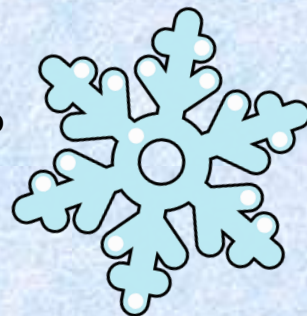# LATCHKEY KIDZ ZONE

BH Bloomfield Hills Schools

SNOW DAY Insurance Pass Program

2019-20

- ❄ The pass entitles Latchkey/Kidz Zone care for any and all snow days (provided the weather is not treacherous; if so you will be notified via Latchkey/Kidz Zone eNotify that the Snow Day Insurance Pass Program is cancelled).

- ❄ The fee for this pass is $100.00 per child if purchased by December 1st and $150.00 per child if purchased after December 1st.

- ❄ This pass is good for this school year only (2019-20). No refunds.

- ❄ You must be registered in the Latchkey/Kidz Zone program to use the Snow Day Insurance Pass Program.

- ❄ Latchkey/Kidz Zone care will be available at <u>Conant Elementary only</u> (West Quarton/Telegraph).

- ❄ Care is available from **8:00a-6:00p.**

- ❄ Insurance passes must be purchased prior to the snow day (at least two full school days prior). **If you purchased a Snow Day Insurance Pass and were scheduled for Latchkey/Kidz Zone on a snow day, then you would receive a credit for that day.**

- ❄ The Snow Day Insurance Pass Program will have special themed activities.

- ❄ The children will play outdoors, please provide appropriate outerwear.

- ❄ Latchkey/Kidz Zone will provide lunch *(pizza, baked chips, applesauce, 100% juice box)* for your child. We will also provide morning & afternoon snacks. (If your child has an allergy, please provide his/her lunch, snacks, epi-pen, etc.)

- ❄ If you have any questions, please call 248.341.7950.

- ❄ To register, please complete this form and turn it in with your payment.

- ❄ You can either turn it into your Latchkey/Kidz Zone Supervisor, email it to Latchkey@Bloomfield.org or KidzZone@Bloomfield.org or mail to:

    Bloomin' Preschool Fox Hills
    Attn: Latchkey/Kidz Zone
    1661 Hunters Ridge Drive
    Bloomfield Hills, MI 48304

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I would like to purchase a 2019/20 Snow Day Insurance Pass for:

Child's Last Name_____ First Name_____ Grade_____ School_____

Child's Last Name_____ First Name_____ Grade_____ School_____

Child's Last Name_____ First Name_____ Grade_____ School_____

Allergies (list child's name/allergy…provide medication that day if needed) _____

Parent/Guardian Name_____ Contact #_____

Parent/Guardian Signature_____ Date_____

Payment amount _____ ☐ Cash ☐ Check #_____ ☐ EFT-credit card on file

~~ Please make checks payable to BLOOMFIELD HILLS SCHOOLS ~~