

Cedarbrook Early Learning Center

461 Kennedy Rd. * P.O. Box 460
Port Hadlock, Wa 98339
360-379-2271

For the Love of Learning



Dear Parents/ Guardians:

Please fill out the attached registration forms as soon as you can. I will go over the paperwork with you before your child begins care at Cedarbrook Early Learning Center. In order for us to place your child in an upcoming spot, we require a complete enrollment packet and the registration fee. Please be aware that the registration fee is nonrefundable.

Please let me know if you have any questions.

Sincerely,

Julia Fulton, Director

By signing this form, I _____,
parent/guardian of _____, acknowledge that I have received, read,
and had the opportunity to discuss the Cedarbrook Early Learning Center Parent Handbook,
Emergency Procedures, and Health Policy and fully agree to be bound by their terms.

The Center's policies and procedures have been explained and I have had the opportunity to discuss the Centers philosophy, program and facilities. I have been advised of the Center's practices regarding my child's progress, issues relating to my child's care, and individual practices concerning my child's special needs.

Parent/ Guardian Signature

Date

Parent/ Guardian Signature

Date

Date of enrollment: _____

Termination date: _____

Cedarbrook Early Learning Center

Registration Form

CHILD INFORMATION:

Child's Name: _____
Last First MI Nickname

Child's Age: _____ Date of Birth: _____ Sex: _____ Home Phone: _____

Mailing Address: _____

Physical Address: _____

FATHER'S (OR GUARDIAN'S) INFORMATION:

Father's Name: _____ Social Security #: _____

Home Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____ Cell: _____

Email: _____

MOTHER'S (OR GUARDIAN'S) INFORMATION:

Mother's Name: _____ Social Security #: _____

Home Address: _____ Home Phone: _____

Employer: _____ Work Phone: _____ Cell: _____

Email: _____

OTHER CHILDREN OR PERSONS LIVING IN THE HOME: (Names and Ages, please)

1. Name _____ Age: _____

2. Name _____ Age: _____

3. Name _____ Age: _____

4. Name _____ Age: _____

How did you hear about us? _____

PERSONS AUTHORIZED TO PICK UP YOUR CHILD:

Please list all persons you wish to be able to pick your child up from Cedarbrook ELC. This list will be used for releasing children for **normal pick-up** and for contacting someone to release to in the case of an **emergency** (Please provide complete address, an additional page may be used if necessary).

1. **Name:** _____ **Address:** _____

Relationship: _____ **Home Phone:** _____ **Work Phone:** _____

2. **Name:** _____ **Address:** _____

Relationship: _____ **Home Phone:** _____ **Work Phone:** _____

3. **Name:** _____ **Address:** _____

Relationship: _____ **Home Phone:** _____ **Work Phone:** _____

4. **Name:** _____ **Address:** _____

Relationship: _____ **Home Phone:** _____ **Work Phone:** _____

5. **Name:** _____ **Address:** _____

Relationship: _____ **Home Phone:** _____ **Work Phone:** _____

6. **Name:** _____ **Address:** _____

Relationship: _____ **Home Phone:** _____ **Work Phone:** _____

Does **NOT** have permission to pick up my child (if any) - a copy of supporting court documents must be on file

1. **Name:** _____ **Reason:** _____

2. **Name:** _____ **Reason:** _____

3. **Name:** _____ **Reason:** _____

I have read and agree to abide by the policies of the Cedarbrook Early Learning Center as outlined in the handbook.

Signature of Parent (Guardian): _____ **Date:** _____

Cedarbrook Early Learning Center

Financial Agreement

This page must be filled out and signed on or before first day of attendance

Child's Name: _____ Date of Birth: _____

Starting Date: _____

Schedule for which Daycare Services will be required:

Monday	Drop off time: _____	Pick up time: _____
Tuesday	Drop off time: _____	Pick up time: _____
Wednesday	Drop off time: _____	Pick up time: _____
Thursday	Drop off time: _____	Pick up time: _____
Friday	Drop off time: _____	Pick up time: _____

Monthly Rate: Please use the Financial Information Sheet to calculate your monthly rate for the child listed on this form, and enter the amount below.

