



August 2020

Huron City Schools will be offering before and after school childcare during the 2020-21 school year. Please be aware that we will follow strict health and safety requirements as we return and there will be changes which we have noted below. Information and new guidance are constantly changing so please be aware that all the information in this letter and/or registration packet is subject to change based on the recommendations from Erie County Health Department and the CDC.

- Availability: Space is limited. **Students are accepted to our program in the orders in which the registration packets are received.**
 - Mandated change:
 - Last year: One child care staff member per 18 school-aged children.
 - **This year: One child care staff member per 9 school-aged children.**
- Health and Safety: Department of Jobs and Family Services has developed policy and guidance for the 2020-21 school year. Please click on the link to review:
<https://emanuals.jfs.ohio.gov/ChildCare/ChildCareCenter/Rules/5101-2-12-02-2.stm>
 - Please be aware that:
 - Parents will not be allowed in the building
 - Pickup & Drop off will take place outside
 - All students will need to complete health assessment prior to arrival
 - Any student showing any of the symptoms listed in the health assessment will not be admitted
- Expectations of Children and Parents: There will be heightened health, safety and behavior expectations of children and parents (wearing masks, maintaining social distance, health screening, etc.). Exceptions to wearing a mask will be determined by the administrator. Termination of enrollment may occur if parent and/or child expectations are not being followed.
- Closure Contingency: The Erie County Health Department has guidelines on closure if someone in our program is identified as having contracted or having contact with someone with COVID-19. If this were to happen, all students in that group may be required to be picked up immediately and then stay home for a period of time. This procedure will be done with the guidance and recommendations of the Erie County Health Department.
- Huron City Schools reserves the right to make changes at any time: We are prepared to adapt, alter or cancel programming at any time. As health guidelines change, risk increases or decreases, we may need to make changes including closures, group size adjustments and change of locations.

Registration does not guarantee a spot. Space is limited. You must complete a new registration packet for each child. You will be contacted with an update during the week of August 17, 2020.

If you have any questions, please contact me through email (bkucbel@huron-city.k12.oh.us) or phone (419-433-1234 ext. 5502).

Sincerely,

Brian J. Kucbel



Dear Parents/Guardians:

Update to Tigers Kids' Club

Tigers Kids' Club will start on Wednesday, August 26, 2020

We would like to thank everyone for being patient as our team worked to make our program better and safer for our Huron Families. Changes to service requirements, and the unfortunate closure of other providers, have challenged us to adapt our program.

Program Cost

- Families will be charged daily or weekly
- Morning - Daily rate is \$5 per day
- Evening - Daily rate is \$6 per day

If a payment is not received for two consecutive months services will be canceled. Student/Students will then be placed on a waiting list.

Services will not be provided if school is closed. Morning childcare will not be provided if there is a delay.

Due to food allergies students are not permitted to bring in food. Thank you for helping us create a safer environment.

Important Dates - Only the afternoon program will be closed on the following days:

Tuesday, November 24, 2020

Tuesday, December 22, 2020

Thursday, April 1, 2021

Wednesday, June 2, 2021

The team is confident that these changes will help our families in need of support. We look forward to continuing to provide an excellent resource for childcare. If you have any questions or concerns, please let us know.

Shawnee Elementary

419-433-1234 extension 5502

Woodlands Intermediate

419-433-1234 extension 3002

Best Regards,
Huron City Schools



HURON CITY SCHOOLS TIGERS KIDS' CLUB BEFORE AND AFTER SCHOOL PROGRAMS

- Huron City Schools sponsors our Tigers Kids' Club Program.
- Fall registration has now begun for children attending Shawnee & Woodlands who are at least 5 years old.
- The program times for the 2020-2021 school year:
 - Shawnee from 6:30 am until school starts
 - Woodlands from dismissal until 6:00 pm.
- Huron school buses will transport the student between buildings.
- The Shawnee morning session involves the students in games, crafts, and breakfast is included. The after school session at Woodlands includes activities, a snack and help with homework.
- Call with questions regarding the cost of the program or to register your children
 - Shawnee Elementary, 419-433-1234 extension 5500
 - Woodlands Intermediate, 419-433-1234 extension 3000

POLICY AGREEMENT

Tigers Kids' Club does not receive State or Local monies to subsidize the program.

I understand I will be billed monthly. Further, I understand payment is due upon receipt of invoice. *If a payment is not received for two consecutive months services will be canceled. Student/Students will then be placed on a waiting list.*

I understand that there is a fee of \$25.00 per week per child for the AM program, and \$30.00 per week per child for the PM program. Parents using the program on an occasional basis will be charged at a rate of \$5.00 per day for the AM program, and \$6.00 per day for the PM program.

Students will be provided breakfast in the morning and a snack in the afternoon at no additional charge.

Financial aid will be offered for those in need based on the Federal Sliding Scale. The Federal Scale is on the next page. The Financial aid application will be available at Shawnee, Woodlands, or at the Board of Education Office beginning August 14, 2020. Verification of income and household size will be required for all applicants.

