

PRIMARY PLUS ELEMENTARY SCHOOL
3500 AMBER DRIVE, SAN JOSE, 95117
408-248-2464 • WWW.ACTIONDAYPRIMARYPLUS.COM



SUMMER CAMP REGISTRATION FORM (PLEASE PRINT LEGIBLY)

Date: _____ Child's grade level just completed: _____ Room No. (if applicable): _____
Child's Name: _____ Age: _____ Birthdate: _____
Address: _____ City: _____ Zip: _____
Parent # 1 Name: _____ Email: _____ Preferred Number: _____
Parent # 2 Name: _____ Email: _____ Preferred Number: _____

EMERGENCY INFORMATION

IF WE NEED TO CONTACT YOU, WHOM SHOULD WE CONTACT FIRST? _____

EMERGENCY CONTACT _____ PHONE# _____ RELATION TO CHILD _____

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AUTHORIZED TO PICK UP _____ AUTHORIZED TO PICK UP _____

AUTHORIZED TO PICK UP _____ AUTHORIZED TO PICK UP _____

DOES YOUR CHILD TAKE ANY SPECIAL MEDICATIONS/INSTRUCTIONS? _____

DOES YOUR CHILD HAVE ANY ALLERGIES? _____

IS THERE ANYTHING ELSE WE SHOULD KNOW ABOUT YOUR CHILD? _____

Parent Name Printed: _____ Signature: _____

A summer fee of \$60 will be due on July 1st . Cancellations or schedule changes to my initial enrollment request may be made in writing with a minimum two week notice to receive a refund, less summer fee.

CAMP AND CHILD CARE PAYMENT AND CANCELTION POLICY

- I understand that the Summer Fee will be billed to my account with July tuition and is non-refundable.
- Cancellations may be made in writing with a minimum two week notice to receive a refund, less summer fee. Otherwise, payments made will not be refunded.
- Pickups after 5 PM are not allowed and will be assessed \$10 for the first 10 minutes, and \$1 per minute after.
- I understand that all payments made with a debit/credit card will be subject to a 2.75% convenience fee.
- By signing up for Camp Tiki, I understand and accept the above policies, and I am responsible for payment:

(Parent/Guardian's Signature)
All fees are payable to Action Day Primary Plus via cash, check, or through Smartcare.

Sunscreen Application: YES (I've supplied sunscreen, please re-apply as needed) NO (I will apply sunscreen)

Photo Release: I agree to allow the use of photographs for Camp Tiki promotional purposes _____ (parents initials)

OFFICE USE: SC _____ CAMPAIGN _____ LIST _____ ROOM # _____ CK # _____ CC# _____

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 contagious and is believed to spread mainly from person-to-person contact.

Action Day Nurseries & Primary Plus, Inc. (ADN) is gradually opening for business in accordance with the mandates of government authorities. ADN has put in place preventative measures to reduce the spread of COVID-19; however, it cannot guarantee that you or your child(ren) will not become infected with COVID-19 in connection with the provision of its services to you and your family.

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 with COVID-19 by receiving services from ADN 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 with COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, ADN and its agents, employees, and representatives.

As consideration for the receipt of services from ADN, I forever release ADN, and its directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to COVID19 and ADN's provision of services to me and my family. 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 ADN's provision of services ("Claims"). On my behalf, and on behalf of my children, I hereby waive, release, covenant not to sue, discharge, and hold harmless the Releasees 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 waiver and release includes any Claims based on the actions, omissions, or negligence of the Releasees, whether a COVID-19 infection occurs during or after receipt of any services from ADN.

Signature of Parent/Guardian Date

Printed Name of Parent/Guardian and Name(s) of Child(ren)