



*A foundation of faith and excellence.*

# St. Joan of Arc

CATHOLIC SCHOOL

August 26, 2025

Dear Parents of Latch Key Students:

The State of Michigan Department of Licensing and Regulatory Affairs require that upon enrollment and annually thereafter, the school shall obtain and keep on file at the school a signed statement from the school-age child's parent confirming all of the following:

- The child is in good health with activity restrictions noted.
- The child's immunizations are up-to-date, and the immunization record or appropriate waiver is on file with St. Joan of Arc School.

Please complete, sign, and return this form within 3 days. Thank you for your cooperation!

Student's Name \_\_\_\_\_ Date: \_\_\_\_\_

Grade \_\_\_\_\_ Room \_\_\_\_\_

Does your child have any special medical or health concerns of which the Latch Key staff should be aware? If so, please explain.

Does your child take regular medication during the hours he/she is in the Latch Key program? If so, please explain.

Does your child have any restrictions on activity of which the Latch Key staff should be aware? If so, please explain.

**CERTIFICATION:** I certify that the child named above is in good health and is able to participate in Latch Key program activities except as explained.

Signed \_\_\_\_\_  
(Parent Signature)

# 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.

<b>For Provider Use Only:</b>		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 <sup>nd</sup> Phone (if applicable) ( )	Home Address (if not child's address)	2 <sup>nd</sup> 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.)			

CCL-3731 (Rev. 3/17/2022) Previous editions 7-18 & 4-21 may be used

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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## Over-the-Counter Medication Release Form 2025-2026

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St. Joan of Arc recognizes that students may experience minor symptoms during the school day which may bring them to the office for assistance. A student is not allowed to be in possession of any medication on school property, but the SJA office does have certain over-the-counter medications in stock which can be administered if authorized by the parent/guardian.

**Before granting the school permission to administer over-the-counter medication, please check with your doctor/pharmacist that the medications below do not interact with any other medications your student may already be taking.**

A parent/guardian will be called if a student is feeling unwell and may need medication. During that time, a parent/guardian may give us verbal consent to administer any of the following medications below, as long as this form is completed by the parent/guardian and in the school office.

**Medication will never be dispensed without consent of a parent and/or guardian.**

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**Student Full Name**

**Date of Birth**

**Grade & Teacher**

No, my student may not be given any over-the-counter medications or options listed below.

Yes, my student may receive the over-the-counter medications indicated below if deemed appropriate and with my verbal permission. I have checked with his physician/pharmacist as to verify the safety with other medication my student may also take.

- Children's Tylenol (Acetaminophen)
- Children's Motrin (Ibuprofen)
- Children's Benadryl (Antihistamine for generalized allergic reaction)
- Vasaline (For dry skin or chapped lips, administered with Q-Tip)
- Tums antacid
- Cough Drops

If you have any questions, please contact the school office at 586-775-8370.

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### St. Joan of Arc School Mission Statement

#### A Foundation of Faith and Excellence

*As a Catholic community rooted in the teachings of Jesus Christ, St. Joan of Arc School proclaims its mission to lead students in knowing God and the Gospel, through prayer, worship, study, and service. As a professional learning community, we promote the highest academic standards of achievement, according to each student's unique abilities and needs.*



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CATHOLIC SCHOOL

stjoan.net

22415 Overlake Street, St. Clair Shores, Michigan, 586-775-8370

## **REGISTRATION:**

Every child must register to be part of the Latch Key Program. **The registration fee is \$25.00 PER FAMILY/NON-REFUNDABLE.** The registration fee is applicable to Latch Key payments for September.

Registration will be taken by mail (22415 Overlake St. Clair Shores, MI 48080) by Drop-off at the Parish Center (all summer) or in the school office. The registration form is available at [www.stjoan.net](http://www.stjoan.net) or in the School Office. The \$25.00 fee must accompany the registration form. An emergency card must be on file before attendance starts.

The Latch Key Director, in consultation with the school Administration, may need to refuse admittance to the program due to past history of behavior problems, or delinquent payments.

All Latch Key tuition must be paid before the month starts; with the monthly calendar being turned in with payment at the beginning of each month.

A calendar sign-up is sent from Latch Key with your child a week before the due date for families to schedule the next months use of the program.

### **FEES OR 2025-2026**

MORNING SESSION:	\$8.00 per child (7:00-8:00 a.m.)	
AFTERNOON SESSION: (Dismissal - 6:00 p.m.)	1 child	\$ 8.00 per hour
	2 children	\$12.00 per hour
	3 or more	\$16.00 per hour

We offer flexibility as to which days and how many days you would like to schedule your child/ren; however, we do require that you schedule for your child/ren's attendance one month in advance. Latch key payment methods include checks, cash, or credit cards. Please note that a \$20 late fee will be added to latchkey accounts delinquent for 45 days.

