for the 2022-2023 school year.

PARENT/GUARDIAN AGREEMENT

It is important to have my child do his/her best in Latchkey. Therefore, I will do the following:

- Encourage my child to be on his/her best behavior and to maintain a positive attitude.
- Value the Latchkey program and personnel because my attitude will often be mirrored in my child.
- Communicate with the Latchkey personnel on a regular basis.
- Make last minute changes to my child’s schedule only if there is an emergency. I will always be prompt when picking my child up from Latchkey.

Parent/Guardian’s Signature: _____

LATCHKEY PERSONNEL AGREEMENT

It is important for all students to have a positive and enjoyable experience at Latchkey. Therefore, I will do the following:

- Provide a friendly, caring and structured atmosphere for all children.
- Maintain an effective means of communication between children, staff, and parents.
- Foster a respect for all children, parents and staff by adhering to strict confidentiality at all times. “WHAT HAPPENS AT LATCHKEY, STAYS AT LATCHKEY.”

Latchkey Supervisor’s Signature: _____

Latchkey Assistant’s Signature: _____

CHILD(REN) AGREEMENT

It is important that I do the best that I can do. Therefore, I will do the following:

- Have a positive and cooperative attitude. I will always be on my best behavior.
- Not break any of the school rules.
- Demonstrate respect for others and their property.

Signature(s) of Child(ren): _____, _____,
_____, _____



New Lothrop Elementary Latchkey Program



Registration Paperwork

Contact/Emergency Information:

First Contact/Emergency Number		Relationship to Child(ren)	
()	()	()	()
Home Telephone	Work Phone	Cell Phone	

Second Contact/Emergency Number		Relationship to Child(ren)	
()	()	()	()
Home Telephone	Work Phone	Cell Phone	

Third Contact/Emergency Number		Relationship to Child(ren)	
()	()	()	()
Home Telephone	Work Phone	Cell Phone	

Good Health & Immunization Waiver:

My child(ren), _____, _____, _____, _____, _____ are currently up-to-date on all required immunizations and on file in the office. I also certify that my child(ren) is currently in good health. I listed all health restrictions, allergies, special needs, and medication that my child(ren) takes on the previous page. I understand that if my child(ren) needs to take medication while at Latchkey, that I need to request the required medication form from the office and have it completed by my physician. I also understand that the form as well as the medication in the original container should be handed directly to the Latchkey supervisor.

Signature of Parent/Guardian

Today's Date



New Lothrop Elementary Latchkey Program



Registration Paperwork

Picture & Video Release:

My child(ren) _____, _____, _____, _____, may be photographed or video taped while in the Latchkey Program for use in posters, scrapbooks, video presentations, slide presentations, the New Lothrop School website or group work that will be used for the promotion of the Latchkey Program.

Signature of Parent/Guardian

Today's Date

Refusal Picture & Video:

My child(ren) _____, _____, _____, _____, are NOT allowed to be photographed for any reason while in the Latchkey Program.

Signature of Parent/Guardian

Today's Date

Child Custody & Release Policy:

Only the adults listed on the emergency forms/cards and the legal parents/guardians will be allowed to take a child from the Latchkey Program. According to licensing regulations, either parent/guardian 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 remember you MUST contact the Latchkey Supervisor.

A child custody court order IS on file in the School Office:

Yes No

A child custody court order IS NOT on file in the School Office:

Yes No

Signature of Parent/Guardian

Today's Date



New Lothrop Elementary Latchkey Program

Registration Paperwork



Afternoon Snack Options Parent Survey:

We have a snack time every day. You can choose to send a snack or your child can purchase a snack, which will be charged to your child's lunch account.

Please fill out the survey below so we know how to proceed.

Choose 1	
<input type="checkbox"/>	My child(ren) will only bring a snack from home. Please do not allow them to purchase a snack from the Cafeteria.
<input type="checkbox"/>	<p>My child(ren) may purchase a snack if they request. I understand that the payment is charged to my child's lunch account and they may not purchase if they do not have money in their account.</p> <p>IF Yes~</p> <p>Choose 1 option:</p> <p><input type="checkbox"/> My child(ren) may purchase 1 snack only. Cost is 75¢ (includes drink and snack)</p> <p><input type="checkbox"/> My child(ren) may purchase an additional snack if they ask. Cost is 50¢ per item.</p>

My preference for my child's snack preference is listed above. I understand that I may ask to update my preference at any time.

Parent Signature

Date



New Lothrop Elementary Latchkey Program



Registration Paperwork

PARENT NOTIFICATION OF THE LICENSING NOTEBOOK
Child Care Organizations Act, 1973 Public Act 116
Michigan Department of Human Services

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 to review during regular business hours.
- Licensing inspection and special investigation reports from at least 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 the New Lothrop Elementary Latchkey Program.

Child(ren)'s Names: _____

Parent Name: _____

Parent Signature _____ Date: _____

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.



New Lothrop Elementary Latchkey Program



Registration Paperwork

Registration Information for Students who will attend:

Child's First Name	Middle Name	Last Name	Grade	DOB
--------------------	-------------	-----------	-------	-----

Is there anything medically (allergies, restrictions, special needs, medication) that we need to be aware of concerning your child listed above?

Child's First Name	Middle Name	Last Name	Grade	DOB
--------------------	-------------	-----------	-------	-----

Is there anything medically (allergies, restrictions, special needs, medication) that we need to be aware of concerning your child listed above?

Child's First Name	Middle Name	Last Name	Grade	DOB
--------------------	-------------	-----------	-------	-----

Is there anything medically (allergies, restrictions, special needs, medication) that we need to be aware of concerning your child listed above?

Child's First Name	Middle Name	Last Name	Grade	DOB
--------------------	-------------	-----------	-------	-----

Is there anything medically (allergies, restrictions, special needs, medication) that we need to be aware of concerning your child listed above?

Parent/Guardian Information:

Parent/Guardian Name	Relationship to Child(ren)
----------------------	----------------------------

Address	City/Zip
---------	----------

() ()

Home Telephone	Cell Phone
----------------	------------

()

Employer's Name	Work Telephone
-----------------	----------------

Parent/Guardian Name	Relationship to Child(ren)
----------------------	----------------------------

Address	City/Zip
---------	----------

() ()

Home Telephone	Cell Phone
----------------	------------

()

Employer's Name	Work Telephone
-----------------	----------------

I have received and read the Latchkey Handbook and I plan to follow all of the procedures as outlined.

Signature of Parent/Guardian

Today's Date