Child Care Charges based on your Plan are: \$ _____/month

Family Discounts:

Names of additional children: Less \$ _____/month

TOTAL MONTHLY CHARGES \$ _____/month

Registration Fees: \$50 per child \$ _____

- All charges for the month must be paid in advance by the 5th of the month.
- Payments received after the 5th will be subject to a late fee AND arrangements must be made in person with the Director in order for your child to remain in our care.
- All payments are for a full month and will not be prorated or refunded unless specifically applied for and approved by the Center.
- Two weeks' written notification is required when withdrawing a child from the center or reducing his/her schedule. If we do not receive two weeks' prior notification for termination, you will be responsible for paying for those days.
- DSHS clients agree to pay in the event that DSHS refuses, for any reason.
- A \$40 charge plus applicable late charges will be applied for any **NSF Check or declined card payment**. Should two checks be returned from your bank, payment will be accepted only by money order, cash or cashier's check.

More complete policy information is available on the **Financial Information Sheet**.

.....
I/We have read and understand the financial information and policies as outlined above and on the Financial Information Sheet and agree to abide by them.

Parent/Guardian Signature

Date

Person Responsible for Payment

Date

Cedarbrook Early Learning Center

Payment Agreement

I authorize Cedarbrook Early Learning Center to automatically deduct the full payment due from the following account on the _____ day of every month starting _____:

☐ Checking Account: Routing # _____ Account# _____
(I have enclosed a voided check)

☐ Savings account: Routing # _____ Account# _____

☐ Credit Card: Visa/Master Card
Number: _____ Exp. Date: _____
4 digits Security Code: _____ Billing Zip Code: _____

I understand that if my payment is declined, an NSF fee of \$40 will be added to my account, and the payment will be resubmitted one week later. If my payment is declined a second time, a \$75 fee will be added, and my child's care can be terminated due to nonpayment.

If I default on my payment plan, I understand that Cedarbrook Early Learning Center has the right to send me to collections.

Full Legal Name: _____

Social Security #: _____ Driver's License # _____

Current Address: _____

Home Telephone #: _____ Cellular # _____

Signature: _____ Date: _____

Cedarbrook Early Learning Center

Health Information Record

Child's Name: _____

1. Has your child had any serious illness, accidents or surgeries? Please give dates/explanation.

2. Has your child had any specific health problems of which our staff should be aware? Include allergies, vision, hearing loss, convulsions, seizures, etc. _____

3. Food allergies/diet restrictions: _____

4. Should your child have any restrictions in play or physical activities? YES NO

If yes, please explain what these are:

5. Does your child have an: IFSP _____ IEP _____ Asthma Action Plan _____

If yes, please provide us with a copy for your child's file.

6. Is your child currently on any medication? Yes _____ No _____

If yes, please list _____

7. Child's last medical examination: Doctor: _____ Date: _____

Note: Children need to have a yearly well-child check and must turn in a Doctor's note with "healthy" report for each child's file.

8. Please indicate the following communicable diseases your child has had (include dates):

Chicken Pox _____	Date _____	Whooping Cough _____	Date _____
-------------------	------------	----------------------	------------

Diphtheria _____	Date _____	Scarlet Fever _____	Date _____
------------------	------------	---------------------	------------

Measles _____	Date _____	Polio _____	Date _____
---------------	------------	-------------	------------

Mumps _____	Date _____	Other _____	Date _____
-------------	------------	-------------	------------

Parent/Guardian Signature

Date

Cedarbrook Early Learning Center

Medical Consent

As the parent(s)/guardian(s) of _____, age _____, I/we do hereby authorize and consent to all medical, surgical, diagnostic, and hospital procedures that may be performed or prescribed by a physician to safeguard my/our child's health if it is not advisable to take the time to contact me/us in advance. I/we waive my/our right to informed consent for said treatment.

