

**MANN BASP
ENROLLMENT FORM**

I understand that I am enrolling my child:

_____ for the 2022-23 school year, for the days that my child will attend school in person at Mann.

- _____ Full time mornings (opens 7 a.m.) Fee: \$100 per month
- _____ Full time afternoons (closes 5:45 p.m.) Fee: \$200 per month
- _____ Full time mornings and afternoons Fee: \$235 per month

For the 2022-23 school year, health and safety are a priority given the ongoing COVID-19 pandemic. As a parent/guardian,

I understand that my student(s) will be required to wear a face covering while at our program, unless provided an exception by a physician.

I understand that the program is open according to the official school calendar of the Iowa City Community School District, and is closed during vacation and inclement weather days.

I understand that if the school is closed or operating online due to an outbreak of COVID-19, Mann BASP will also be closed and that I will not be refunded for any impact on program scheduling due to the outbreak.

I understand that I am responsible for payment on monthly fees in the amount according to the above price, which is due the 1st of each month. I will give 30 days notice in writing prior to withdrawal from the program during which time I will be responsible for payment of all fees due.

I will update my child's file information promptly as outlined in the Parent Handbook.

The program staff will assume full responsibility for my child from the time he/she arrives at the program until my child leaves the program according to the written instructions for departure. I understand that I will not be able to enter the building as recommended by DHS, and the Iowa City Community School District.

I will notify the director of the program that my child will not be attending the program for the day or that another authorized person shall be picking my child up from the program.

If a medical emergency arises, the program staff will first attempt to contact me. If I cannot be reached, the staff will contact my emergency contact. If the emergency is such that immediate hospital attention is necessary, an ambulance or emergency vehicle may take my child to the hospital. I agree to follow the same policies at BASP as the ICCSD policies related to keeping my child home if they are feeling ill.

I understand that Mann BASP is taking health and safety precautions but I/we recognize the risk associated with sending my student(s) to the program cannot be completely eliminated.

I agree to adhere to the stated policies and procedures of the Mann BASP, as stated above and to the Parent Handbook, and give my child permission to participate in the program. The Parent Handbook is available on our website www.mannbasp.com or by request.

Parent/Guardian Signature

Date