

Latch*Key 2020-2021

Notice to Parents:

A cell phone is available for *Latch*Key* usage in the event of emergencies only.

The *Latch*Key* cell # is (618)-409-0938

This number will only be available during the hours of 6:00-8:00 A.M. and 2:20-6:00 P.M. The cell phone will be turned OFF during all other hours. If you need to send a message to the *Latch*Key* staff during school hours, please call the Illini School office at (618)-398-5552.

The cell phone will **ONLY be on during *Latch*Key* hours.**

Thank you!

Latch*Key
A School-Age Child Care Program

PARENT HANDBOOK

OUR PROGRAM:

The *Latch*Key* child care program is owned and operated by Community Consolidated School District #110. All employees of the *Latch*Key* program are employed by District #110. The goal of the *Latch*Key* program is to provide quality and safe child care services for District #110 children who are in grades Kindergarten through 6th.

GENERAL INFORMATION:

The *Latch*Key* child care program is available on school attendance days only, and is not available on holidays or snow emergency days. Service may be available on Early Dismissal days if adequate interest is shown. This service may be an additional fee of \$10.00 per child.

SCHOOL ABSENCE:

If your child will be absent from school, please ask the school secretary to advise the *Latch*Key* program. **Fees are not adjusted for children who are absent for any reason.**

IMPORTANT INFORMATION:

Each child is admitted on a one-month trial basis. Each child must be able to person his/her own personal hygiene, such as toilet needs. If it is determined that a child will not benefit from the program, a one week notice will be given before dismissal.

INCLEMENT WEATHER:

Notices of school closings are issued by the school offices to local area radio and televisions stations (i.e., channels 2, 4, and 5). In addition, District #110 will utilize the 'School Reach' automated calling system to call your primary telephone number on file. You may also access the district website at www.Dist110.com. If school is cancelled or dismisses early, the *Latch*Key* program will not be available. It is the parent's responsibility to be aware of school closings.

DISCIPLINE:

Our primary concern is the safety and well being of all children in the *Latch*Key* program. Children will be expected to follow the same school rules, policies, regulations, dress codes, and conduct that they follow during the regular school day. This policy will be strictly enforced.

Children who cannot follow the rules will not be permitted to remain in the program. If inappropriate behavior occurs, two written reports will be sent to the parents/guardians. After the second report, a conference will be scheduled with the *Latch*Key* site

coordinator. If there is no change in the behavior within an agreed-upon time frame, or if a third written report is issued, the child will be dismissed from the program immediately. **THERE IS NO APPEAL PROCESS FOR DISMISSAL FROM THE *LATCH*KEY* PROGRAM.**

DISTRIBUTION OF MEDICATION:

Only prescription medication will be dispensed. A signed note from the parent/guardian authorizing *Latch*Key* personnel to give the child medication, including time, date, and amount to be given, must accompany medications. We also require a doctor's note with instructions for administering medication. The parent/guardian must personally give the medications with instructions to the *Latch*Key* staff. Do NOT send them with the child.

HEALTH INFORMATION:

Children should not attend *Latch*Key* if they have severe colds, fever of 100 degrees or higher, undetermined rash or spots, severe headaches, upset stomach, or detected and /or untreated head lice. Children arriving at *Latch*Key* with any suspected illness will not be permitted to stay. If the child has a communicable disease, a doctor's written statement is required before the child will be permitted to return to the program; all symptoms must have disappeared.

EMERGENCY MEDICAL TREATMENT:

If there is a serious medical emergency requiring urgent medical care, **THE *LATCH*KEY* STAFF WILL REQUEST AMBULANCE SERVICE TO THE CLOSEST HEALTH CARE PROVIDER.**

INACCESSIBILITY

THE *LATCH*KEY* STAFF MUST BE ABLE TO LOCATE THE PARENTS/GUARDIANS OR THE EMERGENCY CONTACTS AT ALL TIMES. IN THE EVENT THAT YOU OR YOUR EMERGENCY CONTACT BECOMES INACCESSIBLE, YOUR CHILD MAY BE REMOVED FROM THE PROGRAM. IT IS VERY IMPORTANT THAT YOUR LOCATION BE UPDATED AND KNOWN TO STAFF.

