Temporary Full Day Proctoring Program Enrollment Agreement

Carnegie Mellon University
Temporary Full Day Proctoring Program
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 Temporary Full Day Proctoring Program during the COVID-19 pandemic.

Hourly Fee $5.00 per hour Hours: Daily Monday through Friday 7:30 a.m.–3:00 p.m.

FEES AND POLICIES

Tuition
• Tuition will be charged at the rate of $5.00 per hour, $37.50 per session. As a condition of using this Proctoring service, you must agree to pay the tuition via a deduction from your paycheck.
• If you are a graduate student who does not receive funds via CMU Payroll, you will receive an invoice for tuition. Tuition invoices may be paid via a check 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 3:00 p.m. Parents/guardians should arrive in sufficient time to navigate the pickup 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 pickup after 3:00 p.m. An invoice will be supplied the following day with the amount due. This fee is due within 10 days of the late pickup occurring.

Release of the Child
• Due to CDC guidelines, the center will only release the child to the designated drop-off/pickup 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 pickup person must be listed on the child’s Emergency Contact Form.

Cancellation Policy
• To avoid charges, please try to provide 48 hours’ notice. If not, you may be charged 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.

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.
Technology
- The parent/guardian must provide all devices, accessories and materials that the child will need to fully participate in the program.

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 Temporary Proctoring 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 3:00 p.m.
- Arrival times between 7:30 a.m. – 8:15 a.m.
- Pickup times between 2:15 p.m. -- 3:00 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: ________________

PAYROLL DEDUCTION AUTHORIZATION: Please sign below
By signing below, I hereby authorize Carnegie Mellon University to make deductions from my pay check at the rate of $5.00 per hour for each hour of Proctoring services pursuant to this Agreement, provided that any such deductions may not cause me to make less than the applicable minimum wage. If my pay is not sufficient to pay the tuition charges, the outstanding tuition will be held in arrears and deducted from subsequent paychecks. I acknowledge and agree that any such deductions are for my convenience and benefit. If such authorized deductions are insufficient to cover the amount I owe for Proctoring services, I agree to pay any remaining balance by separate check to Carnegie Mellon University.

Parent/Guardian: ____________________________ Date: ________________