



Appletree II
712 Tapawingo Road,
Vienna, VA 22180
(703) 281-2626

APPLETREE II PARENT AGREEMENT FORM

I agree to pick up my child within one hour should the school inform me that my child is ill. I agree to keep my child home for 24 hours after symptoms clear (without medication) before being allowed to return to school if fever, diarrhea or vomiting is present, or 24 hours after being placed on antibiotics.

I authorize Appletree II to call my child’s Emergency Contacts in the event that the child has not been picked up by the time school closes and we are unable to reach parent(s) via phone; or in the event of an emergency if parent(s) is unable to be reached by phone, or if parent(s) are unable to get to the school within 1 hour.

I agree to notify the school within 24 hours if my child or anyone in our household develops any reportable communicable disease, including symptoms or diagnoses of COVID-19.

I agree to release, waive, indemnify and hold harmless, Appletree Foundation (doing business as Appletree II), and their respective officers, directors, employees, volunteers and agents (collectively “Appletree II”) from all claims of illness, including exposure to COVID-19.

I accept and agree to the health procedures in place for the safety of all students and understand and accept the risk of illness and exposure of my student and waive and hold harmless Appletree II from any claims related to that exposure.

In the event that Appletree II is required to close for a period of time due to a Covid 19 related exposure by Virginia Department of Health (VDH) or VA Department of Social Services (VDSS), I understand that tuition payment is still due during closure.

By signing this document, I certify that I have read and agree to all the above statements and claims.

Child’s Name _____

_____/_____

Parent 1 Signature Date

Parent 1 Printed Name

_____/_____

Parent 2 Signature Date

Parent 2 Printed Name