Carnegie Mellon University
Flexible Part-Day Child Care
October 1, 2020

Carnegie Mellon University and ____________________ (parent/guardian) agree to the following terms, conditions and arrangements for the temporary enrollment of ____________________ (child’s name) in the Flexible Part-Day Child Care program during the COVID-19 Pandemic.

<table>
<thead>
<tr>
<th>Hourly Fee</th>
<th>$5.00 per hour</th>
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<tbody>
<tr>
<td>Two Sessions: 7:30 a.m. - 11:00 a.m.</td>
<td>12:30 p.m. - 4:00 p.m.</td>
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**FEES AND POLICIES**

**Tuition**
- Tuition is collected through payroll deduction. (This form will served as the authorization to deduct the fee from your paycheck.)

**Except for**
- Graduate Students who do not get paid through CMU. You will be invoiced. Checks should be made payable to Carnegie Mellon University.

**Termination of Enrollment**
- CMU reserves the right to terminate a child’s enrollment.

**Closing Time**
- Due to the COVID-19 pandemic, the center will close at 11:00 a.m. and 4:00 p.m. Parents/guardians should arrive in sufficient time to navigate the pick-up routine.
- In the event the child is not picked up prior to closing, a late fee in the amount of $50.00 will be charged for any pick-up after 4:30 pm. An invoice will be supplied the following day with the amount due. This fee is due within 10 days of the late pick-up occurring.

**Release of the Child**
- Due to CDC Guidelines, the Center will only release the child to the designated drop-off/pick-up parent or guardian.
- In the case of an emergency, where the designated parent or guardian cannot pick-up the child, the parent or guardian should notify the program when the child will be released to someone else. The alternative pick-up person must be listed on the child’s Emergency Contact Form. See Emergency Contact form for release persons.

**Cancelation Policy**
- To avoid charges, please try to provide 48 hours’ notice. If not, you may be changed for the session.

**Medical Care**
- The parent/guardian agrees that the cost of any medical care required to be given to the child while the child is participating in the program or as a result of the child’s participation while at the program will be paid by the parent/guardian.
- An Emergency Contact Form is to be completed and placed in both the office and classrooms.
- Health Assessment forms are required to be completed by your child’s physician. These forms are placed in your child’s file.

**COVID-19 Policies**
- The program will report to families any COVID-19 related information (e.g. COVID-19 exposure or mandated order) in a timely manner.
- Families will report positive COVID-19 tests, possible exposures and travel.

**Disclosure Statement During COVID-19 Pandemic**
The provisions as listed in the COVID-19 Fact Sheet shall remain in effect during the COVID-19 Pandemic unless modified or rescinded by the Carnegie Mellon University.

**ADMISSIONS, PROVISION OF SERVICES, AND REFERRALS OF ENROLLEES SHALL BE MADE WITHOUT REGARD TO RACE, COLOR, RELIGIOUS CREED, HANDICAP, ANCESTRY, NATIONAL ORIGIN, OR SEX.**

The Flexible Part-Day Child Care Program operates with guidance from the Centers for Disease Control and Prevention (CDC), Pennsylvania Department of Education (PDE), the Office of Child Development (OCDEL), the Pennsylvania Department of Human Services (DHS) and Carnegie Mellon University. The program reserves the right to change policies or procedures based on updated guidance issued by them, or as required by any applicable local, state or federal law or regulation.

**FOR PARENT/GUARDIAN USE**

Operating Hours – 7:30 a.m. to 11:00 a.m. and 1:00 p.m. to 4:00 p.m.

Arrival Times between 7:30 a.m.-8:00 a.m. and 1:00 p.m. - 1:30 p.m.
Pick-up Times between 10:30 a.m.-11:00 a.m. and 3:30 p.m. - 4:00 p.m.

PLEASE ESTIMATE:

Child’s Arrival Time

Child’s Departure Time

**RESPONSIBLE PARTY(IES): Please sign below**

By signing this Agreement you are acknowledging that you have read and agree to all of the terms and conditions stated above.

Parent/Guardian: _____________________________ Date: _______________

Director: _____________________________ Date: _______________