**Student’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SOAR Learning Center, Inc.**

**POLICIES AND PROCEDURES**

 **\*Application**

 **\* Parent/Guardian Consent Form – 2021/2022**

 **Consent to Access School Records and SOAR** **learning center, inc.** **Academic Testing**

**\*Hold Harmless and Emergency Medical Treatment Agreement**

 **\*Lost and Found Policy**

**\*Behavior Expectations and Guidelines**

**\*Code of Conduct and Electronic Devices Policy**

 **\*Discipline Policy**

**\* Face coverings**

**HOW DID YOU HEAR ABOUT US?**

**Circle all that apply**

**Facebook**

**Sarasota Herald Tribune/Tempo News**

**Referral/Name**

**Event**

**Past Student/Family**

**Past/ Other Program Member**

**School**

**Church**

**Other**

**FOR OFFICE USE ONLY**:

 **Waiting List**\_\_\_\_\_\_\_\_\_\_\_\_

**SOAR Staff Name Receiving Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student Status: Accepted for SOAR \_\_\_\_\_\_Not Accepted for SOAR \_\_\_\_\_\_\_\_**

**SOAR Learning Center, Inc. Placement Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Registration Application for 2021-2022***

***Confidentiality: Any confidential information requested is for our records and for grant reporting. The answers you provide will be kept completely confidential. Your cooperation in providing this information is both appreciated and necessary. Please print and fill out this application completely.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **STUDENT INFORMATION**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Middle Initial\_\_\_\_\_\_\_\_Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender:\_\_\_\_ DOB: \_\_\_\_\_ Age\_\_\_ Ethnicity: \_\_\_\_\_\_\_Race\_\_\_\_ Military Household \_\_\_\_\_Foster Care \_\_

Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Zip code) \_\_\_\_\_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade - 2021/2022 School Year: \_\_\_\_\_\_\_

Student ID #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child Receives: Free Lunch\_\_\_\_\_\_Reduced Lunch\_\_\_\_\_None \_\_\_\_

1. **PARENT / GUARDIAN INFORMATION**

Father: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell: \_\_\_\_\_\_\_\_\_\_E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_ E-mail\_\_\_\_\_\_\_\_\_\_\_\_

Guardian: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone: \_\_\_\_\_\_­­E-mail\_\_\_­­­­­­­­­­­\_\_\_\_\_\_\_\_

Primary Language: \_\_\_\_Bilingual\_\_\_\_English\_\_\_\_\_Spanish\_\_\_\_\_Other\_\_\_\_\_\_\_\_\_\_\_\_

Housing: None apply \_\_\_\_\_\_ Public Housing\_\_\_SSDI\_\_\_\_\_SSI\_\_\_\_TANF\_\_\_\_\_Day Care Voucher\_\_\_\_\_\_ Food Stamps\_\_\_\_\_ General Assistance \_\_\_\_\_\_School Lunch\_\_\_\_\_Veterans Affair\_\_\_\_ Medicaid\_\_\_\_

Household types: \_\_\_\_\_ 2 adults+children under 18 \_\_\_\_\_ Single adult+children under 18

Ability Status: Individuals with a disability: \_\_\_\_\_Physical\_\_\_\_developmental\_\_\_\_\_no disability\_\_\_unknown

Legal Caregiver (check all that apply): [ ] Father [ ] Mother [ ] Guardian [ ] Both Parents

[ ] Grandparent/Kin [ ] Foster Care [ ] Aunt/Uncle

[ ] Other (explain) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **EMERGENCY CONTACT Information in case we cannot reach parent/guardian**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **TRANSPORTATION TO AND FROM SOAR:**  **My child will walk or ride (circle one)** to and from the SOAR Learning Center. Please list persons other than parent authorized to pick up your child(ren) from SOAR. They must have a **Government Issued Photo ID** when picking up. We will not release children to anyone that is not listed below.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_**\_\_\_\_\_ continue on the back.**

1. **STUDENT HEALTH INFORMATION**

Current Medication(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Conditions (allergies, diabetes, etc.): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Exceptional Education Diagnosis (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mental Health Diagnosis (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Behavioral Problems: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has the student been tested for COVID-19\_\_\_\_\_\_or \_\_\_ exposed to anyone tested positive to COVID-19 or the Delta Variant.

