Huron Academy Parent Contract

1. I understand that I must walk my child to Latchkey and sign in and that I must walk in for Latchkey to sign out. No exceptions can be made. If I refuse to sign my child in or out, my child will no longer be allowed in Latchkey.

2. I understand and agree to my obligation to pay all amounts owed for these services and I understand that I will be billed at the regular charge of $3.50 per hour per child. I understand my failure to pay any amounts due in a timely manner will result in my child no longer having access to the before or after school daycare.

3. I also understand the terms of dismissal from this program.

4. I understand that the Latchkey program 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 the past two years are available on Bureau of Children and Adult Licensing website at www.michigan.gov/michildcare.

Parent/Guardian Signature:

__________________________________________________________________________

Date: ____________________________

Huron Academy-A School of Choice 9/1/2020
Lunch/Snack Agreement Form

Student Name:____________________________________________________

Parent Name:____________________________________________________

Please read and sign the following:

- I hereby agree to provide my child with snacks and/or lunch while he/she attends the Huron Academy Latchkey program.

- I understand that snacks and lunch are not provided by Huron Academy during the Latchkey program.

- I agree that I will send ample snacks as well as a well-balanced, nutritional lunch for my child when they are in extended latchkey, and a lunch is required.

__________________________
(Parent Signature)

__________________________
(Date)
Physical Health Immunizations
Parental Acknowledgement for School Age Programs

This acknowledges that my child, _____________________________,
(date of birth _____________________________), who attends the Huron Academy Latchkey Program (a school age program licensed/approved by the Division of Child Day Care Licensing) is in good health and his/her immunizations are current. I understand that I assume responsibility for my child’s health while at the center. Further, any health restrictions, allergies, medications taken by the child, and/or any other needs are noted below:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Parent/Guardian: ____________________________________________

Date of Signature: ________________________________________________________

(This form is to be updated annually)
Receipt of Huron Academy Latchkey Program Handbook

By signing below, I am stating that I have read and agree with the following statements:

- I have received and have read the Huron Academy Latchkey Program Handbook.
- I agree to abide by the policies and procedures contained therein.
- I understand and will adhere to the fee and payment structure and will keep my account current at all times.
- I understand that the policies contained in the Handbook may be added to, deleted, or changed at any time.
- I understand that all updates to the Handbook will be sent home with my child.

List all children attending Huron Academy:

_________________________________________ Grade__________________

_________________________________________ Grade__________________

_________________________________________ Grade__________________

_________________________________________ Grade__________________

_________________________________________ Grade__________________

Parent/Guardian Signature:__________________________________________
Date:____________________________________________________________

Additional Comments:______________________________________________

______________________________________________________________

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COVID-19 Daily Health Self-Certification Form

Date: __________
Name: ___________________________
Time In: __________
○ Staff
○ Visitor

This screening questionnaire will help prevent the spread of the COVID-19 and reduce the risk of potential exposure for staff and visitors. Completing this precautionary measure enables us to help protect you and everyone in this building.

Please answer the following questions:

1. Are you currently suffering from any of the following symptoms—fever (100.4 degrees or higher), chills, cough, shortness of breath, sore throat, new loss of smell or taste, muscle pain, and/or gastrointestinal problems, including nausea, diarrhea, and vomiting?
   ○ Yes  ○ No

2. Have you lived with, or had close contact with, someone in the last 14 days diagnosed with or displaying symptoms of COVID-19?
   ○ Yes  ○ No

3. Have you traveled via airplane or outside of the state you live in and/or work in in the last 14 days?
   ○ Yes  ○ No

4. Is the information provided on this form true and correct to the best of your knowledge?
   ○ Yes  ○ No

If you answered yes to questions 1-3 above or refuse to answer, you are NOT allowed to enter the building and please contact your supervisor.

Signature: ___________________________
EZ School Apps

Parent Signup Instructions

Overview
If you have received this document, your school needs you to create your parent account or reset your password. This guide will show you the following:

- Returning Parents/School Uploaded Parents Instructions
- How to Reset Your Password
- New Parent Signup
- Additional Instructions

Please note if you are a returning parent you may log in with your previous email and password. If you have forgotten your password or want to change your password, follow the directions to “How to Reset your Password”

Returning Parents/School Uploaded Parents Instructions
If you are a returning parent, you can log in with your email and password from last year. If you cannot remember your password, you can follow the steps below to reset your password. If your school uploaded your parent account and this is the first time logging in, you can follow the steps below to reset your password.

How to Reset Your Password
1. Please Start by going to www.ezschoollapps.com/ParentLogin.aspx
2. Click on **Forgot Password**

3. When prompted enter your email address and click **Send Password**

4. Lastly check your email for the link to set your password.
5. If you get this popup, click close and follow the New Parent Signup Instructions.

### New Parent Signup

Below are the instructions for parents to create an account. If your parent account does not exist, you can then request access to one or multiple students.

1. Go to [www.ezschoollapps.com/ParentLogin.aspx](http://www.ezschoollapps.com/ParentLogin.aspx) and click on SIGNUP.
2. Type in the school’s zip code in the box and click Submit.

3. Use the dropdown to select your school. (If you have multiple students in the same district then just choose a single school and submit all of students for that location. The school receiving the request will input the information for all relevant schools.)

4. Enter your first and last name, phone number and your email address in the corresponding boxes.

5. Type in a password in the Create Password box. Then type in your same password a second time in the Confirm Password box.

6. Enter the first and last name of each of your students in the final box.

7. Finally click Send Account Creation Request. Your registration is completed if you see this box:

   The parent account information has been sent to the school. The school will contact you in a day or two after the account has been created.

Please Note: You do not immediately have access to the system. The school must activate your account and link your student(s) to it. The time to complete this process can vary and it is entirely dependent on a school representative. The school will send you an email upon completion.
Additional Instructions

If you need instructions on how to use the app, you will see one of the options below. All you need to do is click on “Download Instructions”.

Meal Preorder ➔ Meal Payment ➔ School Payment

Download Instructions  Download Instructions  Download Instructions