



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)

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(Name of child being enrolled) _____ (Date of birth)

(Name of person(s) enrolling child) _____ (Relationship)

1. Fall Session runs from Tuesday, September 8 – 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

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