



STEM Child Care

2024 ENROLLMENT PACKET



ENROLLMENT REGISTRATION INFORMATION

Date of Registration: _____

Enrollment Start Date: _____

Monthly Billing

Weekly Billing

CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Child's Primary Language: _____ Parent/Guardian's Primary Language: _____

Parent/Guardian Email Address: _____ Cell Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed

Primary Residence: Mother Father Both Guardian _____

List the family members your child lives with—include names and ages of siblings:

Check Attendance Days:

MON TUE WED THU FRI

Estimated Arrival Time: _____ Estimated Departure Time: _____

ENROLLMENT REGISTRATION INFORMATION

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Email Address: _____

Driver's License Number/State: _____ Employer/Job Title: _____

Work Address: _____ Work Phone: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Email Address: _____

Driver's License Number/State: _____ Employer/Job Title: _____

Work Address: _____ Work Phone: _____

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CONTACT AND RELEASE PERSONS

Please list the persons you would like contacted (in order of priority) if you cannot be reached in case of an emergency. Check the "Emergency Contact and Release" box, as the persons listed will also be authorized to pick-up or accompany the child for the purposes of medical treatment. Additionally, please list the persons you would like to be authorized for pick-up only on a given day (i.e. babysitter). For these persons, check the "Release Only" box. For the safety of your child, we will request all authorized release persons with whom staff are not familiar to provide Government-issued photo identification at the time of pick-up. You may also be required to complete state-specific emergency release forms required by individual state child care licensing regulations.

Mandatory:

Name #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Email Address: _____

Driver's License Number/State: _____

Emergency Contact & Release

Release Only

ENROLLMENT REGISTRATION INFORMATION

Optional:

Name #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Email Address: _____

Driver's License Number/State: _____

Emergency Contact & Release Release Only

Optional:

Name #3: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Email Address: _____

Driver's License Number/State: _____

Emergency Contact & Release Release Only

If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information from this packet to verify your identity.

For all children's safety, it is critical to use your secured access to enter the building and sign in your child according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access code(s) with anyone else.

If you pick up your child after closing time, you will be charged a late fee of \$20 for the first 20 minutes (until 6:50 PM) and then \$1 per minute thereafter, per child, until the child(ren) is/are picked up. This late fee is due at the time of late pick-up. Please note that, per state licensing regulations, we are required to contact local law enforcement in the event that your child is not picked up by closing time (6:30 PM) and we are unable to reach any parents, guardians, authorized pickups, or emergency contacts. Please contact the Program Director for additional information.

Parent/Guardian Signature: _____ Date: _____



ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

SECTION 1: TUITION AND FEES

REGISTRATION FEE: I understand that an annual, non-refundable, Registration Fee of \$200 per child or \$350 per family shall be paid in advance to enroll my child.

TUITION DEPOSIT: I understand that a non-refundable one-month tuition deposit per child shall be paid in advance to enroll my child. This upfront, non-refundable, tuition deposit will cover a family's final month of tuition upon graduation or withdrawal.

TUITION and MODIFICATIONS CONDITIONS: I have been provided with the current tuition rate for the program I have chosen. I understand that tuition rates are subject to change without notice. Enrolling in tuition auto-pay is a requirement that applies to all families. By choosing to set up autopay for your child's account, you can enjoy the convenience it offers. If a family prefers not to use enroll in autopay, a small 5% penalty will be applied to your account for the additional administrative efforts involved in manually collecting payments. This penalty can be avoided by simply setting up autopay.

PAYMENT OF TUITION: I understand that tuition is due and payable on the first day of attendance each week for the weekly payment plan or by the 1st of the month for the monthly payment plan. Tuition is due in advance of service and will not be refunded for missed days, absences due to illness, or closures due to weather, holidays, emergencies, or acts of God.

LATE OR UNPAID TUITION: All tuition payments are due before care is provided. A late payment charge of \$30 will be accessed and added to your account if your payment is not received on the respective due date. An additional \$20 fee will be added for each day that the account is not paid in full. All late fees are subject to change without 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. The school 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.