- **I understand I must sign my child "in/out" every day.**
- **I understand that late fees (\$1.00 per minute) will be imposed if my child is picked up after Tigers Kids' Club designated closing time of 6:00 PM.**
- **I understand the following steps will be taken when a child is left at the site past closing time:**
 1. All emergency contacts on the child's enrollment form will be called until 6:20 pm.
 2. The police will be notified if the child has not been picked up, so they can assist in finding the parent/guardians.
 3. I understand all forms in this registration packet must be completely filled out and turned in prior to my child's admission into the program.
- I understand I am required to disclose all medical, physical or behavioral issues at the time of my child's enrollment, and supplement such information on an ongoing basis.
- I understand I forfeit the privilege of participation in the program if all policies are not followed
- I understand that I will be held financially responsible for property damage caused by my child/children. (This includes, but is not limited to, any property owned or possessed by the Huron City Schools and any personal property belonging to others.)
- I understand nonpayment of program fees for two consecutive months will result in my child/children being placed on a waiting list.
- I understand children must abide by the guidelines/procedures identified in the Huron City Schools Parent/Student Handbook. Failure to comply may result in removal from Tigers Kids Club. I understand services will not be provided if school is closed. Morning childcare will not be provided if there is a delay.

Parent/Guardian Signature

Date

Please Print Name



REGISTRATION INFORMATION

*Print and complete each blank
If not applicable, write N/A in the space*

School Child Attends _____ Date of Admission _____
 Child's Name _____ Date of Birth _____
 Address _____ Phone _____
 Parent/Guardian Name _____
 Cell Phone _____ Work Phone _____

Please provide phone numbers to reach you while your child is in the program, in the order which you would like us to contact

1. Name, relationship to child _____
 cell or home number _____ work number _____
2. Name, relationship to child _____
 cell or home number _____ work number _____

Please list three authorized persons to take your child from the program in the event of an emergency

Name:	Name:	Name:
Home or Cell Phone:	Home or Cell Phone:	Home or Cell Phone:
Work Phone:	Work Phone:	Work Phone:
Physician	Dentist	Other Health Provider
Name:	Name:	Name:
Phone:	Phone:	Phone:

I give permission to provide first aid and transportation to an emergency care facility if needed. Parent/Guardian Signature _____

If you do not want your child transported to an emergency care facility or provided first aid, describe the procedures to follow:

Parent Signature _____

Child Medical and Dietary Restrictions

Medical / Health Needs:
Allergies and Treatment:
Diet Restrictions:
Medications:
NOTE: A MEDICATION FORM MUST BE COMPLETED FOR EACH MEDICATION ADMINISTERED WHILE IN ATTENDANCE AT THE PROGRAM.

Child Medical Statement

Childs Name _____ Date of Birth _____
Height _____ Weight _____

Limitations or health condition (including allergies, medications, dietary restrictions)

Immunizations: Please one

Complete for age Yes No **In Process** Yes No

Exempt from Immunizations: Please one

Religious conviction Yes No **Health Concern** Yes No

Other: _____

Request for the Administration of Prescription and Nonprescription Medication

A separate form must be completed for each medication.

Except in cases of emergency, parents shall give the first dose of any newly prescribed medication so that they may personally observe the child's reaction.

Section I

Parent Request for Administration of Medication

I hereby request and give my permission to the authorized staff member to administer the following medication to my child:

Child's Name _____

Medication to be administered _____

Dosage _____ time of dosage _____

Signature of parent _____ Date _____

Per SACC Rule section 3301-32-06C-1:

All prescription medicine must be current within the last twelve months, kept in its original container and have a legible label containing the child's name and written instructions for use from a licensed physician, nurse practitioner, or dentist. All medicines must be kept in a place inaccessible to children. An inhaler or nonprescription medication may be available to a school child with a special health condition with parental permission in accordance with the program's policy.

Section II

Log of Medication Administered by Authorized Staff Member

Date and Time of Dosage	Amount of Dosage	Signature of Authorized Staff Member



Child Drop-Off / Pick-Up Policy

When you enroll your child in Tigers Kids' Club, it is to be understood our policy is for you to bring your child into the center each morning, sign the attendance sheet, and let a staff member know your child has arrived. ***Please note, we are not legally responsible for your child when she/he is dropped off outside the building.***

As a parent or guardian, I am aware the Tiger Kids' Club staff is not responsible for my child unless I bring my child into the building and sign the attendance sheet and inform staff of my child's arrival.

I understand state law requires me to sign my child in and / or out each day. I also understand state law requires that I inform staff that my child is leaving.

Parent/Guardian Signature

Date



Program Usage

Please fill this out to the best of your ability

Please fill out this section so we are able to have a compliant student to teacher ratio. This will help us maintain a safe and nurturing environment for our families.

Morning:

Please ✓

Monday: Tuesday: Wednesday: Thursday: Friday:

Everyday:

Anticipated arrival time: _____

Afternoon:

Please ✓

Monday: Tuesday: Wednesday: Thursday: Friday:

Everyday:

Anticipated arrival time: _____

Financial Aid Assistance

If you will need financial aid assistance please complete the Huron Tiger Kids Club 2020-2021 Financial Aid Application. Please find the form on the Huron City Schools District website under Student/Parent drop-down. www.huronhs.com