I/We further understand that temporary emergency measures may be necessary to safeguard our child's health and do hereby authorize and request childcare personnel trained in First Aid/CPR to administer such treatment and do any procedure deemed necessary until such time as our child can be safely transported to a doctor or hospital.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

I hereby authorize Cedarbrook Early Learning Center to call 911 for a medical emergency and do also agree to pay any medical fees associated with emergency care provided, if not already covered under accidental insurance provided under the Center. (See insurance policy handout.)

I accept the policy and regulations of Cedarbrook Early Learning Center and release the Center from any and all liability for injuries or illness from conditions or circumstances beyond the Center's control.

Parent/Guardian's Signature

Date

Parent/Guardian's Signature

Date

Cedarbrook Early Learning Center

Emergency Medical Information

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

Home Address: _____ Home Phone: _____

Father's Name: _____ Work Phone: _____

Mother's Name: _____ Work Phone: _____

Child's Doctor: _____ Dr's. Phone: _____

Doctor's Address: _____

Child's Dentist: _____ Dentist's Phone: _____

Dentist's Address: _____

Insurance Company: _____ Insurance ID#: _____

Every effort will be made to contact a parent or someone on the child's emergency numbers list before transporting a child to Jefferson Healthcare. However, if it is deemed necessary to transport a child immediately, parents will be notified as soon as possible thereafter.

You must agree to be financially responsible for all medical expenses incurred for emergency treatment. Do you agree?

YES _____ NO _____

If 911 is called, you will be financially responsible for any expenses incurred. Do you agree?

YES _____ NO _____

If the answer to any of the above questions is no, please explain below or on the back of this form.

Cedarbrook Early Learning Center

Field Trip Permission

Child's Name: _____

I give permission for my child, named above, to accompany his/her class from Cedarbrook Learning Center with supervisors who have been approved through state background screening and licensed drivers with approved insurance and driving records.

I understand that field trips will be planned and announced in advance of the field trip. I may be asked to sign a form stating that I know the field trip will be happening and give additional permission for my child to attend.

Parent/Guardian's Signature

Date

Cedarbrook Early Learning Center

Permission to Use Hand Sanitizer

I hereby give permission to Cedarbrook Early Learning Center to use the following hand sanitizer on my child:

_____ as printed in the manufacturer's label
(Child's Name)

Lotion/Ointment Name: **Germ X Hand Sanitizer, Purell Hand Sanitizer, Safeway Instant Hand Sanitizer, Equate Hand Sanitizer**

Active Ingredients: Ethyl Alcohol 62%

This permission is given until further notice.

Parent/Guardian's Signature

Date

Cedarbrook Early Learning Center

Photo Permission

Child's Name: _____

We are required by the State of Washington to have your permission before we take any pictures or videos of your child/ren. Cedarbrook uses pictures for our website and Facebook page, as well as for classroom displays, parent programs, etc. Please indicate below your approval or disapproval and sign your name.

Video Surveillance:

To ensure the safety and security of all children, staffs, parents, and visitors, as well as the security of our daycare facility, Cedarbrook Early Learning Center is equipped with a 24-hour video surveillance system and security cameras are installed in all classrooms and the parking lot, and may conduct video surveillance of any portion of its premises at any time, the only exception being private areas of restrooms and that video/security cameras will be positioned in appropriate places within and around our Center's facility and used in order to help promote the safety and security of people and property.

Please select one:

_____ Yes, I give Cedarbrook permission to take and use pictures of my child/ren to post on their website and Facebook pages.

_____ Yes, I give my permission for **staff** to take pictures/video of my child but **NOT** post pictures.

_____ No, I do not want Cedarbrook to take or use pictures of my child/ren on their website and Facebook pages. *See below

_____ No, I do not give permission for **staff** to take pictures/video of my child. *See below

*If you pick one of the options to have **NO** pictures taken, please keep in mind that also means we will not have pictures of your child(ren) for such things as graduation book/slideshow, any holiday gifts that include their pictures etc.