SUBSIDY REIMBURSEMENT: I understand that I am solely responsible for any tuition payment and late fees in excess of any subsidy 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 subsidy reimbursement, and that I am solely responsible for payment of any tuition in excess of any third-party reimbursement resulting from my failure to promptly communicate status changes. If I fail to properly enter or verify attendance for any day my child is in attendance, I understand that I am solely responsible for the payment of tuition.

CHARGES AND PROCEDURE FOR LATE PICK-UP: The school is open from 6:30 AM to 6:30 PM, Monday through Friday all year, except for holidays, faculty training days, or closures due to inclement weather. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$20 for the first 20 minutes (until 6:50 PM) and then \$1 per minute thereafter, per child, until the child is picked up.

ADDITIONAL FEES: School age STEM camp will be open during the summer months and scheduled school breaks according to the local public school calendar. STEM Summer Camp children and children attending during scheduled school breaks may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. In instances of third-party reimbursement, Activity Fees may be my responsibility. Please consult the Director for details. Brightwheel charges a processing fee for tuition payments made by credit card. Please see our management staff if you need to make a payment by swiping a physical credit card.

DISCOUNTS: I understand that if I have more than one child enrolled and attending full-time from my immediate family, a twenty-percent (20%) discount from the usual tuition fee is offered and will be applied to the child with the lowest tuition rate. This sibling discount is available for only one (1) child. To qualify for this sibling discount, the children must be enrolled for full-time attendance (5 days/week) and tuition must be paid by the due date. If a failed payment causes tuition to be received late, then the sibling discount will be removed from the invoice. Discounts are not applicable on any fees, services, or special program promotions and cannot be combined with any other discount or promotion. Any other promotional discounts offered are discretionary and may be discontinued at any time.

FAILED PAYMENTS: I understand that a returned check fee of \$50 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 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. I am responsible for the principal amount plus all returned check fees. All other failed payments via Brightwheel will result in a \$25 fee for each failed payment. Numerous failed payments will result in dismissal from the school.

ENROLLMENT REGISTRATION INFORMATION

SECTION 2: DAILY PROCEDURE

DAILY SIGN-IN AND SIGN-OUT: I agree to sign my child in and out every day using the school's attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

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 upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-Admission Criteria in the Family Handbook or at the discretion of the school nurse.

MODEL RELEASE: I understand and agree that the company, its agents, and licensees, may use photographs, images, or video recordings of my child for internal communications and on Brightwheel when photos are taken. These images may be seen by other clients with children enrolled in the program when communicating through Brightwheel, for community newsletters, and on art projects within public view inside the school's premises.

PHOTOGRAPHS, VIDEOS AND AUDIO TAPES: I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

SCREEN TIME & MEDIA USE CONSENT & AUTHORIZATION: I consent and provide permission for my child to view and/or listen to developmentally appropriate videos and digital media for educational purposes in alignment with our curriculum and instructional goals. Screen time, which includes television, recorded media, computer, tablet, cell phones, video games, and other media devices, is prohibited for children less than two (2) years of age. All children will be provided with a developmentally appropriate activity if they lose interest in the media activity. STEM Child Care's policy regarding the use of television and video viewing states that total exposure to digital media should be limited to high-quality programming that is viewed with an adult who can help our scholars apply what they are learning to the world around them. For children of all ages, digital media must not be used during meal or snack times, during nap or rest times, or while in bed. When offered, digital media must be free of advertising as well as brand placement, violence, or inappropriate sounds.

INTERVIEWING CHILDREN AND INSPECTING RECORDS: I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

WITHDRAWAL FROM PROGRAM: I understand that I must provide a thirty (30) day written notice of withdrawal from the program. I agree to pay all tuition and fees for the notice period (from the date of withdrawal notification), whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

SECTION 3: HOLIDAYS, ABSENCES

HOLIDAYS: I understand that the school is closed on the holidays and closure dates reflected in our Family Handbook's School Calendar. I agree that I will not receive a refund, credit, or any other allowance for holidays or closure dates. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). There will be no credit given for absences due to illness, vacation, or emergencies.

