



Ubly Community Schools

Latchkey Program Registration

2025-2026

***Please return completed form to Ubly Schools, 2020 Union Street with a non-refundable registration fee of \$20.00 per family. Please fill out separate registration for each child attending.**

***Latchkey rate is \$3.25/hr per child. For more detail, please see handbook.**

Children(s) Name(s) _____ Grade in Fall _____

Mother's Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Employer's Name _____ Work Phone _____

Father's Name _____

Address (if different) _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Employer's Name _____

Teacher's Name _____

Child's Insurance _____ Policy # _____

Persons to Contact If Parent Cannot Be Reached

Name _____ Phone _____

Name _____ Phone _____

I have received and read the Latchkey Handbook and bill procedures

Signature of Parent/Guardian

Date

Good Health and Immunization Waiver

My child, _____, is currently up-to-date on all required immunizations and currently is in good health. Any health restrictions, allergies and /or medications taken by the child or any special needs are listed below.

Signature of Parent/Guardian

Date

Child Custody and Release Policy

Only those parents 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 (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 that affects pick up _____

A Child Custody Court Order NOT on file that affects pick up _____

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, video presentations, slide presentations or class work that will be used for the promotion of the Latchkey program.

Signature Parent/Guardian

Date

Parent Notification of the Licensing Notebook Requirement

Child Care Organizations Act, 1973, Public Act 116

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 CAP's developed on and after May 27, 2010, until the license is closed.

- This center maintains a licensing notebook of all licensing 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 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 Ubly Community Schools Pre-School and Latchkey Programs

Parent/Guardian Signature

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 <input type="checkbox"/> No <input type="checkbox"/> 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 _____, 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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