



Open-Door Mentor REAADY Foundation Parent Application

Application to be completed by Parent/Guardian.

Cost of Program: \$22.00/hour (\$11.00/hour for each additional student).

Please complete a separate application for each child. Once completed, please email application and signed waiver to info@readdyfoundation.org and we will be in touch.

Demographics:

Today's Date: (mm/dd/yyyy):

Student Name:

Date of Birth: (mm/dd/yyyy):

Gender:

Grade in 2020-2021:

Current School and District:

Schedule of online courses:

Number of Days needed (3 to 5):

Hours needed:

Parent/Guardian Name:

Address:

Primary Phone (Format: xxx-xxx-xxxx):

Alternate Phone (Format: xxx-xxx-xxxx):

Parent/Guardian Email Address (**Required**):

Will the parent be working from home during the mentor sessions? YES NO

Additional Contact:

Relationship:

Primary Phone (Format: xxx-xxx-xxxx):

Emergency Contact:

Thank You!

R.E.A.A.D.Y. FOUNDATION MENTORSHIP PROGRAM

COVID-19 ACKNOWLEDGEMENT, CONSENT, ASSUMPTION OF RISK AND RELEASE

Printed Name of Child(ren): _____

Address, City, State, Zip: _____

Home Phone: _____ Emergency Phone: _____

Medical Insurance Co. & Policy #: _____

List any medication to which the participant is allergic, any previous medical conditions that could be an issue, and any medication currently being taken: _____

IN CONSIDERATION of my child's participation in the R.E.A.A.D.Y. Foundation Mentorship Program from (dates) _____, 2020 to _____, 2020, between the hours of (hours) _____ a.m./p.m. to _____ a.m./p.m. on (days) _____, INTENDING TO BE LEGALLY BOUND HEREBY, I represent, consent, and agree, on behalf of myself and my minor child(ren), our personal representatives, assigns, heirs, next of kin, and any other person claiming, by under, or through me, as follows:

- PERMIT a R.E.A.A.D.Y. Foundation teacher to come to my home to mentor my child(ren)'s online education in exchange for the sum of \$____.00 per hour.
- Voluntarily agree to release and to hold R.E.A.A.D.Y. Foundation harmless from, and waive on behalf of myself/my child(ren), my heirs, and any personal representatives, any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself/my child(ren) that may be caused by any act, or failure to act of the R.E.A.A.D.Y. Foundation or that may otherwise arise in any way in connection with my child(ren)'s participation in the Mentorship Program to the fullest extent allowed by law.
- I understand that this release discharges the R.E.A.A.D.Y. Foundation from any liability or claim that I/my child(ren), my heirs, or any personal representatives may have against the R.E.A.A.D.Y. Foundation with respect to any bodily injury, illness, death, or medical treatment that may arise from, or in connection to, my child(ren)'s participation in the Mentorship Program.
- In the event of injury or illness to my child(ren) while in the R.E.A.A.D.Y. Foundation teacher's care, I hereby give permission for the necessary medical treatment to be given to my child(ren). I further authorize the R.E.A.A.D.Y. Foundation teacher to call 9-1-1 and have my child(ren) transported to a hospital or healthcare facility in the event of illness or of injury and sign any requisite forms or consents to enable my child(ren) to receive medical or hospital care with the same power and authority as if we were present to act if I am unable to be present. I, for myself, for my child(ren), our respective heirs, and our respective legal representatives, do hereby indemnify and hold harmless any representative of R.E.A.A.D.Y. Foundation from any and all claims, demands, and causes of action of whatever kind and nature for their actions taken pursuant to this authority.
- This liability waiver and release extends to the R.E.A.A.D.Y. Foundation together with its teachers, staff, volunteers, and Board members.
- With regard to such treatment, I agree that in case of illness or injury to my child(ren), I will apply his/her hospitalization and/or accident insurance toward the payment of the expenses incurred and will not look to the R.E.A.A.D.Y. Foundation for the payment of any medical or injury-related costs.

