

METROPLEX
E-Learning Academy
for Lovejoy Students (2020 – 2021)

Student's Age: _____ Student's Date of Birth: _____ Male / Female

Student' Name: _____

Name student prefers to be called (if different than above): _____

Parents' Names: _____

Address: _____ City: _____ Zip: _____

Mother's Email:

Father's Email:

Mother's Cell: _____ Mother's Work Phone: _____

Father's Cell: _____ Father's Work Phone: _____

Please circle your student's grade level for the 2020-2021 school year:

Kinder 1st 2nd 3rd 4th 5th 6th 7th 8th 9th

What Lovejoy school is your child enrolled in?

HART - LOVEJOY E. - PUSTER - SLOAN CREEK - WILLOW SPRINGS

Registration fee, pro-rated August tuition and September tuition are due at the time of enrollment!

See the handbook for tuition policies, due dates, payment information and auto draft procedures.

I acknowledge receipt of the Parent Handbook/Written Operational Policies

Signature of Parent/Legal Guardian

Date

Allergies/Medications:

Please list any medications, allergies, or diet restrictions:

Special Concerns:

Please list any special concerns and/or issues that might help our Metroplex teachers provide the best learning environment for your child:

Unfortunately, Metroplex Academy is NOT equipped or qualified to teach children with special needs

In case of emergency when a parent cannot be reached, please list the names and phone numbers of other people to contact:

Name: _____ Phone # _____

Name: _____ Phone # _____

Authorization for emergency medical attention:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name/Phone of Physician: _____

Name/Address/Phone of Emergency Medical Care Facility:

Please sign if you give consent for Metroplex to secure any and all necessary emergency medical care for your child:

Signature of Parent/Legal Guardian

**METROPLEX E-LEARNING ACADEMY
COVID-19
ACKNOWLEDGMENT AND DISCLOSURE AGREEMENT**

(Due to the fluidity of the Covid-19 situation, these policies may be updated and modified at any time.)

Please read and initial each statement below, sign the second page and return to Metroplex before the first day of school.

1. _____ I understand that all adults entering the facility **MUST** wear a mask at all times while in the facility and wash their hands (or apply hand sanitizer) upon entering, While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.

2. _____ I understand that to enter the facility premises my child must be free from any of the following symptoms. If, during the day, any of these symptoms appear, my child will be separated from the rest of the people in the facility. I will be contacted, and my child **MUST** be picked up from Metroplex immediately.
Symptoms include,
 - fever of 100.4 degrees Fahrenheit or higher
 - dry cough
 - Shortness of Breath
 - Chills
 - Sore Throat
 - Muscle achesWhile we understand that many of these symptoms can also be related to **non-COVID-19** issues, we must proceed with an abundance of caution during this Public Health Emergency

3. _____ I understand that my child's temperature will be taken before he/she enters the facilities.

4. _____ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds. Hand sanitizer will also be applied frequently throughout the day.

5. _____ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county or local stay-at-home orders. I will follow any recommendations from the CDC that limits my child's risk for exposure.

6. _____ I understand that I will notify Metroplex immediately if my child or an immediate family member has been lab confirmed to have COVID-19. Depending on the advice from our local health department, you may be asked to self-quarantine for 14 days and/or provide a negative test result before returning to school

7. _____ I will immediately notify Metroplex if I become aware of any person with whom my child or I have had contact with who has tested positive for COVID-19. Depending on the advice from our local Health Department, we will take the necessary precautions depending upon the specific circumstances.

8. _____ I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will completely eliminate the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein or with any other policy or procedure outlined by Metroplex will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Parent's Name: _____

 Parent Signature

 Date