$\begin{tabular}{ll} My School & {\tt Summer Enrollment Form} \\ \end{tabular}$

CITTO'S Name	
Date of Birth	_ Child's Age
Parent's Name	
Home Address	
Phone Number Where you can be	reached
Food AllergiesOthe	er Allergies
Child's naptime routine (if the	ney nap)
Give any other information that child better:	at would help us know your
Authorized to pick up child	school
U	
Anyone who cannot pick up chil	d
Parent Signature	Date

Emergency Information

It parents can not be	reached in an emergency,	caii:
Name	Phone	
Name	Phone	
Physician	Phone_	
Allergies or special pr	oblems	
I do hereby authorize	emergency medical care f	or my child
Signature	Date	
I understand that /	My School is not re	quired to be
licensed by the Sta	te of Tennessee as a cl	nild care facility,
pursuant to TCA T1	-3-503(a)(7).	
1		n
Signature	Ny SCAT	
Photography Permissio	on (
Yes I give peri	mission to My School to p	hotograph my child. I
_ ,	se pictures may be use	
	it not limited to face book.	
No I do not give	e permission to My school t	o photograph my child.
Yes I give perm	nission to my school to phot	ograph but only for use
in the classroom.		
	Signature	

My School located at 964 County Road 180 Athens, TN recognizes that there is currently a COVID-19 pandemic around the world, and there are COVID-19 cases in this locale.

This child care center will do everything possible to prevent your child from contracting the COVID-19 virus while here. However, this child care center and Clearwater Baptist Church cannot be responsible if your child contracts COVID-19 while enrolled.

In consideration of your child being enrolled at My School, by your signature below, you assume all risks for your child contracting COVID-19 at the child care facility, and further you release, indemnify, defend, and forever discharge My School, its staff, employees, agents and representatives from any and all liability if you child contracts the COVID-19 virus while at this child care facility.

Child's Name
Parent/Guardian Signature
Parent/Guardian Printed Name
Date My School
Tuition is due monthly by the 10^{th} or bi-monthly by the 10^{th} and 25^{th} .
Checks should be made payable to Clearwater Baptist Church. Please return this form along with the \$15 non-refundable registration fee.
Office use only

Date

Registration fee ___



Dear Parents,

Welcome to the My School summer program. We are excited to spend time with your child, having fun and learning a little bit too.

Our summer program will start Monday June 6 and will run through Wednesday July 13. School will start at 9:00 and end at 2:00. Your child will need to bring a packed lunch (we can heat food up) and a change of clothes with them to school. If you would like your child to nap at school please note it on the enrollment form. Your child may bring a stuffed animal and/or blanket if they need it to sleep with.

There is a \$15 registration/supply non-refundable fee to be paid with enrollment form. Tuition is \$175 and is due by June 10.

If you have any questions or concerns please contact me at 368-9299. You can also text.

Thank you,

Christina Hughes

My School

Policies/Procedures

Days and Times: Monday and Wednesday 9:00am to 2:00pm.

<u>Arrival and Departure</u>: We encourage parents to make every effort to have children to school on time. You may start drop-off at 8:50. No Parent will be allowed into the classroom. Children will be met at the front door. Upon entering the child will wash their hands before entering the classroom. We require written permission in advance for anyone other than persons authorized on the enrollment form to pick up.

<u>Clothing</u>: Your child should dress comfortable for play and weather. For your child's safety sandals should include a heel strap. Please send a complete change of clothing including socks and underwear in case of accidents.

<u>Lunch</u>: Children need to bring a lunch and water bottle with them each day. Food allergies need to be noted on the enrollment form so the staff can make appropriate arrangements.

Toys: We request that no toys be brought from home.

<u>Health</u>: A child needs to be fever free with no medication, diarrhea, and vomit free for 24 hours before coming back to school. A child may not attend if a family member has a fever or contagious illness. If a child falls ill at school they will be separated from the class until a parent can come pick them up.

<u>Medication</u>: If your child needs medication during school hours you must fill out the written medication form and bring medication and form to the director.

Cleaning and Disinfecting Guidelines: We will continue to clean and sanitize the rooms as normal with a few extra precautions in place. Bathrooms will be cleaned twice during the school day as well as at the end of the day. Tables and Chairs will be cleaned before as well as after use. Toys will be disinfected daily instead of weekly. We will be more diligent about watching for toys put in a child's mouth and place them in the dirty bucket to be cleaned. Gloves will be worn by staff when assisting with bath rooming as well as when diapering a child. Rest mats and cribs will be used by the same child each time and children will be placed apart during nap time. Mats will be cleaned after each use. Blankets and Sheets will continue to be washed weekly.

My School