July 27, 2020

**Summer 2020 Newsletter**
Welcome to DECA Middle for all of our new families and welcome back to those who are returning! What a strange time to be alive. We want to thank you, DECA families, for your patience, flexibility, and support during this challenging season. We want to take a second to acknowledge the uncertainty that this pandemic has caused for us all. WE ARE STRONGER TOGETHER AS A DECA FAMILY!! Please take time to read the following newsletter and enclosed documents as they include essential information prior to the school year. After thoroughly reviewing, please sign and return ALL completed forms contained in this mailing by Friday, August 14th. **Please visit the website for all things pertaining to 2020/21 Reopening Plan for information/questions/concerns at www.daytonearlycollege.org. Also, keep up-to-date thru our Facebook: Dayton Early College Academy and Instagram @deecamiddle.**

Charlie Bull, Principal/Eric Feltner, Assistant Principal

**First day of school:** Monday, August 24, 2020.

**Food Service / National School Lunch Program:** We are trying a new pilot program that will allow for free breakfast/lunch for ALL students with the Remote Learning program! We will need 100% participation for this to happen and that is where you come in—enclosed are the breakfast/lunch application instructions for this year. All application sign-ups are due **Friday, August 14, 2020.** Keep in mind: sign-up may not work thru the Freedom Café app on cellphones.

**Incoming 7th Grade Immunization Requirement:** All students entering the 7th grade are required by law to have a Tdap (tetanus, diphtheria, pertussis) and MCV4 vaccines prior to the start of school. Your child may receive this vaccine from their doctor’s office or clinic. A copy of the updated immunization record must be provided to DECA Middle prior to your child’s first day. Failure to provide this important medical information may result in exclusion from school, so please be sure to schedule an appointment for your child right away.

**Transportation (to be used for 2nd quarter):** Use this link to register for busing to/from school or daycare location (link may not be accessible thru a cell phone). Please use the link even if you **will not** need busing as this will let us know you have completed this portion of enrollment: https://forms.gle/buQpP3edNrvL4E8H8

(see back for what is included in this mailing-if any items are missing visit: daytonearlycollege.org, DECA Middle campus, Parent Information tab)

DECA MIDDLE 110 North Patterson Blvd., Dayton, OH 45402 Office:937.528.6808 Fax:937.528.6624 daytonearlycollege.org

Put Students First • Demand Success • Invest Deeply in Relationships • Do What’s Right • Prove Education Changes Lives • Find Joy

*Please contact DECA Middle’s front office for translation needs*
Summer Newsletter Packet includes:
Breakfast/Lunch Sign up Letter w/instructions
DECA Middle Emergency Medical Authorization Sign-off
DECA Middle Authorization Transportation Pick Up/Family Contact Form
DECA Middle Code of Conduct Sign off
DECA Middle Parent/Guardian Sign-off Sheet
Dear Parent/Guardian,

Please help us by completing your online
Free and Reduced Price Family Meal Application for 2020-21!

It is MANDATORY that ALL parents/guardians complete the online application process to determine your household eligibility for this school year. The entire process is simple if you follow the attached directions EXACTLY. The school is PILOTING free meals for all students but in order to do so, we need your help! We need 100% response on these forms, with accurate SNAP/OWF case numbers, for our state funding. If families do not complete the form, or do not participate in the meal program, school meal fees will be reinstated. See letter explaining our new pilot program.

Please complete the online application **ASAP** to ensure time for processing.

Your Freedom Cafe user id and password carries over year to year. New to the school? You will want to sign up as a new user and keep a record of your login and password for future year’s use.

**IF YOU CHOOSE NOT TO COMPLETE AN APPLICATION OR KNOW YOU WILL NOT QUALIFY PLEASE COMPLETE THE FOLLOWING AND RETURN TO THE SCHOOL OFFICE:**

Student(s) Name/Date of Birth (please print):


Parent’s Name (please print):


Parent’s Contact Number:


Sincerely,

David Taylor
Superintendent

This institution is an equal opportunity provider.
7/20/2020

Dear Parent/Guardian:

Great news for you and your student!

The Dayton Early College Academy is participating in a pilot program for all students to receive free meals for the upcoming school year 2020-2021 — regardless if you qualify for the federal free and reduced price program. If your child attends DECA PREP, DECA Middle and/or DECA High, breakfast and lunch will be available to them at no charge.

In order to offer no charge meals to our students, ALL parents/guardians must complete the online Free and Reduced Price Family Meal Application in order to participate in this program and offer free meals; whether your student(s) will be on the Hybrid Learning schedule or the Remote Learning schedule, your family MUST complete an application. In future years, if the pilot program continues, the household income form you will have to complete is much simpler than the current Free and Reduced Price Family Meal Application.

Studies have shown that children who eat breakfast and lunch perform better in school. By providing breakfast and lunch to all children at no charge, we are hoping to create a better learning environment for our students.

The school meals that we serve follow U.S. Department of Agriculture guidelines for healthy school meals. The Universal Breakfast Program cannot succeed without your support; please encourage your children to participate in the school breakfast and lunch.

