



Remote Learning Program and After School Registration

Mon-Fri 5:00am-7:30pm

Sat 6:30am-4:00pm

Sun 7:30am-3:00pm

Pools close 15 minutes early

802.296.2850 | www.uvacswim.org

Child's Name: _____ Age: _____ DOB: _____ Grade: _____

Male Female Not Specified

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian: _____ *Email: _____

Home: (____) _____ Cell: (____) _____ Work: (____) _____

Best way to reach you in case of emergency: _____

Health Concerns / Other Comments: _____

Emergency Contact Name and Number: _____

Remote Learning Program Full Time Pod (3rd through 5th grade only)

Date/Time: Monday – Friday 7:45am to 3:50pm **Please indicate month(s):** _____

Cost: \$300 per week (Charged Monthly) Multi-Child: 15% off 2nd child

After School Program

Date/Time: Monday – Friday 3:50pm to 5:45pm

Cost *Number of enrolled days will be multiplied by the amount of occurrences for given month to reflect a one month cost: \$20/day (\$100 per week) Multi-Child: 15% off 2nd child

Please indicate days: Monday Tuesday Wednesday Thursday Friday

NOTE: A late pick up fee of \$1 per minute for the first 15 minutes after 5:45pm will apply. At the 16th minute and beyond the fee is \$3 per minute.

Remote Learning Program Part Time Pod (3rd through 5th grade only)

Date/Time: Monday – Friday 7:45am to 3:50pm **Please indicate month(s):** _____

Please indicate days (Remote Learning Program):

Monday Tuesday Wednesday Thursday Friday

Cost: \$80 per Day (Charged Monthly) Multi-Child: 15% off 2nd child

After School Program (Part Time Pod)

Date/Time: Monday – Friday 3:50pm to 5:45pm

Please indicate days (*After School Program*):

Cost *Number of enrolled days will be multiplied by the amount of occurrences for given month to reflect a one month cost: \$20/day (\$100 per week) Multi-Child: 15% off 2nd child

Please indicate days: Monday Tuesday Wednesday Thursday Friday

NOTE: A late pick up fee of \$1 per minute for the first 15 minutes after 5:45pm will apply. At the 16th minute and beyond the fee is \$3 per minute.

Total Due (prior to first day): _____

I authorize UVAC to use any photos taken of my child/ children during UVAC Remote Learning Program for the UVAC website or other promotional materials Yes No

Where did you hear about us?

Website/Social Media Newspaper Radio Walk-In Friend Event Other _____

Does your child have their own laptop? Yes No

Does your child have their own headphones? Yes No

HEALTH AND EMERGENCY CONTACT INFORMATION

Child’s Physician: _____ Phone: _____

Child’s Dentist: _____ Phone: _____

Health Insurance Carrier: _____ Policy #: _____

In the event we cannot reach a parent/guardian please list contact information for two people:

Name #1: _____ Phone: _____ Relationship: _____

Name #2: _____ Phone: _____ Relationship: _____

Does your child have any special needs? Yes No *If yes, please write below what they are and how we can make sure he/she has the best experience possible:* _____

Does your child have any medical conditions that would affect his/her participation in the program? Yes No
If yes, please list here: _____

Will your child need to take any medications during Remote Learning Program hours? Yes No
If yes, please list here: _____

Please note that UVAC staff cannot administer medication and children will need to self-administer any and all medications.

Please provide the dates of your child's most recent immunizations:

Measles: _____ Mumps: _____ Rubella: _____ Polio: _____ Tetanus: _____

Has your child had the chicken pox or received the vaccine? Yes No

If your child is allergic or suffers from any of the following, please check:

- | | | |
|---|--|---|
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Cramps | <input type="checkbox"/> Reaction to Poison Ivy |
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Psychiatric Treatment |
| <input type="checkbox"/> Hypertension | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Food/Other Allergies |
| <input type="checkbox"/> Mononucleosis | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Bleeding Disorder |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Epilepsy/Seizures |
| <input type="checkbox"/> Penicillin Allergy | <input type="checkbox"/> Asthma | |

Comments: _____

Does your child carry a bee sting kit? Yes No **Note that UVAC staff cannot administer bee sting kits.**

Has your child been confirmed positive for COVID-19? Yes No

Has your child been in close contact with any persons who have been confirmed positive for COVID-19?
Yes No

Has your child been in close contact with any persons who have travelled and are exhibiting acute respiratory illness symptoms? Yes No

Upper Valley Aquatic Center Remote Learning Program requirements and protocols:

1. Enrollment in the UVAC Remote Learning Program is one month at a time minimum with a 3-month obligation. If a student withdraws from the program after 1 month, but before the third month begins, a \$500 withdrawal fee will apply to all full time pod enrollees, and \$250 fee will apply to all part time pod enrollees.
2. Each student must complete the following to participate in the program:
 - Registration form
 - COVID Liability Waiver
 - Daily temperature checks.
3. Any child that presents a fever of 100 degrees or greater will be sent home immediately.
4. Any child that has been absent for any illness related reason, will remain absent from the UVAC until they have been symptom free for no less than 48 hours.
5. Any child that has been outside of New Hampshire or Vermont for more than 24 hours consecutively must quarantine for 14 days or present a negative test result that was administered within the timeframe of their return. Any quarantine period will be deducted from the monthly dues for the program.
6. All children must wear a mask at all times, unless they are in the pool or outdoors with no less than 6 feet social distancing applied.

7. Upper Valley Aquatic Center is not responsible for any personal property that is lost, stolen, or damaged.

Due to the nature of our site, we cannot guarantee that the facilities are peanut/nut free.

PICK-UP AUTHORIZATION

Please list all persons allowed to pick up your child (Photo ID will be needed):

- 1. _____
- 2. _____
- 3. _____
- 4. _____

PARENTAL AUTHORIZATION STATEMENT

In the event that we are unable to reach a parent/guardian or an emergency contact during an emergency while at UVAC, I hereby give my permission to the UVAC staff and/or medical personnel to take emergency measures as needed.

Signature: _____ Date: _____

UVAC INFORMED CONSENT

As the parent/guardian of _____ (child's name), I agree that:

- I understand that all the information in the Health and Emergency form will be kept confidential and only assessed to ensure the safety and functionality of the Remote Learning Program.
- I authorize the Head Lifeguard or their designate to act for me according to their best judgment in any emergency.
- I fully acknowledge that even after reasonable safety precautions have been taken, some activities such as swimming, hiking, and other outdoor activities may result in injuries which the UVAC facility and faculty should not be held responsible.
- I understand all of the above stated information and agree to all terms and conditions assigned.

Signature: _____ Date: _____

FOR OFFICE USE: Paid: Cash/Check/CC _____ Date Rec. _____ Staff Initials _____ Enrolled Club Auto _____