Parent/Guardian Signature

Date

If you would like access to our Facebook page, please add us on Facebook, Cedarbrook ELC

Cedarbrook Early Learning Center
Permission to Use Diaper Ointment

I hereby give permission to Cedarbrook Early Learning Center to use the following diaper ointment on my child:

_____,
(Child's Name)

as printed on the manufacturer's label.

Lotion/Ointment Name: Desitin
This permission is given until further notification.

Parent/Guardian's Signature

Date

Cedarbrook Early Learning Center
Permission to Use Sunscreen

I hereby give permission to Cedarbrook Daycare & Preschool to use the following sunscreen on my child:

Child's Name

Lotion/Ointment Name: Rocky Mountain Kids Broad Spectrum SPF 30, No Oxybenzon or Octinoxate, Gluten and Fragrance Free. Hypo Allergenic, Water Resistant (80 Minutes) or Banana Boat Sport ultra SPF 50 water resistant (80 minutes)

This permission is given until further notification.

Guardian/Parent's signature _____ Date _____

Cedarbrook Early Learning Center
Text Message Release Form

Childs name: _____

We know that, in this day and age, sometimes it's hard to answer the phone while at work and sometimes a simple text message delivered to you would work better.

☐ YES - I consent to receiving text messages from Cedarbrook ELC updating me about my child(ren), adverse weather that might impact my child(ren), the Center (opening & closing), or anything pertaining to my child(ren), their wellbeing, or happenings at the Center throughout the day.

☐ NO - I DO NOT consent to receive any text messages from Cedarbrook ELC of any kind.

Date: _____

Name: _____ Cell phone number: _____

Name: _____ Cell phone number: _____

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Cedarbrook Early Learning Center

461 Kennedy Rd. * P.O. Box 460

Port Hadlock, Wa 98339

For the love of learning



Parent Acknowledgment of Policies

I, _____, have received
(Print Parent/Guardian name)
and reviewed a copy of the Emergency Procedures/ Disaster Plan, & Parent
Handbook for Cedarbrook Early Learning Center. I agree to follow these policies
and be bound by their terms.

Parent/Guardian Signature

Date

***Please return with child registration package.**

Child Care Registration Form Cedarbrook Early Learning Center		Date child entered care	Date child left care
Child's name (Last, First, Middle)		Name used (Nickname)	Birthdate
Street address		City	Zip code
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care		
	cell phone # () -	home phone # () -	alternate phone # () -
Street address		City	Zip code
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care		
	cell phone # () -	home phone # () -	alternate phone # () -
<i>I give my permission for any of the following individuals to be contacted and my child may be released to any of them.</i> Parent/Guardian signature: _____ Date: _____			
In an emergency, if you are not able to contact me, contact the following:			
Name (first and last)	cell phone #	home phone #	alternative phone #
	() -	() -	() -
	() -	() -	() -
	() -	() -	() -
	() -	() -	() -
These individuals also have permission to pick up my child:			
Name (first and last)	cell phone #	home phone #	alternative phone #
	() -	() -	() -
	() -	() -	() -
	() -	() -	() -
	() -	() -	() -
Child's health information			
Child's medical care provider or parent's/guardian's preferred medical facility for treatment Name: _____ Phone: () - Street Address: _____		Child's last physical exam, if available	
Child's dental care provider or parent's/guardian's preferred dental facility for treatment Name: _____ Phone: () - Street Address: _____		Child's last dental exam, if available	
Known health conditions (An individual care plan from child's health care provider is required for any food allergies or special dietary requirement due to a health condition.)			

Consent to medical care and treatment of minor children			
<p>I give permission that my child, _____ may be given first aid/emergency treatment by the child care licensee and or qualified staff at:</p> <p>Name of Licensee: _____ Cedarbrook Early Learning Center _____</p> <p>Address of Licensee: _____ 461 Kennedy Rd, Port Hadlock WA 98339 _____</p> <p>Provider # _____ 808590 _____</p>			
Parent/guardian signature	Date	Parent/guardian signature	Date
<p>When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.</p> <p>I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.</p> <p>I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.</p>			
Parent/guardian signature	Date	Parent/guardian signature	Date
Child's Medical Insurance Coverage			
Insurance Company Name		Member/Policy Number	
Policy Holder Name		Employer Name	
<p>Who does <u>NOT</u> have permission to pick up your child? (A copy of supporting court documents must be on file)</p>			
Name		Reason	
Name		Reason	
Name		Reason	