SIGN-IN AND SIGN-OUT

The *Latch*Key* program requires that an adult who is at least 16 years old to sign in and out each child participating in our program. An adult picking up a child from the program must be identified on the child's registration for as authorized to pick up the child. NOT EXCEPTIONS to this policy. It is very important that parents keep their registration forms up to date. You may not make changes over the telephone, only in person. *Latch*Key* personnel may ask for photo identification from those picking up a child. This is for the safety of your child.

The *Latch*Key* personnel will not release a child to anyone not specifically identified on the "*List of Emergency Contacts/Authorized Adults(s) to Pick Up Child*", on the registration form. Procedures for "Unclaimed Child" will be followed.

SNACKS:

Each child receives an afternoon snack, however, we do not “make” your child eat it. Outside food is not allowed unless a medical problem dictates the necessity, and written documentation is required. Any parent wishing to send a special snack for the entire group should first check with the site coordinator. Only commercially pre-packaged treats are accepted.

REGISTRATION:

Registration Fee: The first child is \$15.00 and each additional child is \$5.00. The appropriate 1st week (or month) fee must be paid at the time of registration (see “Fee Schedule”). Participants requiring 4 or 5 days of care per week have priority.

Weekly fee: Fees are based upon children attending 1-3 days per week or 4-5 days per week. Weekly fees are due on Friday if you plan to send your child to *Latch*Key* the following week. If payment is not received by Friday at 6:00 P.M., the parents will be charged a \$10.00 late fee. **The weekly fee plus a \$10.00 late fee must be received within two working days. Your child will not be accepted after the two days and until the fees are paid. NO EXCEPTIONS.**

REFUNDS:

*Latch*Key* schedules staff and supplies based on scheduled attendance and fees paid. Thus, no fees will be refunded.

PAYMENTS AND FEES:

Fees may be paid by cash, personal check, money order, or cashier check made payable to District #110. A \$25.00 fee will be charged for each check that is returned for any reason. The returned check fee, and the amount due to *Latch*Key* (which many included any fees charged by the bank) must be paid within TWO WORKING DAYS by money order or cashier’s check. Your child will not be accepted into *Latch*Key* after the two days and until the fees are paid. Thereafter, cash, money orders or cashier’s checks will be the only acceptable means of payment from anyone with more than two checks returned for any reason. It is important that we know the days and times your child will be in the *Latch*Key* program. Please make advance arrangements if your child will not be attending for any length of time. Changes in the days of *Latch*Key* service that a student will need must be in writing and received at least one day prior to the change. A special \$42.00 (weekly) fee will be required at sites with a waiting list in order to hold a spot for a child who does not attend on a regular basis.

MONTHLY BILLING PLAN:

***Latch*Key* offers a *Monthly Billing Plan*, as compared to weekly payments, providing an overall savings to parents. With this plan, parents pay for the entire school year in nine (9) equal payments. Payments remain the same regardless of schools closings, absences, and holidays. Once on this plan, you must remain on this**

plan. Monthly billing should be paid by the last business day of each month, beginning in August and ending in April.

IF THE PAYMENT IS NOT RECEIVED BY THE LAST BUSINESS DAY OF THE MONTH, PARENTS WILL BE CHARGED A \$10.00 LATE FEE. THIS LATE FEE MUST BE RECEIVED WITHIN TWO (2) DAYS OF THE DUE DATE, OR STUDENT WILL NOT BE ACCEPTED INTO *LATCH*KEY* AND MAY BE DISMISSED FROM THE PROGRAM.

