****Breath of Life Preparatory Academy**

***Training Eaglets to Soar Pre-K2 – 2nd Grade***

Summer 2020 COVID-19 Waiver and Acknowledgements

Student Information:

Eaglet’s First Name:       Middle Name:       Last Name:       Birthdate:

Street Address:       City:       State:       Zip Code:

Physical limitation(s):       Daily Medication:       Allergies:

**Does the student reside with any essential workers or healthcare professionals?** If yes, please elaborate

**Is the student new or returning to the program?**

**COVID-19 Liability Waiver:**

**\*Please check the boxes below to indicate acknowledgement and understanding.**

I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.

I agree to inform BOLPA if my child, or someone in my/my child’s household should become ill or display any symptoms related to COVID-19, including; cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

I further acknowledge that Breath of Life Preparatory Academy has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.

I further acknowledge that Breath of Life Preparatory Academy cannot guarantee that I or my child will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, BOLPA’s Staff, and other students and their families.

I voluntarily seek services provided by Breath of Life Preparatory Academy and acknowledge that I may be increasing my child’s risk to exposure of the Coronavirus/COVID-19. I acknowledge that I must comply with all set procedures to reduce the spread of COVID-19 while my child attends BOLPA.

I attest that:  
\* Neither my child, or myself is experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.  
\* Neither my child, or myself have traveled internationally within 14 days of July 6th.  
\* Neither my child, or myself have traveled to a highly impacted area within the United States of America within 14 days of July 6th.  
\* I do not believe that myself or my child has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.   
\* Neither my child, or myself have been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.  
\* I am following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.  
I hereby release and agree to hold Breath of Life Preparatory Academy harmless from, and waive on behalf of myself, my child, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of BOLPA, or that may otherwise arise in any way in connection with any services received from BOLPA. I understand that this release discharges BOLPA from any liability or claim that I, my child, my heirs, or any personal representatives may have against BOLPA with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Breath of Life Preparatory Academy. This liability waiver and release extends to BOLPA together with all owners, partners, and employees.

I,       do hereby state that I am the legal guardian of      , a minor child age      , born on      , who resides with me at      . I,       have read **and understand all information in this document and have answered each field truthfully. I understand that BOLPA reserves the right to withhold service from any student that displays any symptoms of the coronavirus, as listed above. BOLPA also reserves the right to withhold service from any student who has come in contact with any confirmed cases of COVID-19 or a student whose household members display any symptoms of the coronavirus, as listed above. I,** **am in agreement with all information stated in the COVID-19 Liability Waiver above. I understand that typing my name below constitutes an electronic signature.**

**Parent/Guardian’s Full Name:       Date:**

**Summer Term Agreements**

**Please check the boxes below to indicate acknowledgement and understanding.**

**SECTION 1: TUITION AND FEES**

**TUITION and MODIFICATION CONDITIONS:** I understand that rates are subject to change with reasonable notice as conditions require. BOLPA follows state specific required time frames on tuition and modification notices. I understand that when BOLPA is open for three or more days in a week, full tuition is due.

**Vacations:** Parents are required to a submit vacation request form (at www.bolpp.org/documents) whenever their child will be absent for three or more days. While on vacation, accounts will be billed a weekly space holding fee of $60.

**PAYMENT OF TUITION:** I understand that tuition is due and payable, on the first day of attendance each week. Appropriate alternate Tuition Fees must be paid during preschool breaks.

**LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of $25 per week that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. BOLPA cannot guarantee a child’s spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

**AGENCY REIMBURSEMENT:** I understand that I am solely responsible for any tuition payment and late fees in excess of any agency or third-party reimbursement in accordance with the applicable contract. I also understand that I am solely responsible for promptly communicating any changes in my status that would affect my agency reimbursement, and that I am solely responsible for payment of any tuition in excess of any agency or third-party reimbursement resulting from my failure to promptly communicate status changes.

**CHARGES AND PROCEDURE FOR LATE PICK-UP:** BOLPA is open from 7:00 AM to 5:00 PM, Monday through Friday. I understand that if I fail to pick up my child by the scheduled closing time, a late fee will be billed to my account.

**RETURNED CHECKS:** I understand that a **processing fee of $25 per check** will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period. If my school uses Telecheck, I am authorizing the payee, or its agent, upon receipt of my check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. In the event that my check is returned for non-payment, Telecheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

**SECTION 2: DAILY PROCEDURE**

**ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up my child within one hour of such notification. If my child is exposed to or contracts a contagious disease, I agree to notify BOLPA and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

**SUPPLIES:** I understand that I am responsible for bringing three containers of Clorox/disinfectant wipes, one box of tissue, and one bottle of hand sanitizer. Due to increased cleaning procedures these items are necessary to ensure the cleanliness of your scholar’s learning environment.

**SECTION 3: CLOSINGS**

INCLEMENT WEATHER, PANDEMICS/OUTBREAKS, OR OTHER DISASTERS: I understand that it is the company’s intention to be open and provide childcare service every weekday of the year, excluding holidays, but that inclement weather, natural/national disasters, pandemics/disease outbreaks, or major building issues may disrupt service from time to time. I will contact BOLPA to ensure that it is open during inclement weather/natural disaster. I agree that in the event that BOLPA is closed for an extended period of time, I will continue to be responsible for my tuition payments for up to three business days.

**\* Please check the boxes below to indicate agreement and understanding.**

**I am aware that the BOLPA Parent Handbook is online (bolpp.org/documents), and I am in agreement with all of the information stated inside the handbook.**

**I have read and understand all information in this document, and I have answered each field truthfully.**

**I understand that typing my name below constitutes an electronic signature**

**Parent/Guardian’s Full Name:** **Date:**