If emergency medical care is necessary and I cannot be reached, I authorize the SOAR Learning Center to act on my behalf in granting permission for my child to receive emergency medical treatment. Parents are responsible for all expenses incurred as the result of medical treatment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Legal Guardian Signature Date**

1. **LIABILITY WAIVER**

I hereby waive, release, absolve, indemnify, and agree to hold harmless the SOAR Learning Center Inc., director, officers, teachers, participants, and any other affiliates; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result of negligence or for any other cause of the SOAR Learning Center, Inc.\_\_\_\_\_\_\_\_( initial)

I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance. ­­­­­­­\_\_\_\_\_\_(initial)

My permission **is given / is NOT given** (**circle one**) for my child’s picture to be taken and image used in the media and/or for purposes associated with the SOAR Learning Center.

[ ] I grant permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in the SOAR Learning Center, Inc. during the period September 2021 to June 2022.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian (Print your name here) Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian (Signature) Date**

------------------------------------------------------------------------------------------------------------------**FOR OFFICE USE ONLY**:

**SOAR Staff Name Receiving Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_ Time: \_\_\_\_\_\_\_\_\_\_\_\_**

 **Student Status: Accepted for SOAR \_\_\_\_\_\_ Not Accepted for SOAR \_\_\_\_\_\_\_\_**

**SOAR Learning Center, Inc. Placement Class: \_\_\_\_\_\_\_\_\_\_\_\_ Student Classroom Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **The parents have decided to send their student: Virtual In person Brick and Mortar Charter/private**

**Parent/Guardian Consent Form – 2021/2022**

**Consent to Access School Records and SOAR** **learning center, inc.** **Academic Testing**

SOAR Learning Center, Inc. will be operating its after school program from September 2021 to June 2022 on Mondays through Friday, 3:00 to 6:00 pm. If you are interested in your child participating in SOAR learning center, inc., you must complete and sign this Consent Form for your child to attend SOAR learning center, inc.

**Please check or X all that apply**

 [ ] I grant permission for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to participate in the SOAR Learning Center, Inc. during the period September 2021 to June 2022.

[ ] You **have** permission for my child’s photographs/audio/video to be used in future promotions or informational packages put together by or on behalf of the SOAR learning center,inc..

[ ] You **do not** have permission for my child’s photographs/audio/video to be used in future promotions or informational packages put together by or on behalf of the SOAR learning center,inc.

SOAR Learning Center, Inc. would like to learn more about its impact on students’ educational success, particularly in reading and math to find out how we can best help SOAR Learning Center, Inc. students increase their learning gains and achieve grade-level academic proficiency.

We are asking your permission to access your child’s Sarasota/Manatee school records and standardized test data. SOAR Learning Center, Inc. will also be administering educational testing with your child in order to better individualize our program for them.

All of these records are private, will be held strictly confidential and will not be viewed or shared with anyone outside of SOAR Learning Center, Inc. **If you decide not to let your child’s school data be collected, that is okay. Your child will still receive the same educational support from SOAR learning center, inc.**

**Please choose one of the following**:

|  |  |  |
| --- | --- | --- |
| [ ] Yes, I freely give my consent to let my child’s school records be released to SOAR learning center, inc. for academic evaluation and for SOAR learning center, inc. to conduct academic testing. Signature of Parent/Guardian Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name of Parent/Guardian |  | [ ] No, I refuse to give my consent to let my child’s school records be released to SOAR learning center, inc. for academic evaluation and for SOAR learning center, inc. to conduct academic testing. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature of Parent/Guardian Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name of Parent/Guardian |

**SOAR BEHAVIOR EXPECTATIONS AND GUIDELINES**

 We are pleased that you have decided to enroll your child into our After School Program here at SOAR. We believe that by bringing together children in a small group setting, we can help guide them in making successful behavioral choices, as well as help to develop them to become better individuals.