EMERGENCY CLOSING AND INCLEMENT WEATHER INFORMATION: I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments.

ENROLLMENT REGISTRATION INFORMATION

SECTION 4: STATE LICENSING AND OUR POLICIES

ALL POLICIES & STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, our Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all Policies and state regulations.

FAMILY HANDBOOK: I have received a copy of the current Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

MODIFICATIONS: STEM may alter, revise, modify or delete any term of this Agreement in the event of a policy change.

I have reviewed these policies and brought any questions I have to the attention of management. I understand and will comply with the policies outlined in this Enrollment Agreement and as well as in STEM's Family Handbook. The policies in the latest version of this agreement will supersede all other previous documents.

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Name: _____

ENROLLMENT REGISTRATION INFORMATION

MEDICAL INFORMATION

Child's Name: _____
Date of Birth: _____
Emergency Contact (name and phone number)

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of a medical issue requiring a physician's care, would you like us to call your physician?

Yes No

Please provide the following information:

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

I (parent/guardian name) _____, do hereby state that I am a parent/legal guardian of (child's name) _____, a minor child, born on (child's date of birth) _____.

I authorize, for emergency purposes only, a designated employee of STEM Child Care located at 4981 Metzler Way, Castle Rock, CO 80108 to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of Colorado.

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Hospital Address: _____ Hospital Phone: _____

Dentist Name: _____ Practice/Clinic Name: _____

Dentist Address: _____ Dentist Phone: _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Last Tetanus/Diphtheria Booster: _____

Allergies to drugs, foods or other: _____

Please list any special medications or pertinent information: _____

Parent/Guardian Signature: _____ Date: _____

This authorization is effective immediately and valid for 1 year from the date listed above.

ENROLLMENT REGISTRATION INFORMATION

Topical Preparations (Preventive) Permission Form

Topical preparations such as petroleum jelly, diaper rash ointments, sunscreen, insect repellent, and other ointments may be administered to children with written authorization from the parent(s)/guardian(s).

These preparations may not be applied to open wounds or broken skin unless there is a written order by the prescribing health care provider.

Child's Name: _____

Parent/Guardian Name: _____

Sunscreen

You are required to provide your preferred sunscreen (full-spectrum UVA/UVB 30 SPF or greater) for your child's outdoor time. Please label it with your child's first and last name. If the sunscreen you provided becomes expired or is used completely, you will be notified via Brightwheel to replenish it. In the event that your child runs out of sunscreen, you expressly give permission for STEM to apply Rocky Mountain Sunscreen SPF 50 (www.rmsunscreen.com) to your child, prior to their outdoor activities. If children are outside for more than one hour, sunscreen will be reapplied every two hours. I understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of the ears, nose, as well as bare shoulders, arms, and legs. By signing below, I consent to the use of school-provided sunscreen for my child.

Moisturizing Lotion/Cream/Balm

I give permission for the staff at STEM Child Care to apply or assist with applying moisturizing lotion/cream/balm to my child. I understand that I must provide the lotion/cream/balm in the original container labeled with my child's first and last name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Skin lotion/cream/balm will not be applied to broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be promptly reported to the parent/guardian.

Name of Product: _____

Special Instructions: _____

Diaper Ointment/Cream

I give permission for the staff at STEM Child Care to apply or assist with applying diaper ointment/cream to my child. I understand that I must provide the ointment/cream/balm in the original container labeled with my child's first and last name. It is my responsibility to check the ingredients of this product to ensure my child is not allergic to it. Skin lotion/cream/balm will not be applied to broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be promptly reported to the parent/guardian. If diaper ointment/cream provided by family is expired or empty, but a child is in physical discomfort due to a rash, I authorize STEM to use a topical treatment of Aquaphor ointment until the condition has improved or a new ointment is provided by the family.

Name of Product: _____

Special Instructions: _____

Parent/Guardian Signature: _____ Date: _____

ENROLLMENT REGISTRATION INFORMATION

I (we) also authorize the school to evacuate in case of emergency. I understand that the evacuation site is posted in the school and listed in the Family Handbook.