Applications will be used to determine eligibility for free and reduced price percentages to be used in non-base years of the program. Meals will be served to all students at no charge regardless of the eligibility status.

Please see the enclosed instructions for filling out the online application. If you have any questions about the program, please feel free to contact us at (937) 985-DECA (3322). We are looking for 100% participation!! Help us by doing your part to make this program possible.

Sincerely,

David Taylor
David Taylor
Superintendent
Online Free & Reduced Price Meal Application Instructions

Please follow these directions EXACTLY to fill out an online application. IF YOU DO NOT FOLLOW THE LINK EXACTLY YOU MAY BE UNABLE TO SUCCESSFULLY COMPLETE THE REGISTRATION/APPLICATION PROCESS.


2. Click on the "Sign Up" link to create an account. If you are already registered in the Freedom Café site and are not registering any new students, please login and skip to step 7. Your login is your email address. If you forgot your password please click "forgot password" and it will be emailed to you.

3. Fill out all sections of the registration form and click the "Register" button to create your account.

4. Upon creating your account, you will receive a screen prompting you to check your e-mail for an activation link. YOU WILL NOT BE ABLE TO ACCESS THE FREEDOM CAFÉ PARENT PORTAL UNTIL YOU HAVE CLICKED ON THE ACTIVATION LINK IN THE EMAIL.

5. Once you have clicked the activation link, return to www.myfreedomcafe.com/Deca and login using the login and password you created.

6. Click the "Add Student" link. Remember to add any, all, and new students to the account. Enter all information for students entering DECA High, DECA Middle or DECA PREP, noting the following critical items: One application may be completed for all students in the family that attend any one of our three schools. It is NOT necessary to complete a separate application for every student in our household. YOUR CHILD’S NAME MUST MATCH THE SPELLING AS REGISTERED AT THE SCHOOL or the system will be unable to locate him/her. The exact spelling of your child’s name (First name, last name) on their birth certificate/passport must be used. *Students transferring from DECA Middle to DECA High (9th grade) will need to register using their NEW STUDENT ID NUMBER.

7. Begin the process of submitting a Free and Reduced Meal Application by pressing the "Submit Application" option. You will receive step-by-step instructions on how to submit an application from that point forward. Please make sure when you begin the application process that all your students show up in the application.

8. Please have your SNAP or OWF benefit number on hand when completing the application. It must be a seven-digit number to qualify for free meal benefits.

9. Determination letters will be sent home within 10 days.

DEADLINE: **ASAP**

This institution is an equal opportunity provider.
DECA Middle and its students and their families work together on behalf of the students. I understand the importance in my role in the home/school partnership to the welfare of my child, and I agree to support this partnership in all possible ways, including:

**Relationships:**
- Developing a strong partnership between the family and the school to best meet the needs of my child and others.
- Working as a team to solve issues and to communicate effectively with respect and care.
- Using constructive, meaningful language with children and others with whom I interact.
- Partnering and cooperating with the school should any discipline issues occur with my child.
- Providing DECA Middle office personnel with two working phone numbers at all times and updating new contact information as soon as it becomes available.

**Excellence:**
- Ensuring that my child’s homework is completed daily and signed as appropriate.
- Ensuring that all school materials, bags, and equipment are returned on time.
- Making sure my child comes to school clean and well-groomed, that s/he is dressed according to the uniform requirements, and immediately replacing uniforms as they wear out or are outgrown.

**Accountability:**
- Ensuring my child arrives to school and is picked up from school in a timely manner.
- Returning the school folder each day, complete with the necessary forms and/or materials and signed by a family member.
- Adhering to the health policies as stated in the handbook and making appropriate arrangements so my child is picked up in a timely manner should he/she become ill during the school day.
- Attending all scheduled parent-teacher conferences, scheduled home visits, and other required meetings, in support of my child and his/her school.
- Meeting all financial obligations to DECA Middle on or before the due date according to the selected payment schedule.
- Responding promptly to all calls from the school regarding any issues with my child’s behavior.

**Leadership:**
- Taking an active role in my child’s education, in part by discussing school and learning with my child, and enforcing the importance of being a leader at school and at home.
- Addressing my child’s teacher immediately if a concern arises. If an issue is not resolved to my satisfaction, it is my responsibility to communicate with the Principal.

I have read and agree to the terms outlined above in the DECA Middle Family Compact.

I understand that the reason for this contract is that DECA Middle recognizes the family as a partner in education of my child and his/her success depends on our commitment to that partnership.
DECA Middle
EMERGENCY MEDICAL AUTHORIZATION 2020-21

Date

Student's Last Name First Middle Sex Date of Birth Primary Phone#

Student's Address
Zip

Mother/Guardian Phone
Employed by
Work Phone
Work

Father/Guardian Phone
Employed by
Work Phone
Work

ALTERNATIVE PERSONS TO BE NOTIFIED WHEN PARENTS CANNOT BE REACHED

(1) Name Phone (2) Name Phone

EITHER PART I OR PART II MUST BE COMPLETED

Part I: CONSENT GRANTED

In the event reasonable attempts to contact _______________ at _______________ or _______________ at _______________ have been unsuccessful, I hereby give

my consent for (1) Administration of any treatment deemed necessary by Dr. __________________________

Preferred Physician

or Dr. __________________________ or in the event the preferred practitioner is not available, by

another licensed physician or dentist; and (2) The transfer of the child to: __________________________

Preferred Hospital

or any hospital reasonably accessible.

THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINIONS OF TWO OTHER LICENSED PHYSICIANS/DENTISTS CONCURRING IN THE NEED FOR SUCH SURGERY ARE OBTAINED BEFORE SURGERY IS PERFORMED. PLEASE LIST BELOW FACTS CONCERNING THE CHILD'S MEDICAL HISTORY OR ANY PHYSICAL IMPAIRMENT TO WHICH A PHYSICIAN SHOULD BE ALERTED.

Has your child ever had: Heart Trouble ___ Tuberculosis ___ Epilepsy ___ Diabetes ___ Other ________

Explain any Allergy or Disease causing difficulty: ______________________________________________

Explain any regular use of medicine: ___________________________________________________________.

DATE SIGNATURE OF PARENT/GUARDIAN ADDRESS

Part II: CONSENT REFUSED

I DO NOT GIVE MY CONSENT FOR EMERGENCY MEDICAL TREATMENT OF MY CHILD. IN THE EVENT OF ILLNESS OR INJURY REQUIRING EMERGENCY TREATMENT, I WISH THE SCHOOL AUTHORITIES TO TAKE NO ACTION OR TO:

__________________________________________

__________________________________________

__________________________________________

Date Signature of Parent/Guardian Address
DECA Middle Authorized Transportation Pick-up Information
2020-2021 School Year

I AM permitting the following person(s) to transport my child/to/from school. I understand that if a person is not on the following list, the school will not release the student without first contacting the parent/guardian. *VALID ID MUST BE PRESENTED WHEN PICKING UP. PROVIDE AS MANY NAMES AS POSSIBLE IN THE EVENT OF ILLNESS/EMERGENCY

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(Please add more names/relationship/phone number on back of this page, if needed)

The following persons are NOT permitted to transport my child (if applicable):

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DECA Middle Family Contact Information
2020-2021 School Year

Please complete the following information for DECA’s Middle One Call system in order to receive messages regarding student attendance, parent meetings, school delays/closures and other important events.

Student name: _______________________________ Date: _______________

Primary contact name: _______________________________ Phone: _______________

Alternate contact name: ___________________________ Phone: _______________

Parent/Guardian Signature _______________ Date: _______________
DECA Middle
Parent/Guardian Code of Conduct Agreement Acknowledgement
2020-2021 School Year

Date: ____/____/____

I, ______________________________________________________ of

Parent/guardian (please print)

________________________________________________________

Student name (please print)

have reviewed the DECA Middle Student Code of Conduct with my child and mutually agree to abide by this code.

Parent/Guardian Signature:

________________________________________________________

Important: The Student Code of Conduct is available for review on the “Parent Information” tab under the DECA Middle campus on our website daytonearlycollege.org

DECA MIDDLE 110 North Patterson Blvd., Dayton, OH 45402 Office: 937.528.6808 Fax: 937.528.6824 daytonearlycollege.org
Put Students First • Demand Success • Invest Deeply in Relationships • Do What’s Right • Prove Education Changes Lives • Find Joy
Parent/Guardian Sign-Off Sheet

Acknowledgement of Directory Information Policy Notification 2020-21
(found: www.daytonearlycollege.org, DECA Middle campus, Parent Information)

I acknowledge that I have read a copy of DECA Middle’s policy (listed on the website: www.daytonearlycollege.org) regarding Directory Information. I understand that if I do not wish for any directory information on my child to be released, I must indicate that in writing to the DECA Middle Board.

Parent/Guardian: __________________________ Initial: __________________________

DECA Middle Family Compact 2020-21
(found: other side of this sign-off sheet)

I, __________________________________________________________

(parent/guardian), of ___________________________________________ (student name), have read and agree to the school, parent and student responsibilities outlined in the Parent/Guardian Compact (listed on the website: www.daytonearlycollege.org). I understand that a copy of this contract will remain on file and in effect throughout my child’s school career.

Parent/Guardian: __________________________ Initial: __________________________

DECA Middle Photo Release Form 2020-21

I authorize DECA Middle to use the name of my child and photographs in which my child appears for the purpose of promoting DECA Middle through publications released by DECA Middle. Such publications include, but are not limited to, alumni publications, campus publications, press releases and other outlets, electronic versions of the same publications, or other electronic forms of media. Classes may also be videotaped for the purpose of instructional assessment and improvement.

I hereby waive any right to inspect or approve the finished photographs or printed or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photograph.

_____ I authorize the use of my child’s photo as described above

_____ I do not authorize the child’s photo as described above

Parent/Guardian: __________________________ Initial: __________________________