

The Symbolic Art Parent Handbook



Special Safety Protocols

Al White, Administrator

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2402 N. Tenaya Way LV NV 89128



“Seasonal Camp Programming”

The Symbolic Art Learning Center

2402 N. Tenaya Way

Thank you for your interest to participate with us as we launch “Seasonal Camp Programming”

In our ongoing effort to do our part to reduce the spread of COVID-19 and comply with the Governor’s orders and guidelines provided by the Center for Disease Control and Prevention (CDC) we intend to follow certain protocols as outlined in the Southern Nevada Health District Operating Checklist for Child Care Facilities. Although we are “Not” operating as an official Child Care Facility we do intend to use their checklist as a resource to manage our daily operation. Please note the following protocols we will strictly adhere to:

Drop-off / Pick-up of Children

- Required pick-up and drop-off of children will occur outside of our facility.

2402 N. Tenaya Way

For your safety and convenience parents should be prepared for their children to answer the following questions each day before they will be accepted into our program:

1. Does your child have a new cough that’s not attributed to another health condition?
2. Does your child have new shortness of breath that’s not attributed to another health condition?
3. Does your child have any two of the following symptoms: Fever (100.4F or higher) chills, repeated shaking with chills, muscle pain, headache, sore throat or loss of taste or smell?
4. Has your child come into close contact (within 6 feet) with anyone who has a laboratory confirmed COVID-19 diagnosis in the past 14 days?

***Note: Symbolic Art staff will be available upon arrival to ask the four questions outlined here and will take your child’s temperature prior to entry into facility – Participants “Must wear face covering when entering and leaving the facility but may not be required while participating in recreational activities during the day**

- Parents/visitors will not be permitted inside the facility during normal camp hours
- Please arrive to the Learning Center (Camp) between 7am - 9am. Any time afterward **“Must”** be coordinated by text with Miss Kay Kay (702) 336-9155 or email symbolicartcenter@gmail.com. We will “Not” accept children into the facility without advance notice to coordinate reception procedures after 9:00 AM
- Parents / Guardians picking up at the end of the day *prior to 6pm are required to text Miss Kay Kay (702) 336-9155 to coordinate the release of their child(ren) from the facility. Symbolic Art staff will escort the child from the facility to the car. Children will “Only” be released to authorized adults listed on the registration form.

Daily Schedule: 7:00 am - 6:00 pm

- Early bird reception: 7:00 am - 7:45 am *This is mainly for participants who want to join the AM fitness program in the park. Parents who want their children to participate in early morning fitness must arrive between 7:00 am - 7:45 am *Other excursions to the park to engage in outdoor activities will occur prior to midday as the weather permits
 - ✧ 8:00 am - 9:00 am - AM Fitness in the park with Coach Johnny *Early bird participants will be transported by van to the park *
- 8 am - 9 am General reception of participants
- 9:30 am - 10 am *Morning snack & Roll Call
- 10:00 am - 10:45 am *The Learning Center Program/Daily activities begin
- 11:00 am - 11:45 am <> Group activities | Participants are separated into groups
- 12:00 pm - 12:45 pm <> Lunch <> *Free play
- 1:00 pm - 1:45 pm *Reading & writing block (Please send your child with a book)
- 2:00 pm – 2:45 pm *Recreation based upon the daily schedule
- 3:00 pm – 3:45 pm *Recreation based upon the daily schedule
- 4:00 pm – 4:45 pm *PM Snack <> End of day wind down
- 5:00 pm – 5:45 pm *Movie time in the game room while participants prepare to leave
- 6:00 pm *End of Day/Program closes

Program Participation at “The Learning Center”

- Available for youth ages 4-14
- Daily activities at the Learning Center will consist of the following areas of development: Fine motor skills, cognitive development, creative expression, sports, fitness and recreation are emphasized throughout the day
 - An area is dedicated specifically for completing weekly arts & craft projects
 - Card | Board games
 - Magnetic building blocks & Legos
 - Reading
 - Technology i.e. computer-based learning
 - Interactive gaming
 - Coloring, drawing & creative expression
 - Game room with “PBS” or comparable educational broadcasting

■ **Participants are required to bring:**

1. Water bottle with name written in permanent marker*Plastic or Metal
**No glass bottles will be permitted on site
2. Cold lunch with at least two snacks for AM & PM snack times Participants cannot share **ANY** food items *Symbolic Art snack shack will be available for purchases – all items cost \$1 or less
3. Hand sanitizer that contains at least 60% alcohol (personal size)
4. Kleenex (personal size)
5. Yoga mat

