



Child's Name(s): _____

Parent/Guardian completing the form: _____

COVID 19 Contract Update

G.A.P. would like to ensure that we have a commitment to all parents and children enrolled in our program during the COVID 19 challenge. By signing this contract, you have agreed to follow our policies and procedures due to COVID 19.

Please check each policy and sign the form below:

- ☐ I understand I will be asked questions upon entering the G.A.P. site and my child/children will have their temperature taken. I will answer all questions truthfully and will have a backup plan if attendance is not permitted for the day.
- ☐ I understand that my child will not be able to attend G.A.P. if they have a fever over 100.0 degrees, persistent cough or have signs of shortness of breath and must be out for 24 hours, free of symptoms without medication given. Additionally, my child will be sent home after 1 episode of loose stool/diarrhea or 1 vomit and will be required to remain absent from G.A.P. for 24 hours.
- ☐ I understand that if I have more than one child in G.A.P. the "sibling rule" goes into effect due to the contagious level of COVID 19. If one child becomes ill, all children from the home will be excluded from G.A.P. for at least 24 hours.
- ☐ I understand that if anyone who is actively at G.A.P. tests positive for COVID 19, the site will close for 72 hours or 14 days, whichever would be recommended by the SD Dept. of Health. Household family members who currently have symptoms or are waiting for test results, will be required to follow CDC recommendation to have all household family member's quarantine.
- ☐ I understand that a G.A.P. site might need to close at a moment's notice if multiple staff members would have symptoms (fever over 100 degrees, persistent cough or signs of shortness of breath).
- ☐ I understand that if G.A.P. closes or my child is not able to attend a schedule time due to COVID 19, fees will not be charged. If closure occurs my child's spot will be secure until G.A.P. reopens.
- ☐ I understand that G.A.P. will bill families weekly and tuition should be paid weekly or biweekly during the summer. ACH funds will be withdrawn every two weeks, on the Friday closest to the 15th and 30th of each month. A schedule will be shared with parents of the exact dates.
- ☐ I understand the risks of my child attending G.A.P. during the COVID 19 outbreak and will not hold G.A.P. or the site location responsible for any COVID 19 related illness.
- ☐ I understand if a situation occurs requiring a parent's entrance to the site, additional sanitary policies must be followed: all parents/guardians must wear a mask, must use hand sanitizer or wash their hands upon entering the building and before going into the children's attendance area.

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____