

# PORTLAND JEWISH ACADEMY

6651 SW Capitol Highway, Portland, OR 97219 P: 503.244.0126 F: 503.452.7001 www.pjaproud.org

## SUMMER DISCOVERY PROGRAM REGISTRATION FORM 2021

**Tadpoles: 4 year-old cohort, June 28 - July 16**

### GENERAL INFORMATION

Applicant's name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Age: \_\_\_\_\_ Grade Entering in Fall: \_\_\_\_\_ School Attending Now: \_\_\_\_\_

T-shirt Size:  Youth XSmall  Youth Small  Youth Medium  Youth Large  Youth XLarge  Adult Small  Adult Medium  Adult Large

Parent 1 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone\*: \_\_\_\_\_ \*(required by the state of Oregon Childcare Division)

Parent 2 Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone\*: \_\_\_\_\_ \*(required by the state of Oregon Childcare Division)

How did you hear about us?  PJA  Brochure  Friend  PJA Web Site  Other Internet Site  Advertisement \_\_\_\_\_

### MEDICAL INFORMATION

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_

Do you have medical Insurance?  Yes  No Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Dental Provider (if applicable) \_\_\_\_\_

Please list any special medication conditions of which the school should be aware. (Include treatment for ADD, ADHD, or other.)

\_\_\_\_\_

Authorized Adults for Pick-up: \_\_\_\_\_

### EMERGENCY CONTACT (Required)

The emergency contact will be contacted if the parents/guardians are unreachable. In an emergency, we will attempt to contact parents first followed by the contacts in the order listed below.

Name (1): \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name (2): \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name (3): \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Week	Class	Age Group	FEE
June 28 - July 16, 2021	Celebrating Green Spaces	Tadpoles: (4 year-olds)	
<b>A 5% discount on the cost of your classes will be applied through March 31, 2021.</b>			
			<b>March 5% Discount</b>
			<b>Non-refundable Fee \$15</b>
			<b>Total Due</b>

## TERMS AND CONDITIONS

Please initial beside each paragraph to acknowledge that you have read and accept the conditions.

\_\_\_\_\_ The personal information above is correct and complete as far as I know, and the person herein described has permission to engage in all PJA program activities except as noted. I hereby give permission to Portland Jewish Academy to provide routine health care, administer prescribed medications, and seek medical treatment. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to PJA to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by PJA to secure and administer treatment, including hospitalization, for the student named above.

Use of any recreational facility and participation in any activity involves a risk of accidental injury despite all safety precautions. I/we have been informed of the activities to be conducted by the Portland Jewish Academy. I/we, as an individual or as a parent or guardian of the student named herein, assume all risks and hazards incidental to the activities, and release from responsibility and all liability, claims, costs, and damages including attorney fees and costs. I/we further agree to indemnify and hold harmless the Mittleman Jewish Community Center and Portland Jewish Academy, their officers, directors, independent contractors, volunteers, and all employees for any illness, injury or damage to me or my children, or my family members occurring during the use of any recreational facility or the participation in any activities conducted by the MJCC, MJCC Day Camp, or Portland Jewish Academy. Portland Jewish Academy reserves the right to cancel any activity based on insufficient enrollment. In the event that a program is canceled by PJA, all fees will be refunded within 30 days.

By signing my name below, I acknowledge that I have read, understand, and accept the above information as well as the additional policies outlined in the Terms and Conditions.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT INFORMATION

Method of Payment:      Check      Cash      Credit

Credit Card #: \_\_\_\_\_ CVC/CVV number (on back of card): \_\_\_\_\_

Type: MC      VISA      Expiration: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## WAIVER (please initial below and sign)

\_\_\_\_\_ In the event that my child needs medical attention, I authorize the school and give my consent to the school to provide such service and/or to transport my child to a hospital or treatment facility. I hereby certify that my child is in good health and may participate in all activities.

\_\_\_\_\_ I give permission to Portland Jewish Academy (PJA) to use images of my child in promotional materials related to PJA and PJA Summer Discovery. This includes, but is not limited to, PJA materials both printed and electronic, PJA Summer Discovery and Portland Jewish Academy Facebook pages, and third party materials as it relates to the promotion of PJA and PJA Summer Discovery. I understand that my child's name will not be used in conjunction with their photo unless separate permission has been requested nor will my name as parent/guardian be tagged or identified by PJA in the materials.

\_\_\_\_\_ I give my permission for my child to ride in school-approved transportation to program activities. I agree to abide by school policies as set out on [www.pjaproud.org](http://www.pjaproud.org)

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## POLICIES & PROCEDURES— REQUIRED BY THE STATE

### New Daily Check In:

Please talk with your child about the following changes before returning to the preschool summer program

- All children will have their temperature taken before entering the building. We have infrared thermometers, so it will be a no touch process.
- A well child check will be required before entering the building. You will find the healthcare questionnaire on the Remini app. Families will be asked to fill out the questionnaire before dropping off their child.
- No child with a fever, unusual cough, shortness of breath, or new loss of taste or smell will be allowed to enter the building.
- Families will be given staggered drop off and pick up times. It is imperative to be on time, we can only admit and dismiss one classroom at a time out of one exit.
- All students and staff are asked to wear face coverings with two or more layers that fit properly and snugly against the side of the face. Students will be asked to bring 3- 4 clean masks every day in a baggie. Every classroom will have disposable masks available to students as well. Gators, respirator masks, and bandanas are not acceptable.

