

**St. Andrews Remote Learning Program**  
Parental Agreement  
2020-2021 School Year

1. I understand the registration fee and the first week's tuition for my student \_\_\_\_\_ is non-refundable.
2. ***Tuition will not be prorated due to inclement weather or illness.*** Tuition will only be prorated the weeks of Thanksgiving, Christmas, and Spring Break.
3. I understand that I am committing to having my child in the Remote Learning Program at SAS through the end of December, 2020.
4. Once enrolled, any change to a student's schedule must be in writing and as follows:
  - Withdrawal from any St. Andrews program requires a 30-day notice.
  - Adjustments to a student's Extended Day or After School schedule should be requested in writing for consideration by program directors.
5. I understand I must use carpool for both drop off and pick up of my child. I agree to a daily health screening for my child. I understand my child will be required to wear a mask when entering or leaving the building as well as when in common areas of the school.
6. My child will be offered morning snack, lunch, and afternoon snack provided by St. Andrews After School Program.
7. I understand that St. Andrews School is a **NUT-FREE CAMPUS** and will abide by this policy.
8. Before any medication is dispensed to my child, I agree to provide written authorization to include the date, child's name, medication name, prescription number, dosage, and date(s) and time(s) medication is to be given. Medicine will be supplied in its original container with child's name clearly printed and labeled. Appropriate paperwork to accompany.
9. Both parent and school agree that no child will be allowed to enter or leave the school without being escorted by a parent, school personnel, or appointed contacts.
10. I acknowledge it is my responsibility to keep my child's records current to reflect any significant changes as they occur, including but not limited to: parent phone numbers, work locations, emergency contacts, child's physician, health status, and immunization records.
11. The school agrees to keep me informed of any accidents, incidents, suspected illness, injuries, adverse reactions to medications.
12. I understand I will receive a copy of the Parent Handbook the first week of school and agree to abide by the policies and procedures contained within.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Director or Administrator)