16870 Murphy Avenue
Morgan Hill, CA 95037
Mailing Address
P.O. BOX 607
Morgan Hill, CA 95038
408-779-4515

2020 TK-1st Grade
"Peer Social Experience"
Ages 4-7
Participant Enrollment Form

Child's Name:_____ Birthdate: _____Age____ (*MUST BE POTTY TRAINED)
Home Address:_____City:_____State:_____Zip:_____
Parent/Guardian Name:_____
Phone: (h)_____(c)_____ Email Address:_____
Does child have any food or other allergies we should know about?_____
Emergency Contact **(Different from parent/guardian listed above)**
Parent/Guardian Name:_____
Phone:(h)_____(c)_____Email Address:_____

1. Please check the session for which you are registering:

	DAYS	TIME	TUITION
_____ (9/2-12/16)	Wednesdays	12:30 pm - 3:00 pm	$ 130.00 month

In order to provide the safest experience for the children and staff, MHPCNS will be using following the Santa Clara County Public Health guidelines/recommendations-

1) Program will be outdoors only, with the exception of bathroom usage.
2) Maximum of 12 children to one staff member (stable group) per week.
3) Families should "quarantine" for a minimum of 2 weeks before starting a new camp week at MHPCNS, or outside camps.
4) Teacher will be required to wear a face mask at all times. Children are not required to wear them.
5) Teacher will take a (touch free) temperature check and general wellness check of each child upon arrival. If temperature exceeds 100.4, child will be sent home.
6) Children will wash their hands with soap and water in outside sinks for at least 20 seconds immediately after drop off, immediately before pick up, and as often as possible throughout the day. Hand sanitizer may also be used throughout the day.
7) Parents are asked to stagger drop off and pick up. Please wait in your car, or on provided X's to ensure safe social distance drop off and pick-ups.

Withdraw policy- We ask that families give the school 2 weeks notice if they plan on not returning to the class the following month. An email can be sent to our school director (Stefanie Zoccoli), at mhpcnsdirector@gmail.com.

Please return your completed enrollment form with $130 check or cash on the first day of class. Checks should be made payable to MHPCNS. Tuition will be due the first class of each month.

Parent Signature: _____