HOURS OF OPERATION:

The Latch*Key Morning program begins at 6:00 A.M. and ends when school begins. The After School Program begins when school dismisses, and ends at 6:00 P.M. All children must be signed in and out of the program by an adult who is listed on the “*Authorized Adults List.*”

UNCLAIMED CHILD/LATE FEE:

The After School Program ends at 6:00 P.M. From 6:01 until 6:15 P.M., a late fee of \$15.00 per child is charged. During this time, we will attempt to contact the parents or emergency contact person to pick up the child. After 6:15 P.M., an additional late fee of \$1.00 per minute will be charged for the time that a Latch*Key staff member is supervising the child. If no one contacted comes by 6:30 P.M. and the child is still at the site, the local police will be contacted and DCFS will be notified of the situation (see section on Inaccessibility). Late fees must be paid within two (2) working days of the incident in order for the child to return to the program, and the payment must be made by check, money order, or cashier’s check made payable to District #110. If police intervention is required, the child may be dismissed from the program immediately. Repeated late pick-ups can result in the child being dismissed from the program; and the official time will be determined by the clock located in the school office.

PAYMENT RECORDS AND INCOME TAX INFORMATION:

You will need the following information when preparing your tax forms:

Care Provider: *Latch*Key* Child Care Program
Community Consolidate School District #110
10110 Old Lincoln Trail
Fairview Heights, IL 62208

Federal Tax ID: 37-6004482

Please maintain your own records and receipts. The *Latch*Key* program will not furnish a payment record for tax purposes.

For information regarding the Latch*Key program, call Illini Elementary School at (618)-398-5552.

Latch*Key Certain components of this booklet have been taken from the 2001/2002 Parent Handbook provided by the YMCA of Southwest Illinois.

Latch*Key

A School-Age Child Care Program

2020/2021 WEEKLY FEE SCHEDULE
Weekly Fee Rates

	4 or 5 Days- Before & After	4 or 5 Days- Before OR After	1 to 3 Days- Before & After	1 to 3 Days Before OR After
1 child	\$70.00	\$55.00	\$55.00	\$45.00
2 children	\$130.00	\$90.00	\$90.00	\$75.00
3 children	\$175.00	\$115.00	\$115.00	\$90.00
4 children	\$230.00	\$145.00	\$145.00	\$115.00

2020/2021 MONTHLY FEE SCHEDULE
9 Equal Monthly Payments

	4-5 Days - Before & After	4-5 Days- Before OR After (or, 1-3 Days Before and After)	1 to 3 Days- Before OR After
1 child	\$225.00	\$170.00	\$140.00
2 children	\$400.00	\$290.00	\$250.00
3 children	\$575.00	\$415.00	\$360.00

PLEASE NOTE:

If you choose to pay weekly or monthly, you must use the days paid for in that time allotted. We will not credit for any unused days.

In cases of illness, special arrangements may be made to use the days that were previously paid for.

Payments remain the same regardless of schools closing, absences, and holidays.

This is a pre-paid program, monthly fees must be paid by the last day of the month before. Weekly fees must be paid the last day of the week before.

LATCH*KEY
A School Age Child Care Program
REGISTRATION FORM

To be completed by Latch*Key Staff			
Site: _____	Admission Date: _____		
_____ A.M Care	Mon-Tues-Wed-Thurs-Fri	Registration Fee:	\$ _____
_____ P.M Care	Mon-Tues-Wed-Thurs-Fri	1 st Weeks Deposit	\$ _____
		Total Fees Paid	\$ _____
		Receipt Number	_____
Date: _____	Received by: _____		

Child's Full Name: _____ Nickname: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Birthday: _____ Sex: _____ Grade: _____

Father or Guardian's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Social Security #: _____ Driver's License: _____ Work Phone: _____

Employer: _____ Address: _____

Mother or Guardian's Name: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Social Security #: _____ Driver's License: _____ Work Phone: _____

Employer: _____ Address: _____

Parents Marital Status: Married _____ Not Married _____

If parents are NOT married, who has custody of child? _____

Note: Custodial documentation may be required. If joint custody, either parent may be contacted in the case of an emergency.

EMERGENCY CONTACTS – AUTHORIZED ADULTS PERMITTED TO PICK UP MY CHILD

It is required that an adult who is at least 16 years old sign in and/or out your child. The Latch*Key staff must have a complete listing of names and phone numbers. Please include day and evening phone numbers, and remember to list yourself.

