



Romulus Community Schools Before School LatchKey Program



- Please Print -

Wick Elementary offers LatchKey service for the following schools:

Barth Elementary Halecreek Elementary Romulus Elementary Wick Elementary Middle School

Sign up at Wick Elementary the first day of school or any day thereafter at 6:30am. There is a \$50 enrollment fee due at that time. Daily charges are as follows:

- \$3 for a child - 1 hour or less
- \$4 for a child for over an hour
- \$5 for 2 children
- \$3 for each additional child

Bills are available the first week of the month. You can pick up your bill when you sign in your child at LatchKey. Bills are due upon receipt. You will be billed in advance for the upcoming month. However, there is a two-day minimum charge to keep your child's spot for non-attendance unless dripped from the program.

If you have a billing question, please call Todd Marlatt at (734) 532-1407.

Child Personal Information

LAST NAME		FIRST NAME		MIDDLE	GRADE
DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		STUDENT ID	

Sign-Up Days & Times

- Monday _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____

**TRANSPORTATION
REQUEST FORM MAY
ALSO BE NEEDED TO BE
COMPLETED.**

Total Hours / Week : _____

Parent/Guardian Information

FIRST PARENT/GUARDIAN NAME		LIVES WITH CHILD <input type="checkbox"/> Yes <input type="checkbox"/> No	RELATIONSHIP
ADDRESS		CITY	ZIP
HOME PHONE () -	MOBILE PHONE () -	WORK PHONE () -	
EMAIL			

PARENT/GUARDIAN SIGNATURE	DATE
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CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - 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	Home Phone ()	Parent/Legal Guardian's Name (Optional)
		Home Phone ()
Home Address (if not child's address)	Cell Phone ()	Home Address (if not child's address)
		Cell Phone ()
City	State	Zip Code
Email Address (optional)		Email Address
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 Special Instructions (Attach additional sheets, if necessary.)		

BCAL-3731 (Rev. 6-17) Previous editions 4-16, 6-15 and 7-12 may be used until September 30, 2018.

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. ()

Parent/Legal Guardian Initials:
_____ I give permission to _____, licensed by the Department of Licensing and Regulatory Affairs to secure emergency medical 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
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation	

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PARENT NOTIFICATION OF THE LICENSING NOTEBOOK

Child Care Organizations Act, 1973 Public Act 116

Michigan Department of Licensing and Regulatory Affairs

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 for review during regular business hours.
- Licensing inspection and special investigation reports from at least the past two years are available on the Bureau of Community and Health Systems website at www.michigan.gov/michildcare.

Wick LatchKey

I have read the above statement issued by _____
Name of Child Care Center

Child(ren)'s Name(s) _____

Parent Name _____

Parent Signature _____ Date _____

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Romulus Community Schools Good Health Statement



– Please Print –

I certify that my child, _____,
is in general good health and has been immunized according to Michigan Law and Romulus Community Schools policy. Records are kept in the school office.

In case of accident of serious illness, I request the LatchKey Program of Romulus Community Schools to contact me. If the school cannot reach me, I hereby authorize the LatchKey personnel to contact the physician indicated below. If it is impossible to contact the doctor, the LatchKey personnel may make whatever arrangements seem necessary. I accept responsibility for the state of my child’s health while attending the LatchKey Program

PARENT/GUARDIAN PRINTED NAME	
PARENT/GUARDIAN SIGNATURE	DATE

Physician Information	
PHYSICIAN'S NAME	
ADDRESS	
PHONE (S)	



Romulus Community Schools Transportation Request



- Please Print -

This request is only valid for the present school year. If there are any changes in this request, the transportation department is to be notified immediately at the indicated address or phone.

Transportation only provided within school boundaries of attending school.

Attending School

Barth Elementary Halecreek Elementary Romulus Elementary Wick Elementary Middle School

Trip Request

AM Pick Up PM Drop Off Everyday
 ½ Day Student(s): AM Pick Up/Drop Off PM Pick Up/Drop Off
 Monday Tuesday Wednesday Thursday Friday

EFFECTIVE DATES

Student Information

LAST NAME		FIRST NAME		MIDDLE NAME		GRADE	
DATE OF BIRTH		AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female		BUS #	BUS STOP	
ADDRESS				CITY		Zip	
PARENT/GUARDIAN NAME					RELATIONSHIP		
HOME PHONE () - -		MOBILE PHONE () - -		WORK PHONE () - -			
PARENT/GUARDIAN SIGNATURE						DATE	

TRANSPORT CHILD (CIRCLE ONE OR BOTH): FROM / TO

CARE PROVIDER		ADDRESS					
PHONE NUMBER () - -		BUS #		BUS STOP			

WHERE WILL CHILD BE TRANSPORTED ON HALF (½) DAYS?

ADDRESS

All information on this form MUST be completed before approval can be granted five (5) days prior to request (3 days minimum).

- BELOW FOR OFFICE USE ONLY -

STATUS <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
TRANSPORTATION SUPERVISOR SIGNATURE	DATE