

**Our Savior Early Learning Center
COVID-19 Financial
Responsibility Agreement**

	Possible Reasons for ChildCare Shutdown/Non-attendance	Financial Responsibility of Childcare Families	Financial Responsibility of Center for Staff
1	14 day shut down due to positive COVID case in staff or student (one class or entire school-First instance)	Tuition will be collected in full during first 14 day shutdown for individual class affected or entire school	Staff will be paid their full weekly salary
2	14 day shut down due to positive COVID case in staff or student (one class or entire school-Second instance)	A 25% Discount will be given to the second 14 day shutdown for individual class affected or entire school	Staff will be paid 75% of their weekly salary
3	14 day shut down due to positive COVID case in staff or student (one class or entire school-Third instance)	A 50% Discount will be given to the second 14 day shutdown for individual class affected or entire school.	Staff will be paid 50% of their weekly Salary
4	Individual child required to quarantine due to child/family/household member exhibiting symptoms or testing positive for COVID	Tuition will be collected in full during quarantine for individual child affected	N/A
5	Individual child required to quarantine due to family travel	Tuition will be collected in full during quarantine for individual child due to family travel	N/A
6	Individual child non-attendance due to COVID related restrictions, family choice	Tuition will be collected in full for the first two weeks, at 50% thereafter until return or withdrawal	N/A

Classes will in be cohorts to protect staff and students from unnecessary outside exposure. By using cohorts, a positive case of COVID should only close one class instead of the entire school.

Withdrawal Policy: If at any time you want to withdraw your student from OSEL, a two week written notice of withdrawal is required. Any tuition due during that two week period is required regardless of attendance.

To serve our families well, we will consider financial hardships to COVID-19 on a case by case basis.

Parent Name: _____

Parent Signature: _____ Date: _____