

ASTEME: 2021-2022 In-person COVID Addendum

2nd Semester

Parent Name	Email
Child #1 Name	Child #1 Grade (2021-2022)
Child #2 Name	Child #2 Grade (2021-2022)
Child #3 Name	Child #3 Grade (2021-2022)
Child #4 Name	Child #4 Grade (2021-2022)

Please initial and sign to acknowledge the following:

Our policies are based on current COVID-19 safety recommendations. We will reevaluate and update our policies as guidelines evolve:

Children will be required to wear FDA approved masks during school hours except while eating snack/lunch outdoors. Masks with ventilator valves are not acceptable.

Parents will not be allowed into the center due to social distancing guidelines. Checking in and out will be done remotely via app and will include a daily online health check form.

Families may not travel 10 days outside of Los Angeles to high risk COVID-19 locations prior to attending school. If you have made plans to travel, please let us know immediately to assess risk factors.

All children will be given a weekly PCR test by Agile Force including students who are vaccinated.

If you do not attend on Fridays, You must submit weekly PCR test results to safety@asteme.com at least 3 days prior to attending.

If your child displays any symptoms of COVID-19 during school, they will be placed in the waiting area to be picked up immediately and will not be allowed to return until: 1) a negative PCR COVID-19 test, and 2) symptoms disappear with doctor's note clearance (no refunds or credit will be given for any missed days). Students may continue to attend online; however, not all activities will be available.

If your child has come in contact with anyone who has tested positive for COVID-19, you will keep them home for the recommended 10-day quarantine period before sending them back to ASTEME.

Parents will fill out a daily health screen using an app, and students' temperatures will be checked daily.

I understand these protocols are to help keep our community safe, and I accept these conditions:

Print Name

Signature

Date

COVID-19 ACKNOWLEDGMENT AND ASSUMPTION OF RISK (STUDENT)

The novel coronavirus, COVID-19, is a highly infectious, life-threatening disease declared by the World Health Organization to be a global pandemic. COVID-19's highly contagious nature means that exposure to others or contact with surfaces that have been exposed to the virus can lead to infection. Individuals who have COVID-19 may not show any symptoms, even if they are contagious.

It is currently very difficult to control the spread of COVID-19 or to determine whether, where, or how a specific individual may have been exposed to the disease. For more information on COVID-19, visit the websites of the Centers for Disease Control and Prevention (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) or the California Department of Public Health (<https://covid19.ca.gov/>).

Aware of the foregoing, I am voluntarily agreeing to have my child, _____ [Name], attend ASTEME.

I understand that ASTEME has implemented safety rules and precautions in order to mitigate the spread of COVID-19. However, those measures do not completely protect against the spread of COVID-19. Moreover, it may not always be possible to follow physical distancing and take other precautions such as maintaining a 3-foot distance from one another.

To do our part as a responsible member of the ASTEME Community to protect my health and others, I and my child agree that we must comply with such rules and precautions, which may include, but are not limited to, mask wearing, hand washing, hand sanitizing, and physically distancing. I and my child understand that if we fail to comply with these rules and precautions, my child could be asked not to return back to school. I, and my child understand, these rules and precautions may need to be adjusted throughout the course of the school year as information about COVID-19 evolves. I, and my child, acknowledge that even if the directions are followed, instructions, and rules are exercised to the utmost personal care, there will remain a certain irreducible inherent risk to my child, and we accept that risk.

I agree that if my child exhibits symptoms of respiratory illness, a fever of 100.4F or higher, or any other known symptoms of COVID-19, my child will not return to school until they have satisfied ASTEME's policy to return to school after exhibiting symptoms of COVID-19. I agree that I will immediately inform the ASTEME if I and/or my child test positive for COVID-19 or have been exposed to anyone who has tested positive for COVID-19 in the prior 14 days.

By signing this Acknowledgment and Assumption of Risk, I acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify, and the inherent risks of my child being exposed at ASTEME to those who may be infected with COVID-19, including other school employees, agents, contractors, volunteers, or students. I voluntarily assume full responsibility for myself and my child for the risk that I and/or my child may be exposed to or infected by COVID-19 by entering ASTEME.

Print Name

Signature

Date

ASTEME Payment Authorization 2021-2022 (2nd Semester)

In-person:

- Full-time: (Monday-Friday) \$8,000
- Part-time (2x per week 8:30AM - 3:15PM): \$4,000
- Part-time: (M-F 8:30AM-12:00PM): \$4,500
- Individual classes: TBD (Based on availability)
- Scholarship _____

Online:

- Full-time: (Monday-Friday) \$6,400
- Part-time (2x per week): \$3,800
- Part-time (M-F 8:30AM-12:00PM) : \$4,825
- Individual classes: TBD
- Scholarship _____

One of our most important mission statements is providing access and equity in the STEM fields. ASTEME depends on our community to help with our scholarship fund in order to accomplish this. All donations are tax deductible.

- Yes, I would like to donate \$ _____
- No, I am unable to donate right now

Payment Option #1: Credit Card:

Card Holder Name: _____

Card Number: _____

Card Expiration Date: _____ Card Security Code: _____

Billing Address: _____

Payment Option #2: Checking Account

Checking Account Holder's Name: _____

Account number: _____

Routing number: _____

I authorize ASTEME to debit my credit card or checking account with the following amount towards my tuition. I understand that there will be a **credit card charge of 3%**, or **checking account charge of 1.5%** added to the final bill.

Card Holder Signature: _____

Payment Option #3: Mail in Check

Please send check to:

ASTEME
9854 National Blvd #1008
Los Angeles, CA 90034