Parent/Guardian: _____ Phone: _____ Relationship: _____

Parent/Guardian: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

The Latch*Key program will not release your child to anyone not listed above. Below, please list anyone specific who we need to be aware of, who may attempt to pick up your child.

GENERAL INFORMATION

Child's Name: _____ Grade: _____

School Child Attends: _____ Teacher's Name: _____

Will your child be bussed to or from another school? YES__ NO__

What School? _____

HEALTH CERTIFICATION

This will certify that my child, _____, is to the best of my knowledge in good health and free from disabilities that would possibly endanger any children in the *Latch*Key* School Age Child Care Program. **A current physical examination report must accompany the registration form.**

Health History: (Please check those that apply and give approximate dates.)

Allergies:	Diseases:	Other:
Hay Fever _____	Chicken Pox _____	Ear Infections _____
Insect Stings _____	Measles _____	Rheumatic Fever _____
Penicillin _____	Mumps _____	Convulsions _____
Other Drugs _____	German Measles _____	Diabetes _____
Other Information _____		

Is your child sensitive to Poison Oak, Ivy, Sumac? _____ Which? _____

Any communicable diseases (explain) _____

Surgery or serious injuries (explain) _____

Chronic or recurring illness or diseases (explain) _____

Restrictions to activities (explain) _____

Food allergies or dietary restrictions (explain) _____

Please list any medication your child is currently on: _____

Please give any other information about your child or family that you might help in caring for your child: _____

AUTHORIZATION FOR EMERGENCY MEDICAL CARE OR TREATMENT

In case of an accident or injury pertaining to my child, _____, I expect to be notified immediately so that I can make arrangements for medical care for my child with the physician or hospital of my choice. If I cannot be contacted to make the necessary arrangements, I authorize the **Latch*Key** staff to contact Dr. _____ at the following telephone number: _____ or the nearest health care provider for emergency medical treatment. I authorize the health care provider to prescribe such treatment, to administer such anesthetics, and/or surgical procedures, as might be deemed advisable or necessary in the treatment of my child named above.

Signature of parent/guardian: _____ Date: _____

**Latch*Key, A School Age Child Care Program
CONDUCT POLICY**

Children will be expected to follow the same school rules, policies, regulations, dress code, and conduct that they follow during the regular school day. This policy will be firmly enforced so as to ensure the best experience for all children. ALL children are registered on a trial basis.

If the program does not meet your child's needs, or your child is unable to adapt to the program, the child may be dropped or withdrawn from the program.

Children and parents are expected to:

- Follow the directions of the Latch*Key program staff
- Avoid negative, abusive, or vulgar words or behaviors
- Avoid physically or verbally abusing (such as hitting, pushing, kicking, name calling, etc.) another child or staff worker.
- Follow all other established rules.

BEHAVIOR PROCEDURE

1. Children who do not follow school and Latch*Key program rules will be counseled by the Latch*Key staff. We hope that this will prevent any future inappropriate behavior.
2. If the child's behavior remains inappropriate, the parents will be informed and asked to discuss the situation with their child. If the behavior continues, a written notice will be sent to the parents. When conduct is of an extreme nature, a written notice will be sent immediately.
3. A conference with the site administrator will be required if a second written notice is necessary.
4. If there is no change in behavior, within an agreed upon time period, or if a third written notice becomes necessary, the child will be dismissed from the program. Re-entry into the program may be permitted ONLY with the approval of the Program Director.

I have read and understand the conduct policy and have discussed it with my child.

Signature of
Parent/Guardian_____ **Date**_____

PARENT/GUARDIAN AGREEMENT

I have read the Latch*Key School Age Child Care Handbook and I understand and agree to its contents. I also understand and agree to pay District 110 the required fees for my child’s participation in the program. I understand that payment is due in advance and must be paid by check, money order, or cashier’s check. I understand that my child will not be admitted to the program until the fees are paid.

Signature of
Parent/Guardian_____ **Date**_____