

A Child's Garden Family (ACG) Agreement Part 2
2020/21 Supplement

Please initial items below

_____ I understand that if, in the determination of school or government leaders, the needs of our students and/or the greater community are best served by temporarily ceasing operations (in the case of a medical quarantine, act of terrorism, etc.) ACG will pro-rate the tuition owed based on the number of days/weeks of closure.

_____ I understand that ACG has taken enhanced health and safety measures, due to the Covid-19 pandemic, and that my family must follow all written health and safety guidelines and protocols.

_____ I understand that an inherent risk of exposure to Covid-19 exists in any preschool/child care setting and that by having my child attend ACG, I voluntarily assume all risks related to exposure to Covid-19.

Print name of child(ren)

Print Name

Signature

Date