I understand and agree to the following means of safeguarding Mentorship Program Participants in the midst of the COVID-19 global pandemic:

- The novel coronavirus, COVID-19, has been declared a worldwide pandemic and is extremely contagious. R.E.A.A.D.Y. Foundation has put in place reasonable preventative measures and standards of behavior in which Mentorship Program participants are expected to comply to reduce the spread of COVID-19. Such precautions include, but are not limited to, wearing a face covering, handwashing/sanitizing, social distancing, and self-screening. Even with implementation of safety protocols, R.E.A.A.D.Y. Foundation cannot guarantee that you will not become infected with COVID-19 and participation in Mentorship Program could increase your and/or your child(ren)'s risk of contracting COVID-19.
- Prior to each scheduled Mentorship, I understand and agree that I must ask myself the questions below. Should the answer to any of the questions on any given day be "Yes," I understand my child is not permitted to attend School and/or participate in the School activity, sport, or event.
 - Has my child had a fever as defined by the CDC during the past 24 hours?
 - Has my child had a new or unexpected cough during the past 7 days?
 - Has my child been around anyone exhibiting these symptoms within the past 14 days?

- Is my child living with anyone who has been sick, has exhibited symptoms of COVID-19, or is currently under quarantine for exposure to COVID-19?
- Has my child traveled internationally within the last 14 days?
- Has my child traveled to a state identified by the PA Department of Health as having high amounts of COVID-19 cases in the last 14 days?
- Has my child disregarded CDC guidelines and failed to limit his/her exposure to COVID-19?

- I understand that, in the event my child(ren) develop symptoms or suspected symptoms of COVID-19 or other illness during the scheduled Mentorship, or if otherwise requested by the Teacher, at his/her discretion, the Mentorship session will end, and I will be contacted by Teacher to immediately relieve the Teacher. In the event of a medical emergency, I authorize the Teacher to call 9-1-1 and have me and/or my child(ren) transported to a hospital or healthcare facility.

- I further understand that, in the event that I and/or my child(ren) contract COVID-19 or become exposed to someone with COVID-19, I and/or my child(ren) will need to be quarantined as directed by the CDC.

- I understand that Mentorship Participants may not participate in Mentorship until they have met the CDC's criteria to discontinue home isolation **and** present documentation from a treating physician releasing the individual to resume Mentorship. Currently, CDC's criteria provides the following:
 - If an individual suspects or knows he/she had COVID-19, and had symptoms, he/she may resume Mentorship after:
 - 10 days since symptoms first appeared; **and**
 - At least 24 hours with no fever without fever-reducing medication; **and**
 - Symptoms have improved.
 - Note: If you are tested to see if you still have COVID-19, you may resume mentorship when:
 - You have no fever, **and**
 - Respiratory symptoms have improved, **and**
 - You receive two negative test results in a row, at least 24 hours apart.
 - If an individual tested positive for COVID-19 but had no symptoms, and continue to have no symptoms, that individual may resume Mentorship after:
 - 10 days have passed since test, **or**
 - after he/she receives two negative test results in a row, at least 24 hours apart.
 - Note: The individual's doctor should work with an infectious disease expert at the local health department to determine if he/she is likely to spread COVID-19 to others and need to stay home longer.
 - I understand that anyone who has close contact with someone with COVID-19 may not resume Mentorship until:
 - 14 days after exposure.
 - I understand that Mentorship Participants who have a weakened immune system (immunocompromised) due to a health condition or medication may need to take additional precautions and/or stay home longer than 10 days in the event of infection. These individuals are encouraged to consult their healthcare provider and work with the R.E.A.A.D.Y. Foundation to effectuate any necessary reasonable accommodations.

I understand and hereby authorize the R.E.A.A.D.Y. Foundation to enforce such other reasonable measures and directives as may be deemed necessary by the R.E.A.A.D.Y. Foundation.

I/We am/are the parent or legal guardian of the student(s) named above. I/We have carefully read and fully understand all provisions of this COVID-19 Acknowledgement, Waiver, Release, and Assumption of Risk. I/We have the legal authority to consent to and, by signing below, I/we hereby do consent to the forgoing terms and conditions on behalf of myself/ourselves and the above-named student(s).

(Parent/Guardian Name – Printed)

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Name – Printed)

(Parent/Guardian Signature)

(Date)