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## LATCH-KEY REGISTRATION FORM

Child's Last Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Child's First Name \_\_\_\_\_ Room \_\_\_\_\_ Grade \_\_\_\_\_

Parent's Name \_\_\_\_\_

### PLEASE CHECK THE FOLLOWING TENTATIVE SCHEDULE YOU PLAN FOR YOUR CHILD/CHILDREN TO ATTEND:

\_\_\_\_ Morning (7:00-8:00)

\_\_\_\_ Part-Time Use (1-2 Days weekly)

\_\_\_\_ Afternoon (3:20-4:20)

\_\_\_\_ Full-Time Use (3-5 Days weekly)

\_\_\_\_ Afternoon (1+ hrs.)

MY CHILD IS INVOLVED IN EXTRA-CURRICULAR ACTIVITIES SUCH AS SPORTS, FORENSICS, BAND, ETC.

THE ACTIVITY IS: \_\_\_\_\_ FOR \_\_\_\_\_

CHILD NAME

THE ACTIVITY IS: \_\_\_\_\_ FOR \_\_\_\_\_

CHILD NAME

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Office Use

\_\_\_\_ Paid Registration

\_\_\_\_ Amount

\_\_\_\_ Emergency Card

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## SJA SCHOOL LATCH KEY Aug./Sept. 2025

Session times: AM-7:00 – 8:00 AM; PM: 3:20-6:00 PM.

Use this calendar-form to sign up your child/ren for Latch Key for Aug./Sept. 2025.

Morning Latch Key has one price - \$8.00 is billed by the half hour.

Afternoon: \$8.00 per hr., 2 children - \$12.00 per hr., 3 or more - \$16.00 per hr.

Start time calculation at 3:20 p.m. Calculate half day from 12:00 noon.

**PLEASE SIGN ONLY FOR THOSE DAYS ON WHICH YOU WANT SERVICE.**

**USE <AM> TO INDICATE MORNING AND/OR <PM> TO INDICATE AFTERNOON.**

**IF YOU INDICATE <PM> PLEASE INDICATE PICK UP TIME.**

**LATCH-KEY PHONE NUMBER (586) 601-2088 (Room 10&11)/ or (586) 775-8441 (when in lunch room).**

Child's Last Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Room: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Room: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's First Name: \_\_\_\_\_ Room: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name \_\_\_\_\_ Cell Phone# \_\_\_\_\_

### Aug./Sept.2025

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
	26 NOON DISMISSAL	27 NOON DISMISSAL	28 NOON DISMISSAL	29 NO SCHOOL
1 NO SCHOOL Labor Day	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26

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Dear Parents,

Welcome to our Latch Key Program! Our goal is to have a safe and friendly environment for all our students off school hours. The discipline plan that follows will help us continue that environment together.

Please read through carefully and thoroughly, and discuss it with your child(ren) to make certain you both understand the rules and their consequences. After you have done this, please sign at the bottom, and have your child(ren) return it to Latch Key.

1. Follow instructions willing.
2. Silence during attendance.
3. Walk in the lower hall at all times.
4. Respect property, supervisors, and other children.
5. Clean up after yourself.
6. Sitting on chairs only.
7. Talking in an acceptable tone of voice.
8. Staying in the lower hall or designated areas unless given permission.
9. Staying out of bathroom or locker room unless given permission.

If the child(ren) chooses to break any of the above rules, he/she will receive a (VSR) violation slip, which is the same form issued in the classroom. The slips accumulated in Latch Key will be kept in the school main office, and will be dealt with in the same manner, and in accordance with the school policies. If there is a consistent pattern of misbehavior, a parent conference will be scheduled. In addition, if the rule broken is one of a very serious nature, (eg. physically fighting or leaving the premises) it may be necessary to exclude the child from the Latch Key program for a period of time or even indefinitely.

Hopefully, this plan will provide a pleasant atmosphere for everyone concerned. If there are any questions or concerns, please feel free to contact Latch Key staff at 586-775-8441.

Sincerely,  
Latch Key Staff

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*We have read, understood, and agree to support the Latch Key Plan.*

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Child's Name – Parent Signature – Date

## ST. JOAN OF ARC SCHOOL

### PLAYSCAPES/OUTDOOR PLAY EQUIPMENT

Two school playscapes -

1. Ages to 5 yrs. old, and
2. 5 yrs. old and up

Both playscape were constructed in September, 2001, under the direction of Mr. Dan Perreault of DP & Hoffman Play Structures of Brighton, Michigan.

The playscapes, including all play equipment therein, meet all standards and requirements of the State of Michigan Playground Safety Act of 1997 and the recommendations of the National Playground Safety Institute (NPSI).

The equipment is maintained on a regular basis, with a formal thorough servicing of all hardware on a seasonal basis. The ground cover, material, consisting of wood chips, is replenished annually.