### Meal & Snack Information:

All food must be sent from home, please include at least 2 snacks and a lunch. Please make sure all food brought from home is dairy/vegetarian.

**We are not permitted to serve any food from the school kitchen to the children.**

### Classroom Information:

- We will adjust our classrooms to allow for extra room, provide an increase in options for individualized materials, and have an increased sanitizing and disinfecting protocol.
- We will encourage hand washing and social distancing as much as possible
- We know that young children will not be able to stay 6 ft apart from one another, but we will discourage any physical contact play
- Enrichment classes such as music, art and Hebrew are not permitted at this time
- Additional adults may be allowed into the classroom in order to provide specialized services to children such as those associated with Early Intervention or Early Childhood Special Education or Individualized Education Plans (IEPs).

### Ratios & Groupings:

- To accommodate social distancing, classrooms are limited up to 8-10 children a day and 2 to 3 teachers in an age group.
- Where possible, the same educators will be with the same children each day, unless a substitute is needed. PJA is fortunate that we have a consistent group of substitute educators that primarily sub for PJA.
- If your child will not be attending for the day, please email the office or message the educators in the Remini app and let us know as soon as possible

### Illness Policy:

#### Responding to possible & Confirmed cases of COVID-19

#### We will exclude children for COVID 19 symptoms or cases as follows:

The child has had an illness with new loss of taste or smell, fever, unusual cough, or shortness of breath in the last 10 days

- Unusual cough means out of the ordinary for this person- e.g. not usual asthma, allergies or common cold
- Fever means 100.4 degrees or more, without the use of a fever reducing medication
- The individual must stay away from child care for 10 days after onset of symptoms and 24 hours after both fever and cough resolve, without the use of fever reducing medication
- The 10 day rule for exclusion applies if the person tests positive, or does not get tested
- If a child with symptoms of COVID-19 tests negative at any time during the 10 day period, they may return 24 hours after resolution of cough and fever without the use of fever reducing medication
- If a child whose only symptoms of COVID-19 is fever, and is advised by a medical professional they can return to care, documentation from the medical professional is required. The person must be fever-free for at least 24 hours.

The child has been exposed to someone with a current presumptive or positive COVID-19 case

- An exposure is defined as an individual who has close contact (less than 6 feet) for longer than 15 minutes (total in a 24-hour period) with a COVID-19 case who is infectious. Infectious means from two days before until 10 days after their symptoms started (or when they were tested, if they never showed any symptoms). You can contact your local Public Health Agency if you are concerned about how to determine.
- A presumptive case is defined as a person who was exposed to a positive COVID-19 case and developed 2 or more symptoms.
- The exposed person must quarantine for 10 days. Start counting 10 days from the last time they had contact with the person with the presumptive or positive COVID-19 case.
- The 10-day quarantine could be shortened to 7 days if:
  1. The person takes a test between days 5 and 7 of their quarantine period, AND
  2. The person is asymptomatic, AND
  3. The tests comes back negative

If a child develops these symptoms while at the facility or learns they have been exposed to a positive or presumptive case while at the facility, they will be sent home as soon as possible, and will be separated until they can leave the facility.

If a child has symptoms of diarrhea, vomiting, headache, sore throat, or rash, they must be excluded and advised to consult a medical professional.

- If seen by a medical professional and is cleared, they can remain in or return to the program following the documented direction of the medical professional
- If not seen by a medical professional, they may return 24 hours after resolution of symptoms.

In the event of a confirmed case of COVID-19 at PJA, we will ensure that all children, staff, and others exposed do not come to the program and are informed about the need to be quarantined for 10 days

## POLICY ACKNOWLEDGEMENT

I have read and agree to abide by guidelines set forth in the Portland Jewish Academy's Early Childhood Program parent handbook regarding policies and procedures.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## Parent Risk Notification Form

**NOTICE: Read this document carefully and in entirety. By signing this notice, you are acknowledging and accepting the risk of**

**personal injury or property damage resulting from your child(ren)'s participation in Portland Jewish Academy Programs.**

### Acknowledgment of Risk

I hereby acknowledge and agree that participation in PJA activities comes with inherent risks. I understand the inherent risks associated with participation in PJA activities, including but not limited to slips, trips, and falls, aquatic injuries, athletic injuries, and illness, including exposure to and infection with viruses or bacteria. I further acknowledge that the preceding list is not inclusive of all possible risks associated with PJA program participation.

### Coronavirus / COVID-19 Warning & Disclaimer

Coronavirus, COVID-19 is an **extremely contagious virus** that spreads easily through person-to-person contact. Federal and state authorities recommend social distancing as a means to prevent the spread of the virus. COVID-19 can lead to severe illness, personal injury, permanent disability, and death.

**Participating in PJA programs or accessing facilities on the PJA/MJCC campus could increase the risk of contracting COVID-19.** Signing this form acknowledges that the undersigned parent has been made aware of these risks.

I hereby certify that I have full knowledge of the nature and extent of the risks inherent in the use of PJA/MJCC facilities and participation in PJA programs, and that I am voluntarily assuming said risks. I understand that I will be solely responsible for any loss or damage, including personal injury, property damage, or death, I sustain while participating in these programs. I further certify that I am legally competent and authorized to sign this agreement on behalf of myself and my minor child(ren).

Name(s) of minor child(ren): \_\_\_\_\_

DATED this \_\_\_\_ day of \_\_\_\_\_, 2021.

\_\_\_\_\_  
Parent/Guardian 1 Signature

\_\_\_\_\_  
Parent/Guardian 1 Name (Print Clearly)