Cedarbrook Early Learning Center

Our Program

Cedarbrook Early Learning Center provides loving, quality childcare in a Christian setting. We strive for excellence in meeting the physical, intellectual, emotional and social needs of children ages 1 month to 12 years of age. Our open, positive environment allows children to learn from their discovered interests and abilities. We give children a head start in life skills as well as in academic learning. We believe that every child is a gift from God and that God is an active part of all aspects of our lives. We model Christian philosophies and share the love of God.

Our Mission

Cedarbrook Early Learning Center's mission is to provide the highest quality childcare and education to the children and families we serve. We provide a loving, educational and spiritual atmosphere so every child has a positive early learning experience. We aim to be an important resource for parents and have a positive connection to our community.

Our Curriculum Philosophy

Cedarbrook Early Learning Center follows a play-based philosophy to inspire the love of learning in our young students. We strive to meet every child's individual needs by creating a family-oriented environment, where every child has the opportunity to learn and explore. We welcome families from all religions, cultures, income levels, and backgrounds. We encourage our families to be a part of our center and share what makes their families unique. Our child-focused approach to early childhood education offers a Christ-centered, enriched learning program in a safe and inspiring environment. Our lessons include aspects of both child-led exploration and teacher-led learning experiences.

Teachers at Cedarbrook Early Learning Center seek to be in tune to each child's cues and attentive to their needs. Activities are planned to engage the children's interest. Tone of voice is an important consideration in our approach to working with young children. Our classroom environments are set up to be developmentally appropriate for all children that we serve. Our equipment is child friendly and promotes learning through play. Play is a vital part of a child's day. Play activities influence your child's total growth, including physical, mental, cognitive, emotional and social development. Children in our program have the opportunity to learn, while also having fun. We also use Biblical values and stories to help teach character and life skills. Our Biblical philosophy teaches children about Jesus' love and encourages positivity and joy. By providing a safe, positive, and enriching environment, Cedarbrook Early Learning Center partners with families to help our young students learn, grow, thrive, and reach their greatest potential — from their earliest days on!

EMERGENCY PROCEDURES/ DISASTER PLAN

CEDARBROOK EARLY LEARNING CENTER

Last updated 2022

Phone numbers to call in case of emergency:

Cedarbrook Early Learning Center (360) 379-2271

Julia Fulton, Director (360) 531-2679

Bonnie Cotterill, Office Manager (360) 301-3123



For the Love of Learning

SEVERE WEATHER CONDITIONS

Should the Center encounter severe weather; the following procedures will be followed.

Cedarbrook Early Learning Center is committed to the safety of our staff and families. Therefore, we will, at times, find it necessary to close Cedarbrook or have early release / late start days due to severe weather conditions, such as snow, wind and/or power outages. We will do our best to stay open.

Cedarbrook follows the Chimacum School District schedule for ALL weather related closures and delays. However, if Chimacum is closed and we feel that it is safe to open, we may open, so be sure to check our website, Facebook and Instagram pages. All closures and delays will be posted as we have information.

In case of snow or ice, please expect a half an hour to 2 hr delay.

The center will open at 7:30 am or 9:00 am when there is snow or ice.

In case of snow accumulation or ice, please check the following methods for school closure or late start updates:

- Check our Facebook Page, Cedarbrook Elc
- Check our Instagram page, cedarbrookelc
- Check our Website, www.Cedarbrookelc.com
- Call or text Julia at (360) 531-2679 or Bonnie at (360) 301-3123

If Cedarbrook is to close early, **due to severe weather or power outage**, we will call or text families immediately and keep staff on hand until all children are picked up. Please pick up your children as soon as you can, so our staff can get home safely.

AMBULANCE SERVICE

Should the Center need to call an ambulance; the following procedures will be followed.