AUTHORIZATION FOR TRANSPORTATION AND FIELD TRIPS

The school may plan carefully-arranged, supervised special trips for the children away from the school that do not require bus transportation. You will be notified in advance of all trips. These include children taking walks and infants strolling in their buggy. I give the school the permission to take my child on these field trips.

Parent/Guardian Signature: _____ Date: _____

AUTHORIZATION FOR USE OF SLEEPING COT DURING REST TIMES

I consent and provide permission for my child to sleep on a cot during rest times. This cot will be provided by STEM Child Care. I understand that each cot is individually assigned and has clean linens that are only used by my child.

Parent/Guardian Signature: _____ Date: _____

PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY

I give the school the permission to transport my child for the purposes of field trips that require bus transportation and/or transportation to/from his/her local school.

By signing below, I affirm that my child is at least 4 years old and 40 pounds or more.

Parent/Guardian Signature: _____ Date: _____

SOCIAL MEDIA RELEASE FORM

I consent and agree that STEM Child Care and its employees have the right to take photographs, videotape, or digital recordings of me and my children to use for marketing purposes, including but not limited to the STEM Child Care website, social media accounts, or other marketing collateral.

I do hereby release to STEM Child Care and its employees all rights to exhibit this work in print and electronic form and waive any rights, claims, or interest I may have to control the use of my and my children's likenesses.

I attest that I am at least 18 years of age, have read and understand the foregoing statement, and am competent to sign this release.

Parent/Guardian Signature: _____ Date: _____

ENROLLMENT REGISTRATION INFORMATION

CHILD PROFILE

Child's Name: _____ Age: _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

2. What does your child enjoy doing the most?

3. What are your child's favorite toys?

With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS: Name: _____ Relationship: _____
 Name: _____ Relationship: _____
 Name: _____ Relationship: _____

CHILDREN: Name: _____ Age: _____
 Name: _____ Age: _____
 Name: _____ Age: _____

4. Who also cares for your child(ren)?

5. What language is spoken in your home?

6. Does your child have any medical or physical needs? Explain:

7. Does your child have any allergies? Explain:

ENROLLMENT REGISTRATION INFORMATION

8. What are the foods your child likes best?

Least? _____

9. What are your child's mealtime routines at home?

10. How many hours of sleep does your child receive at night? _____

11. Does your child need to be awakened in the morning to attend the school? _____

12. What are your child's sleeping arrangements? Check appropriate answer.

Own room Shares room with _____ Sleeps in crib Sleeps in bed

13. What are your child's bedtime rituals?

15. Does your child take naps? Yes No How long? _____

16. Does your child need a favorite item (such as a blanket) for a nap? Yes No If so, does your child have a special name for it?

17. What words are spoken in your house for toileting?

18. How does your child express anger or react to frustration?

19. Does your child have any particular fears?

20. How does your child react to change (such as being left by parents)?

21. How does your child comfort himself/herself?

22. What are your child's play interests (preference for creative, dramatic or construction play)?

23. How do you discipline your child?

ENROLLMENT REGISTRATION INFORMATION

24. When did your child begin to use language?

25. How would you describe your child (personality characteristics)?

26. What do you enjoy the most about your child?

27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

28. Has your child had previous preschool experiences?

29. Are you available to help us with field trips or other special events? _____

30. Do you have a special interest or hobby you would like to share with the children?

31. What family or cultural traditions are important in your home?

32. Would you be willing to share these traditions with the children?

Parent/Guardian Signature: _____ **Date:** _____



ENROLLMENT REGISTRATION INFORMATION

HEALTH APPRAISAL FORM

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks: _____ DOB: _____

1. Medication that will be administered regularly at the school:

2. Special Dietary Needs: _____

3. Is your child able to walk? Yes No Explain: _____

4. Can your child effectively communicate his or her needs? Yes No

Explain: _____

5. Is your child toilet trained? Yes No

Please provide special instructions concerning any other illnesses, as necessary:

