



LATCHKEY PROGRAM
2021-2022

2021-2022 Latch Key Information
J.A. Hughes Elementary School
Phone: 253-2161
Latch Key Email: rlfatchkey@rffedu.org

The Red Lake Falls School District offers a childcare program during the school year at J.A. Hughes Elementary School for children who are enrolled in grades K - 6. The Latch Key program is available beginning September 8, 2020 until the end of the school year on student days from 3:00 p.m. to 5:30 p.m. Monday through Friday.

***PLEASE NOTE**

The Latch Key Program will NOT be in session on the following days due to no school: October 21, 22. November 8, 25, 26. December 24, 28, 29, 30, 31, January 17, February 21. March 18, April 15, April 18.

The Latch Key Program will NOT be in session for the following Early Outs days or Parent/Teacher Conferences: Oct. 13, November 5, January 14, February 16, March 17, May 26.

ATTENDANCE INFORMATION

A parent must sign the attendance register when picking up their child/children. The Latch Key Program assumes responsibility for children registered to attend. The Latch Key program must be notified by phone or email when your child will be absent. If your child is scheduled to attend and does not report to the Latch Key area and we are unable to contact an authorized person, the law enforcement center will be notified of a missing child.

No child should be picked up later than 5:30 p.m. A late charge of \$5.00 (for each 15 minutes) will be assessed if you pick up your child/children after 5:30 p.m. We understand that conditions arise that are sometimes beyond the control of the parent or guardian (inclement weather, accidents, etc.). If these conditions do occur, it is imperative that parent/s or guardian/s notify the staff as soon as possible.

FEE STRUCTURE

The fee for the Latch Key program is as follows:

A thirty- five dollar (\$35) down payment is due at the time of registration.

This fee is applied to the first week's bill. At the end of the current week you will be asked to pre-pay the next weeks Latch Key tuition. **If you do not pay in advance, your child will not be allowed to stay the following week.** The daily rate is \$7.00 per child. You will be billed for full-time attendance based on the school calendar for the next week.

Example: If the next school week has 5 days you will be asked to pay \$35.00 per child. If the next week has 4 student days you will be asked to pay \$28.00 per child. All Latch Key payments are due the last day of the previous week. Failure to make a timely payment will make your children ineligible for the Latch Key Program.

PROGRAM PURPOSE

The primary purpose of the Latch Key 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, Latch Key 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.

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

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.

POLICIES CONCERNING SICK CHILDREN

A registration and emergency file will be kept for each child in the school office. Staff will notify parents by phone if any symptoms of an impending illness (headaches, fever, vomiting, cramping) 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, 911 will be contacted.

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. 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. Please do not allow your child to bring toys, games or electronics from home. J.A. Hughes Elementary School policy pertains to Latch Key as well, so if something is not allowed at school it is not allowed at Latch Key, The program will not be responsible for lost or stolen or broken items.

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 the Latch Key program.
5. Respect for and willingness to follow the Latch Key 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 personal belongings of another student or staff member or the property of the Latch Key program.
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. Parents will be notified at student pickup.

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

Incident #3: Student will receive a written behavior slip. This incident will be documented and the parent will be notified. The child will be suspended from the Latch Key program for one day and a meeting with the parent/student/coordinator and principal will occur before the child returns.

Incident #4: The child will be expelled from the program for the duration of the season.

WEATHER CANCELLATIONS

In the event that School District #630 cancels school, the Latch Key Program will also be cancelled. Closings will be announced on KTRF (1230), KROX (1260) and via School District Instant Alert.

Latch Key Program 2021-2022 Enrollment Form

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 (\$35/per child)_____

* Completed form must be on file in the J.A. Hughes office prior to your child's attendance at Latch Key.

1. Child's Name _____ Grade _____ Sex _____ DOB _____
Days attending: M T W TH F (please circle)
Approximate pick up time: _____

2. Child's Name _____ Grade _____ Sex _____ DOB _____
Days attending: M T W TH F (please circle)
Approximate pick up time: _____

3. Child's Name _____ Grade _____ Sex _____ DOB _____
Days attending: M T W TH F (please circle)
Approximate pick up time: _____

4. Child's Name _____ Grade _____ Sex _____ DOB _____
Days attending: M T W TH F (please circle)
Approximate pick up time: _____

Parent(s) or Guardian(s)

Name _____

Address _____

Phone: _____ (h) _____ (m) _____ (w)

Email: _____

Emergency Contacts during Latch Key hours

Name _____

Phone _____

Cell Phone _____

Name _____

Phone _____

Cell Phone _____

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

Name _____

Phone _____

Name _____

Phone _____

Name _____

Phone _____

Special Needs:

Physical:

Medication/s:

Allergies or Diet Restrictions

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

Signature of parent or guardian_____