■ **Participants “Cannot” bring:**

1. Electronic devices – **Note:***Phones or equivalent communication devices are permitted but with limited use i.e. contact with parents/guardians
2. Stuffed animals, blankets or toys of any kind

■ **Weekly payments & enrollment**

1. Weekly payments are due by each Wednesday to secure a place on our list for the upcoming week
2. Due to our space limitation and the necessity to comply with safety protocols ****Drop ins are not permitted without advance notice/approval** Parents who only need our program for 1-2 days per week will be added to our standby list as priority will be given to parents who commit to participate 3+ days throughout the week.
3. Payment by cash or check is preferable. Credit card payments made over the phone with Miss Kay Kay are subject to \$3 processing fee. Payments may be processed online through our website: <https://www.symbolicartcenter.com/the-learning-center.html> for your convenience.

Signature Page "Only"

Please return this page the first day participant(s) attend the program

Please sign to acknowledge receipt of our safety protocols indicating you understand and agree to comply with certain safety measures that may be necessary for us to continue operating.

Parent Name _____
Printed Signature

Parent Name _____
Printed Signature

Child's Name

Child's Name

Child's Name

Child's Name

COVID-19 Assumption of Risk, Release, and Waiver of Liability Agreement

RELEASE AND WAIVER. In consideration of my receiving before & after school programming and related recreational services from Symbolic Art (the "Services"), I, being the parent/guardian of school aged program participant(s), do hereby forever release, waive, discharge, and covenant not to sue Symbolic Art and its past, current, and future officers, directors, independent contractors, members, volunteers, community partners, representatives, parents, owners, affiliates, agents, successors, and assigns (collectively, "Service Provider") from any and all damages, injuries, losses, liability, claims, causes of action litigation, or demands, including but not limited to those for personal injury, sickness, or death, as well as property damages and expenses, of any nature whatsoever which may be incurred, directly or indirectly, now or in the future, in any way related to COVID-19 and in connection with my participation in the Services or any travel related thereto. I promise not to sue Service Provider for any of the foregoing.

ASSUMPTION OF RISKS. I understand that while "Service Provider" has undertaken reasonable steps to lessen the risk of transmission of COVID-19 in connection with "the Services", Service Provider is not responsible in any manner for any risks related to COVID-19 in connection with the Services. I understand that the World Health Organization has classified the COVID-19 outbreak as a pandemic. I further understand that COVID-19 is a highly contagious and dangerous disease, and that contact with the virus that causes COVID-19 may result in significant personal injury or death. I am fully aware that participation in the Services (including any related travel) carries with it certain inherent risks related to COVID-19 transmission ("Inherent Risks") that cannot be eliminated regardless of the care taken to avoid such risks. Inherent Risks may include, but are not limited to, (1) the risk of coming into close contact with individuals or objects that may be carrying COVID-19; (2) the risk of transmitting or contracting COVID-19, directly or indirectly, to or from other individuals; and (3) injuries and complications ranging in severity from minor to catastrophic, including death, resulting directly or indirectly from COVID-19 or the treatment thereof. Further, I understand that the risks of COVID-19 are not fully understood, and that contact with, or transmission of, COVID-19 may result in risks including but not limited to loss, personal injury, sickness, death, damage, and expense, the exact nature of which are not currently ascertainable, and all of which are to be considered Inherent Risks. I hereby voluntarily accept and assume all risk of loss, personal injury, sickness, death, damage, and expense arising from such Inherent Risks. **Furthermore, I represent and warrant that I, nor the program participant(s) I wish to enroll to receive Services do not suffer from any medical condition or disease that might in any way hinder or prevent us from receiving the Services, including, to my knowledge, COVID-19.**

This COVID-19 Assumption of Risk, Release, and Waiver of Liability Agreement ("Agreement") shall be binding on my heirs, executors, administrators, successors, and assigns. I expressly agree that this Agreement is intended to be as broad and inclusive as is permitted by applicable laws, and that if any portion of this Agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect. This Agreement contains the entire understanding of the parties relating to the subject matter, and shall not be altered, modified, amended, waived or supplemented in any manner whatsoever except by a written agreement signed by both parties hereto or their duly authorized representatives. This Agreement may be executed, made and delivered electronically.

To the maximum extent permitted by applicable law, I (a) covenant and agree not to elect a trial by jury with respect to any issue arising out of this Agreement or the Services that is triable of right by a jury, and (b) waive any right to trial by jury with respect to such issue to the extent that any such right exists now or in the future. This waiver of right to trial by jury is given knowingly and voluntarily.

I have read and understood this Agreement and enter into it voluntarily in consideration of the opportunity to participate in the Services. I acknowledge I am giving up legal rights and/or remedies which may be available to me.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian