



Exploring New Horizons Registration & Contract: Fall 2020

Services

Exploring New Horizons (ENH) shall provide the following basic services for

(Name of child being enrolled)	(Date of birth)
(Name of child being enrolled)	(Date of birth)
(Name of child being enrolled)	(Date of birth)
(Name of child being enrolled)	(Date of birth)
(Name of person(s) enrolling child)	(Relationship)

1. Fall Session runs from Monday, September 14 – Friday, November 20.
2. Parents/guardians will drop off and pick up children each day at the designated location. Locations of drop off/pick up will be provided two weeks before the start of camp.
3. The camp shall give basic first aid to a hurt child. A parent/guardian shall be contacted if the staff deems immediate medical attention necessary. In the event a parent/guardian cannot be reached the child shall be transported to a medical facility by ambulance. Full financial responsibility for all treatment shall be assumed by the parent/guardian.
4. The school reserves the right to contact parent/guardian or designated emergency contact in the event the child appears ill. The child shall be isolated until called for.

Rates for Basic Services

Number of Days a Week/Time	Rate
2 Days / 12-5pm <input type="checkbox"/> M/W <input type="checkbox"/> T/TH	\$70/day

Miscellaneous Fees	Amount
Late Payment of Tuition (After the 5 th)	\$25
Emergency/Late Pick-Up	\$10 for the first 1-10 minutes late; additional \$20 for subsequent 11-20 minutes late
Bounced Check fee	\$15

Obligations of Parent/Guardian

1. All requested paperwork will be turned in prior to the child's first day of camp.
2. Parent/guardian or designated representative shall sign and record the correct time on the daily attendance sheet before leaving the child at camp or picking the child up.
3. The parent/guardian shall notify the school when someone other than those named on the health form will be calling for the child.
4. The parent/guardian must assume responsibility for monitoring child health. Symptoms of illness (including fever or diarrhea within 24 hours of the school day, unexplained rash or skin eruption, red throat, earache, swollen neck glands, headache, eye irritation, cough or excessive mucus) shall necessitate alternative arrangements for care made by the parent/guardian.
5. The parent/guardian will provide the child with a nutritious lunch daily as well as a pen, unlined hardback notebook, a small cloth (bandana/dish towel for lunch), and clean face covering.
6. The parent/guardian shall notify camp of possible exposure to communicable disease.
7. The parent/guardian shall not reprimand children of other families at drop off/pick up.
8. The child shall be called for promptly at the agreed upon time. Late fees will be assessed.

Payment Provisions

Tuition: \$70/day (Initial) _____

1. Tuition is due 2 weeks before the first day of attendance and thereafter is due monthly by the 5th of the month. Tuition can be mailed by check or paid by PayPal with a 3.5% added charge. (Initial) _____

2. Children are **admitted for the duration of the fall session.** You are obligated to make the tuition payments for every scheduled day of program during the entire period, except in the event of an early withdrawal or termination of this agreement/contract, as described below. (Initial) _____

Force Majeure

ENH shall not be liable or responsible to the other party, nor be deemed to have defaulted under or breached this Agreement, for any failure or delay in fulfilling or performing any term of this Agreement, when and to the extent such failure or delay is caused by or results from acts beyond ENH's control, including, without limitation, the following force majeure events (Force Majeure Events): (a) acts of Nature; (b) flood, fire, earthquake, epidemic(s), pandemic(s), public health emergencies or explosion; (c) war, invasion, hostilities (whether war is declared or not), terrorist threats or acts, riot, or other civil unrest; (d) government order or law; (e) actions, embargoes, or blockades in effect on or after the date of this Agreement; (f) action by any governmental authority; (g) national or regional emergency; and/or (h) shortage of adequate power, resources or transportation facilities.

In addition, ENH retains sole discretion to modify their curriculum, schedules, length of school year, means of learning, and teaching methods, whether in response to a Force majeure Event or any other reason in ENH's sound business judgment. Such changes do not excuse Parents from their obligations hereunder, including but not limited to the payment.

However, if the camp must close for a designated amount of time due to (a) a new Shelter in Place law put in place or (b) the detection of a positive COVID-19 case within a group, parents/guardians will not have to pay for any days children are not able to attend camp. (Initial) _____

COVID-19 and Other Illnesses

I agree to indemnify and hold harmless all staff participating in this program and release ENH and all staff from any and all liability for any injury which may be suffered by my child. I acknowledge that there is a risk of contracting COVID-19 and I assume this risk voluntarily. ENH shall not be held liable for any illness contracted, including but not limited to, COVID-19. ENH and its staff members will not be held liable for any staff member, child, or family member/guardian contracting any illness, including COVID 19 and any effects, including death, that my result from exposure to COVID-19.

(Initial) _____

I have received and read the Exploring New Horizons Health & Safety Plan for COVID-19.

(Initial) _____

This agreement/contract shall be terminated if:

1. Failure of the parents/guardian to honor the obligations as outlined in this agreement.
2. The camp determines that it is unable to meet the needs of the child.
3. The staff determines that it is not in the best interest of the camp or the other children enrolled at the camp to have the child in attendance.

If any of the above is determined, parents/guardians will not have to pay for any days children are not able to attend camp.

(Initial)_____

Signature to Contract:

I agree to pay ENH the tuition amount as indicated above during the month(s) of August through November.

I agree to abide by the policies of this agreement/contract. My signature below indicates that I have read the terms of the agreement/contract and understand the basic services, obligations, behavior management, termination procedure, force majeure and COVID-19 provisions, and payment responsibilities.

It further indicates that all my questions have been satisfactorily answered.

Parent/Guardian

Date