



COVID-19 ENROLLMENT CONTRACT

By signing below you are acknowledging the following policies that have been put in place to protect each member of our school community, as well as our school's ability to continue operations in the event of COVID-19 related interruptions. Please initial each statement and sign and date below in understanding.

_____I understand that by enrolling my child in The Learning Academy of Teton Valley (LATV) during the global COVID-19 pandemic I am responsible for ensuring that my child is not exhibiting ANY symptoms of illness prior to entering the school building each day.

_____I understand that if my child is exhibiting ANY symptoms of illness they may not return to school until they are symptom free.

_____I understand that if my child has a fever of 100.4 or above, I must confirm a negative COVID-19 and flu test or provide written recommendation from my health care provider that it is safe for my child to return to school.

_____Understanding that my confidentiality will be protected, I will immediately alert LATV of any COVID-19 exposure, symptoms or positive tests in my family or close contacts.

_____I realize that my family's exposure outside of the school setting can directly affect the students and teachers at LATV and will make responsible decisions regarding health and safety.

_____I acknowledge that even with the many safety precautions being taken by LATV, it is possible that my child could become infected with COVID-19 or could, in turn, infect a family member. I understand that the school is released from all liability, claims, demands, damages, costs, expenses, actions and causes of action related to the effects of COVID-19 on my child or any member of my family.

_____In the event of a school closure, I acknowledge that my upper/lower school student will be given distance learning opportunities equivalent to active in-person learning time (lunch and recess times excluded).

_____I understand that there will be no refunds or tuition discounts given for any COVID-19 related school closure of one consecutive month or less, for illness or for personal decisions to withdraw my student.

_____I have read and will adhere to the financial policies set forth regarding school closures of more than one consecutive month for my child's grade level. I understand that there will be no refunds or discounts for students in Tracks K-8 in the event of school closure, hybrid or distance learning of any length. If closure exceeds one consecutive month, early childhood students will be given the option to forgo tuition payments until in-person learning resumes.

_____I have read and understand the importance of LATV's COVID-19 Response Plan and will adhere with all policies, guidelines and protocols within. I understand that this plan is fluid and subject to change as new information becomes available.

Parent Name: _____ **Student(s):** _____

Parent Signature: _____ **Date:** _____