We will make every effort to contact you as a parent, but in some circumstances an ambulance may need to be called. Some of the reasons we may call an ambulance includes if there is a life threatening injury, a child is unable to breath, a head injury that we are unable to stop the bleeding, a seizure, a fever of at least 105.8 f, or if a child becomes unresponsive. If we are unable to contact a parent and feel as though the child need immediate attention we will call an ambulance.

AMBULANCE ACTION PLAN

Critical or Severe Injury or Illness

1. Call 911
2. Call Parent, Guardian, or emergency call list
3. Call physician
4. Call CPS Injury Report line
5. Call Licensor

Other Injuries or Illnesses

1. Call Parent, Guardian, or emergency call list
2. Call physician (if needed)
3. Call 911 ONLY IF PHYSICIAN ADVISES

This plan will be used when, in the judgment of the Center staff, there is an illness or injury so severe or critical in nature that outside help is necessary.

PARENTAL ADVICE FOR STUDENT INJURIES OR ILLNESSES: If the parent or guardian is available, they will be contacted immediately after the Center has called 911. We are trained to call 911 first, in cases of critical or severe injury or illness. We will make every effort to contact the parents before the child is transported.

BOMB THREAT OR SUSPICIOUS DEVICE

Should the Center have a bomb threat of suspicious device; the following procedures will be followed.

NO BOMB THREAT WILL BE IGNORED. WE WILL TREAT EVERY BOMB THREAT AS A POTENTIAL DANGER TO HUMAN LIFE.

ACTION PLAN

1. We will notify the County Sheriff's Department.
2. Inform the Director or the Program Supervisor
3. The Director will analyze the circumstances and determine appropriate action.

4. Evacuate if appropriate
5. Do a visual inspection of your area and report anything suspicious.
6. Follow police advice
7. Notify all parents via phone call or text when safe to do so

Intruder/Active Shooter

Should the Center have an intruder, active shooter, or suspicious person on premises; the following procedures will be followed.

1. Secure all students in lock-down and call 911
2. Barricade rooms and entrances as necessary
3. Wait for law enforcement and follow police advice
4. Notify all parents via phone call or text when safe to do so

BUILDING EVACUATION AND SHELTER PLAN

Should the Center need to evacuate; the following procedures will be followed.

EVACUATION: In the event the building has to be evacuated for any reason, the students and staff will evacuate to the designated safe area (basketball court) when emergency evacuation is necessary.

ALTERNATE SHELTER: When building has been evacuated, if the weather is inclement and it looks as if the building will not be able to be occupied again for quite some time, every effort will be made to contact parents/guardians for early pick-up. If this is not possible, or parents/guardians cannot be reached within an hour, students will be transported via staff vehicles and/or walking to Sunfield School for learning @ 10903 Rhody dr. Port Hadlock, wa 98339. 360-385-3658 Contacts will be continued until every child has been picked up.



Cedarbrook Early Learning Center

For the Love of Learning

Log into your MyProcure account

1. Go to MyProcure.com and log in. If you haven't already set up an account, just use the email address you have on file with your child care provider to get started.
2. Once you've logged in:
 - a. Choose the Pay button.
 - b. Fill in the credit card information and the amount.
 - c. Choose whether you want to save the card for future payments. (When you make your next payment, you'll enter your CVV number only—the rest of the card information will be saved.)

Card Number

Card number, no dashes or spaces



☒ Save this card for future payments

- d. Select *Pay Now*.

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) Cedarbrook Early Learning Center to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

ROUTING
NUMBER

ACCOUNT
NUMBER

CHECK
NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

800.338.3884 • procaresoftware.com

© Copyright 2020 Procure Software®, LLC

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Cedarbrook Early Learning Center has put in place preventative measures to reduce the spread of COVID-19; however, Cedarbrook cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending childcare could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending Cedarbrook Early Learning Center and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at Cedarbrook Early Learning Center may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Cedarbrook employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the Cedarbrook Early Learning Center. On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Cedarbrook ELC, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the Club, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after care is provided.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Child/Children

