www.TaraRedwoodSchool.org email: office@tararedwoodschool.org phone: 831-462-9632

Since 1989

Into the Heart of Nature Summer Program 2024

SESSION DATES

Parents' or guardians' names___

Session I: June 24 – July 19 PROGRAM

(Closed 7/4-7/5) TK-2nd grade

9:00am - 3:00 pm M-F

PhoneCell _			Email		
Address					
Authorized Additional Pick up Person(s	;)				
Name:		Cell:			
Name:		Cell:		<u>-</u>	
Student Names 1	Age	_	DOB	M/F	Program
2		_			
3. Do you need morning or aftercare?	No	-	Yes If so, w	hat days?	
Sessions (circle which programs	i)	# of Kids	Per Session Price	Total	
Session I Program			\$ 1620.00		
*You must enroll in 4 consecuti	ve weeks				
Sibling Discount 10% off of S	Subtotal econd Tuition		'		
	Total Tuition				

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Registration: To reserve a place, please remit this form with full payment for one session per child. Registration is first come, first serve. I understand that registration is not guaranteed. If the enrollment for a session is too low, my fees will be fully refunded.

Behavior: I understand that this program is based on compassionate kindness. A child who cannot conduct themselves accordingly will be asked to leave the program without a refund.

Refunds: Refunds will only be given prior to May 15th. A \$50 administrative fee will be assessed. <u>I understand that tuition is not refundable after May 15th</u>.

Safety Protocols: We are following the guidelines from the CDPH, County Health, Licensing, and Superintendent of Schools. If children develop a fever or any sign of illness, we will separate them from the group and they can wait in the office until the parents or someone can pick them up. Please have your child tested with two antigen tests 24 hours apart as soon as symptoms are noticed. Your child must remain at home for at least 24 hours without fever or symptoms before returning to school. Prior to returning to school, please perform an antigen test and send the results into school.

Fees: I agree as a condition of enrollment in this program to pay tuition as shown above by the first day of each session. I understand that a late fee of \$20 will be added to each session for each child when payment is in arrears. I understand that if tuition is delinquent in excess of 5 days, then my child(ren) will not be permitted to return to the program until all delinquent obligations are paid in full. I understand that the program shall have the right to legal action for nonpayment of tuition and fees, and I will be responsible for all costs of collection, including court expenses and reasonable attorney's fees.

Waiver and Release: You hereby release and forever discharge and hold harmless Tara Redwood School from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from your child's return to campus and/or participation in activities associated with Tara Redwood School. You understand that this release discharges Tara Redwood School from any liability or claim that you may have against the school with respect to any bodily injury, personal injury, illness, or other issue that may result from your child's return and/or participation.

Medical Waiver: I grant permission to the staff to act on my behalf for treatment of minor medical problems. In case of a medical emergency, I consent to such medical treatment as deemed necessary by a physician or emergency responder and accept responsibility for all costs of treatments. I understand that there are inherent risks in outdoor play, I agree to indemnify and hold harmless Tara Redwoods and its staff for any claim that may arise from participating in this program.

Assumption of Risk: You further understand that your child's return and/or participation may expose him/her and others to unavoidable COVID-19 community spread. As such, you hereby expressly and specifically assume the risk of injury or other harm, and also expressly release Tara Redwood School from all liability for injury, illness, or other issue resulting from or in any way related to your child's return or participation.

Parent's or guardian's signature	Date