



## SUMMER PROGRAM REGISTRATION FORM 2021

### CHILD INFORMATION

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender:  Male  Female Age: \_\_\_\_\_ Father/Guardian Name: \_\_\_\_\_

Drive License # \_\_\_\_\_

Mother Name: \_\_\_\_\_ Drive License # \_\_\_\_\_

**SECURITY DEPOSIT:** \$50 per family due upon registration. This deposit will be credited toward the first summer tuition, either June or July.

**REGISTRATION FEE:** \$150 per child, non-refundable, if **NOT** currently enrolled at PMA.

**SUPPLY FEE:** \$20 per student, non-refundable, added to the tuition invoice, per Summer Session.

### PROGRAMS:

Summer Session I (June 1-Jun 30th)

Summer Session II (Jul 1-Jul 29<sup>th</sup>)

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The Supply fee and the remaining tuition payment are due by June 1<sup>st</sup> and/or July 1<sup>st</sup>. A \$5.00 daily late fee is assessed on late payments after the 1<sup>st</sup>. If payment is not received by June and/or July 5<sup>th</sup>, the child will be considered withdrawn from the program. No allowance or refund will be made due to illness, absence or vacation without proper notice. There is a \$35.00 service charge on all returned checks.

### TUITION:

Summer sessions will be billed at the Monthly/Weekly tuition rate for your child's program. For students in the Public Afterschool program or those registered just for the Summer will be charged at the rate of \$175/week for the Summer session.

**ALL SUMMER TUITION AND FEES ARE NON-REFUNDABLE AND NON- TRANSFERABLE THEREFORE CANNOT BE APPLIED TOWARD THE 2021/22 ACADEMIC YEAR**

By signing below we agree to the Summer Program Registration and Enrollment terms and conditions.

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# COVID-19 PUBLIC HEALTH EMERGENCY SPECIAL PROGRAM

## ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE

FAMILY/CHILD VERSION: This should be initialed and signed by BOTH parents. Please read and initial each statement below.

1. \_\_\_\_\_ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
2. \_\_\_\_\_ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area I MUST wash my hands before entering, remove my shoes and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.
3. \_\_\_\_\_ I understand that to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include,

- fever of 100.0 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath & Difficulty Breathing
- Chills & Repeated Shaking
- Loss of taste or smell
- Sore Throat
- Muscle aches
- Headache
- Diarrhea

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

4. \_\_\_\_\_ I understand that my child's temperature will be taken every 2 hours throughout the day while on facility premises.
5. \_\_\_\_\_ I understand that my child or other children may wear a mask while in the facility and on facility premises. (OPTIONAL, for now, rules may change)

6. \_\_\_\_\_ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
  
7. \_\_\_\_\_ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county or local orders. I will follow any recommendations from the CDC that limits my child's risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.
  
8. \_\_\_\_\_ I will immediately notify Pinnacle Montessori management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify Pinnacle Montessori management if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.
  
9. \_\_\_\_\_ I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.
  
10. \_\_\_\_ I Understand that I am choosing to have my child participate at Pinnacle Montessori. I understand and Acknowledge that if My Child tests Positive for COVID-19 that Pinnacle Montessori is not responsible.

I, \_\_\_\_\_ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Pinnacle Montessori will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: \_\_\_\_\_

DOB: \_

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

Parent Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Director : \_\_\_\_\_

Date : \_\_\_\_\_