Allergies (please check and list all that apply)

Medications Reaction: _____

Food Reaction: _____

Other: _____ Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:



WAIVER AND RELEASE OF LIABILITY BY PARENTS

On March 10, 2020, Colorado Governor Jared Polis declared a disaster emergency for Colorado relating to the COVID-19 outbreak, on March 11, 2020, the World Health Organization declared the COVID-19 outbreak a global pandemic and on March 13, 2020, President Donald Trump declared the COVID-19 outbreak a national health emergency. Given the severity of the COVID-19 pandemic, and in anticipation of my child's return to the care of STEM Child Care, Inc., a child care provider ("**Facility**"), I hereby make the following waiver, release and other representations and covenants set forth herein, on behalf of my child, and in favor of Facility.

Acceptance of Risk; Release; Indemnification. The safety and security of the children in its care remains a top priority of Facility. Although the risk of exposure to COVID-19 across Colorado is reported to be steadily decreasing, I understand that there is still significant risk associated with my child's return to care at Facility, including but not limited to, increased social contact and interaction with Facility employees and other children. To help reduce the spread of COVID-19 and to protect Facility employees and other children, Facility encourages all children and parents to adhere to all safety and health guidelines for the prevention of COVID-19, including those issued by the Colorado Department of Public Health and Environment, the Occupational Safety and Health Administration and the Centers for Disease Control and Prevention. All persons should engage in frequent hand washing using soap and water for at least twenty seconds (or, if soap is not available, use an alcohol-based hand sanitizer), sanitize surfaces and objects frequently used, wear personal protective equipment such as face masks and gloves, and follow any and all other preventive measures recommended by applicable authorities. Notwithstanding the foregoing, I understand that the above guidelines do not completely eliminate my child's risk of exposure to COVID-19 and, should my child experience any COVID-19 related symptoms (such as fever, cough, body aches, or shortness of breath), I am advised to keep my child home, not to bring my child to the Facility, and follow the advice of my healthcare provider, clinic, or hospital. In such case, I will immediately alert Facility of such symptoms.

Regardless of any steps taken by Facility to reduce the risks associated with the COVID-19 pandemic, I am fully aware that there are a number of risks associated with my child's care at Facility during the COVID-19 pandemic, including without limitation, being exposed to and contracting COVID-19 from other individuals, surfaces and/or airborne particles. I understand that my child's contracting of COVID-19 could result in serious medical symptoms requiring medical treatment in a hospital or even death. On behalf of myself and my child, and our heirs, successors, and assigns, I knowingly and freely, assume all such risks, both known and unknown, relating to my child's care at Facility arising from or relating to COVID-19, including all illnesses, injuries, damages or death arising therefrom, and I hereby forever release, waive, relinquish, and discharge Facility, along with Facility's shareholders, officers, directors, members, managers,



officials, partners, trustees, agents, contractors, employees, affiliates, or other representatives, and their successors and assigns (collectively, the “**Facility Representatives**”), from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, “**Damages**”) arising from or relating to COVID-19 as a result of my child’s care at Facility, and including but not limited to claims based on the alleged negligence of any Facility Representative or any other person. I further promise not to sue Facility or any Facility Representative for any illness, injury, death or other Damages arising out of or related to COVID- 19 and agree to indemnify and hold them harmless from any and all Damages resulting therefrom as a result of my child’s care at Facility.

If any provision of this Waiver and Release of Liability is declared invalid, the remaining provisions remain enforceable. I may seek advice from legal counsel before signing this Waiver and Release of Liability. By signing this Waiver and Release of Liability, I acknowledge that either I have sought the advice of legal counsel or wish to waive the opportunity to seek the advice of counsel before signing.

PRINT NAME OF PARENT _____
Last First MI

PRINT NAME OF CHILD _____
Last First MI

PRINT NAME OF CHILD _____
Last First MI

PRINT NAME OF CHILD _____
Last First MI

SIGNATURE: _____ DATE: _____



STEM

Child Care

www.stemchildcare.com