 In our program, we expect our students to behave in a responsible manner at all times. We wish to ensure the safety of your child, as well as other students; and thus, we have developed the following behavioral expectations that we would like you to review with your child/children:

 1. Inform an adult IMMEDIATELY if a problem arises. The safety and well-being of all students attending SOAR is of the utmost importance. For this reason, if at any time while present at SOAR an incident occurs that makes the student feel threatened or intimidated, he/she should tell a SOAR staff member immediately.

2. Respect the rights and safety of others. Students that act irresponsibly or endanger the health, safety, or welfare of themselves, or any student as determined by the SOAR program director, will be sent home immediately.

3. Respect the property of others. Students are not to take objects from the SOAR facility or from other students. We ask that all students leave the locations cleaner than when they arrived. Students must take great care not to do any damage to the equipment and supplies they use during After School. Any student that breaks or destroys SOAR property will be held financially responsible to replace that item.

 4. Use of inappropriate behavior including profanity, disrespect to other students or staff members, destruction of property or equipment, physical injury to another child, or not following the safety rules and procedures explained in our parent/student handbook will result in immediate disciplinary action as deemed appropriate by the SOAR program director.

 5. We are an Anti-Bullying facility. Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated or has the potential to be repeated over time. SOAR offers children a variety of age appropriate and fun activities. You have registered for a program in which a large portion of the schedule is spent indoors, it is very academic focused and helps children to acquire valuable social skills as they interact with other children daily. If necessary, inappropriate behavior will be addressed by our Program Director using the disciplinary procedures that are in alignment with the policies of SOAR learning Center, Inc. Please advise your child/children of the following expectations: use a low voice when speaking and use appropriate language. Students are to keep their hands and feet to themselves at all times. There will be NO eating, drinking, or chewing gum in the classrooms at any time.

 **Respect to the SOAR Staff is paramount.**

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PICK-UP AND DROP-OFF POLICY**

Please be advised of the following pick-up and drop-off policies for parents of SOAR students:

**All Parents or guardians please sign your student in and out at the front office**

1. Parents shall use the designated parking spots across the street for parking, loading, unloading of children at all times.
2. Parking in the through lanes and designated handicap spots is prohibited unless a FDOT handicap sign is posted.

 3. Parents will refrain from any maneuvers that are unsafe or would obstruct flow of traffic.

 4. Under no circumstances shall the parent/guardian do the following while dropping off or picking up their child:

a. Do not Honk horn for students to come to you from the center.

b. Do not double park in front of the center.

c. Under no circumstances leave engine running while the vehicle is unattended

d. Do not Park in the wrong direction **which will cause the student to load in the street.**

e. Do not Park in handicap designated spots unless a FDOT handicap sign is posted

 4. To insure the safety of the children, do not allow your child to run in the parking lot or dart through the cars. SOAR Learning Center students must not be left unattended after signed out.

**We sincerely request that you strictly follow all conditions listed above without any exception our utmost concern is to preserve a safe environment for children or adults attending our programs.**

We appreciate your understanding, cooperation, and help.

 **SOAR Learning Center, Inc.**

**CODE OF CONDUCT**

 1. I will not interfere with the teaching and learning of others.

 2. I will respect the personal space, rights, and property of others.

3. I will follow directions from SOAR staff, volunteers and coaches.

4. I will practice good sportsmanship.

5. I will be respectful of myself and my fellow students.

6. I will listen quietly while others are speaking.

7. I will be polite, courteous, and respectful at all times.

 8. I will keep my hands and feet to myself.

9. I will be quiet in lines, restrooms, and when passing through halls.

 10. I will practice self control.

11. I will practice proper bathroom etiquette when using the bathrooms.

 12. I promise to use a low speaking voice, remain in my seat when asked to do so, and use appropriate language at all times at the SOAR learning center, Inc.

13. I will treat the staff with the utmost of respect. I understand that violating this code of conduct will result in taking a timeout/cool-down from a privilege or activity that was scheduled for that day.

 If my misbehavior continues, it will be necessary to notify my parents/guardians and schedule a conference to determine a plan of action for me.

