

Flushing Community Schools

Junior Raider Latchkey Program



Welcome to the Junior Raider Latchkey program for the 2026-2027 school year. The Junior Raider Latchkey Program is available for children who are 3, 4 and young 5's not yet eligible for kindergarten. Children must be completely potty trained to be eligible.

The program is designed to provide a safe and caring fun-filled atmosphere for preschool age students with a daily routine and activities that promote social and emotional growth as well as kindergarten readiness.

The Latchkey program hours are from 7:00 a.m. until 5:30 p.m. daily when school is in session. Latchkey is also open on half days of school. The program is **CLOSED** on all holidays when school is not in session.

Parents must sign students into the latchkey program when dropping off and sign out at the end of the day at pick up time. Only authorized adults will be permitted to sign a child out. Identification is required.

LATCHKEY STAFFING

The Latchkey staff are a dedicated team with patient and caring attitudes toward all students and parents. The staff to student ratio for the program is one adult for every ten students. Staff are certified in both CPR and First Aid. A minimum of 16 hours of professional development annually is required for each staff member. All staff are required to have a Child Abuse/Neglect Clearance from the Department of Human Services on file prior to working in the Latchkey program.

JUNIOR RAIDER LATCHKEY ENROLLMENT AND BILLING PROCEDURES

Please review this information thoroughly. Junior Raider Latchkey does not offer a drop-in rate as offered in our elementary latchkey program. Rather, a weekly commitment through the course of the school year based on the timeslots you have requested. As required by LARA, Childcare Licensing through the State of Michigan, the Junior Raider Latchkey program is licensed for a maximum of 30 students at any given time. Once timeslots are full, you will be placed on a wait list. Early Bird Registration will begin and coincide annually with Flushing Schools Tuition Based Preschool registration. Unfilled spots will be offered in an open enrollment to the community starting May 1st. Please register early, space is limited.

Registration will be granted on a first come, first serve basis. By registering, you are making a weekly commitment to the Jr. Raider Latchkey Program based on the cumulative timeslots you have selected. When school is in session, you will be billed for your weekly commitment, regardless of your child's attendance. Weekly rates will be adjusted for holidays when school is not in session and latchkey is closed. At any point in the year, you may decrease your timeslots, but doing so forfeits that space. **Please follow all steps to register:**

1. A completed registration form must be filled out and returned to the Latchkey desk or emailed to - Kathy.mcmahan@flushingschools.org.
2. A \$20.00 non-refundable registration fee is required. You will be contacted by email once your timeslots are secured with information on how to submit your registration fee.
3. Parents must provide a signed health appraisal from your child's physician along with an up-to-date immunization record.
4. The cost for the program is as follows:
 - \$18.00/ half day timeslots
 - \$24.00/full day timeslot (for students also attending Tuition Based Preschool)
 - \$40.00/full day timeslot (Junior Raider Latchkey program only)
5. COMPLETE THE REGISTRATION SURVEY TO SELECT YOUR TIMESLOTS.

YOU MUST GO HERE: bit.ly/37fpw12

Timeslots will not be held if your registration steps are not complete.

Latchkey closes promptly at 5:30 p.m. daily. A late pick-up fee of \$1.00 per minute will be added to your statement after 5:30 p.m. Habitual late pick-up may result in termination of services.

Statements are sent by email every Monday for the previous weeks charge. Payments are due weekly or in advance. All payments are submitted online by using the e-Funds web link. Go to - <https://bit.ly/45KEkxL>

The e-Funds link is also located at www.flushingschools.org., on the main page, click on the "District" tab. Habitual late payment may result in termination from the program.

JUNIOR RAIDER BREAKFAST, LUNCH AND SNACK PROVISIONS

- All meals and snacks meet the nutritional requirements for ages 3 - 5 years old, based on USDA requirements. Breakfast is provided every morning by the district at no additional charge. Please consult the ECC Breakfast Menu on the district website.
- A hot lunch will be available and provided by the district at no additional charge. Please consult the ECC Lunch Menu on the district website. Parents are asked to inform Latchkey **before 9:00 a.m.** if your child needs to order a hot lunch for the day. All meals are prepared by the Flushing Community Schools Food Services department.
- Latchkey will provide an afternoon snack daily.
- Your child may bring lunch from home if preferred. There is no refrigeration or heating of food available. The Junior Raider latchkey classroom is a ***peanut friendly environment***. All lunches from home must be labeled with your child's first and last name.
- Substitutions will be made for any child with diagnosed food allergies.

Please direct all Latchkey questions to the Latchkey Program Coordinator, Kathy McMahan at 810-591-1297, or email Kathy.mcmahan@flushingschools.org.

Junior Raider Latchkey Program



JUNIOR RAIDER LATCHKEY REGISTRATION 2026 - 2027

Child's Name _____ Grade in fall _____

Parent's Name _____

Address _____ City _____ Zip _____

Cell Phone _____ Alt. Phone _____

Email Address _____

Employer's Name _____ Work Phone _____

Parent's Name _____

Address (if different) _____ City _____ Zip _____

Cell Phone _____ Alt. Phone _____

Email Address _____

Employer's Name _____ Work Phone _____

Teacher's Name _____ Program _____ AM/PM _____

Child's Health Insurance _____ Policy # _____

Persons To contact If Parent Cannot Be Reached

Name _____ Phone _____

Name _____ Phone _____

I have received and read the program guidelines and billing procedures.

Signature of Parent/Guardian

Date

Good Health and Immunization Waiver

My child, _____, is currently up to date on all required immunizations and in good health. All children enrolled in Flushing Community Schools' preschool and childcare programs must have an up-to-date immunization record and health appraisal on file **before** they may attend.

Signature of Parent/Guardian _____ Date _____

Picture and Video Release

My child, _____, may be photographed or video-taped while in the Latchkey program for use in posters, scrapbooks, video presentations, slide presentations or class work that will be used for the promotion of the Latchkey program.

Signature of Parent/Guardian _____ Date _____

Child Custody and Release Policy

Only those persons listed on the emergency card, and legal parents or guardians may take a child from the Latchkey Program. According to licensing regulations, either parent 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 contact the Latchkey Supervisor.

A Child Custody Court Order **IS** on file _____

A Child Custody Court Order is **NOT** on file _____

Signature of Parent/Guardian _____ Date _____

Medicine at School

Medicines that are to be given in the Latchkey Program must be accompanied by a Flushing Community Schools Medicines at School form (available in any office), completed, and signed by the child's physician and parent. Medicine must be in the original container. This rule applies to prescription and over-the-counter medications. All medications will be given by a fully trained member of the Latchkey staff or Flushing Community Schools employee.

Parent Handbook

I am aware that the parent handbook for latchkey is available on the district web page and that I may request a printed copy if I choose to.

Signature of Parent/Guardian _____ Date _____

Parent Notification of the Licensing Notebook Requirement

Childcare Organizations Act, 1973, Public Act 116

All childcare 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 is available to parents for review during regular business hours.
- Licensing inspection and special investigation reports from the past three 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 Flushing Preschool & Childcare.

Signature of Parent/Guardian _____ Date _____

CHILD INFORMATION RECORD

State of Michigan - Department of Licensing and Regulatory Affairs - Child Care Licensing Bureau

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? Yes ☐ No ☐ If yes, explain: (Attach additional sheets, if necessary.)					

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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 _____ the Flushing Latchkey program _____, licensed by the Department of Licensing and Regulatory Affairs 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
LARA is an equal opportunity employer/program.						AUTHORITY: 1973 PA 116 COMPLETION: Required PENALTY: Rule Violation Citation.	

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