



CALVARY CHAPEL RIALTO CHRISTIAN SCHOOL

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On-Campus Enrollment Medical Affirmation for 2022-2023 Academic School Year

I, _____, on behalf of myself and my student(s), _____,
_____, _____, _____, affirm
the following for the benefit of Calvary Chapel Rialto Christian School (CCRCS):

1. I understand that, except for major life changes (such as moving, job loss, etc.) I am making a year-long commitment to On-Campus Enrollment. I understand that if the government mandates school closures due to COVID-19, CCRCS will employ remote learning. Recognizing CCRCS is committed to providing the same level of education in both platforms, I agree that tuition for remote learning will be the same as on-campus instruction.
2. I understand that despite reasonable precautions by CCRCS, my child/children's on-campus attendance and participation in school-related activities may place me or other members of my family in contact with COVID-19.
3. I agree and acknowledge that my child's/children's on-campus enrollment in CCRCS and participation in any school-related activities is voluntary. As such, I agree to assume full responsibility concerning their health, and I agree CCRCS will not be held responsible or liable for any COVID-19 related illnesses or damages during my child's/children's on-campus attendance.
4. I agree to comply with safety measures outlined in the CDPH's "**COVID-19 Industry Guidance for Schools and School-Based Programs**" handbook and "**Safety Protocols**" issued by CCRCS. I understand these guidelines may be adjusted to match the changing conditions of the pandemic.
5. I understand it is my responsibility to communicate with CCRCS immediately if my child or my family experiences COVID-19 related health issues which may impact others in the school.

Signature

Printed

Date