 Misbehavior that may cause injury to myself, other students, or create safety issues may result in my leaving the program.

 Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

 Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

**DISCIPLINE POLICY**

We encourage positive actions through positive reinforcement and close supervision. Our main goal here at SOAR is to keep the children safely involved in activities that are providing growth in enrichment, leadership and teamwork skills. The following steps will be followed if inappropriate behavior occurs, along with a written student counseling statement:

1. The child is spoken to privately in a firm, but gentle manner regarding their unacceptable behavior.

2. If the inappropriate behavior continues, the child is removed from the activity for a cool down/timeout until both the program director and the child feel the child is ready to return.

3. If the inappropriate behavior still continues to occur, the child’s parent will be called or spoken with before departing for the day.

 4. Further incidents will result in the child having to be picked up from the facility and a parent conference will be held to determine an effective disciplinary plan, which requires the participation of the program director and the parents. A probationary period and review may be designated to determine if the SOAR program can effectively meet the needs of the particular child.

5. An incident statement will be filed when there is evidence of property destruction, injury to an individual or physically touching an individual. Accrual of multiple behavior reports and other inappropriate behavior is grounds for dismissal from the program.

RELEASE POLICY: SOAR has a ZERO TOLERANCE for acts of inappropriate behavior. Issues that may result in release of enrollment with or without notice depending on the seriousness of the behavior, include, but are not limited to any of the following actions:

 1. Striking another individual, teacher, volunteer or staff person with intent to harm or injure another individual.

2. Causing harm to another individual with intent, requiring medical attention

3. Displaying violent or uncontrollable behavior that puts others or themselves at risk

4. Bullying. Bullying is unwanted, aggressive behavior among school aged children that involves a real or perceived power imbalance. The behavior is repeated, or has the potential to be repeated over time.

5. Repeated disregard for our Behavior Expectations and Guidelines. Behavior incidents will never be dealt with in a demoralizing, humiliating or abusive manner. No child shall be subject to abuses of neglect, cruel, unusual, severe, or corporal punishment. This includes, but is not limited to: punishments which subject a child to verbal abuse, ridicule, humiliation, denial of food/use of bathroom facilities, punishment for soiling, wetting, or not using the toilet. Our policies and procedures for discipline are consistent with and are focused on assisting the child to grow both socially and emotionally, and are also within expectations for their specific age level of development.

Parent Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

Student Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_

**Face Coverings**.

All individuals subject to this Policy are encouraged to supply their own face covering that complies with this Policy. Additionally, the Center will maintain a supply of face coverings for those who need them to comply with this Policy.

**The following types of face coverings are approved for compliance with this Policy:**

(1) Commercially produced surgical masks, respirators, or face shields; or

(2) Commercially produced or home-made cloth face coverings provided that they cover both the mouth and nose and fit snugly against the sides of a person's face with little to no gaps.

Face coverings shall be made of a solid cloth material or other suitable solid material. It may not be made of lace, mesh, or other largely porous material.

The program director shall have the final authority to determine the suitability of any face covering material. Anyone may use a face shield in addition to a face mask. All face coverings must comply with school dress codes.

**No Exceptions.**

**A face covering will not be required in the following instances:**

**Medical Certification**: A face covering shall not be required for persons who present the program director with a certification from a health care provider that the person has a medical, physical or psychological contraindication that prevents the person from being able to safely wear a face covering;

**Outdoors with Social Distancing**: A face covering shall not be required for persons outside provided that such person maintains social distancing (six (6) feet minimum distance) from other persons;

**Indoors when Alone**: A face covering shall not be required for persons inside the building when they are alone in an enclosed space such as an office space or a classroom.

**Regularly Scheduled Mealtimes**: A face covering shall not be required for any person inside or outside

 the facility while such person is eating during a planned mealtime;

**Strenuous Physical Activity:** A face covering shall not be required for any person inside or outside of any the building while such person is engaged in strenuous physical activity;

**During Receipt of Health Care**

A face covering shall not be required for any person inside or outside of any building when removal of the face covering is necessary for such person to receive health care.