REMOTE LEARNING FACILITY/RESIDENCE AFFIDAVIT

I, _____, depose and state under oath as follows:

1. My name is: _____. I reside at _____

_____. I have personal knowledge of all of the facts stated herein excepting for those which I have stated to be on information and belief which I also believe to be true.

2. This affidavit is submitted to the Town of Rockland in connection with an application for municipal approval for a Remote Learning Facility.

3. The statements made in the Remote Learning Facility application are true, accurate and complete.

4. I am the person most knowledgeable with the proposed Remote Learning Facility which is proposed to be operated out of the property located at:

_____ which is a center/residence (circle

applicable facility) owned by: _____ of

_____.

5. I hereby certify on behalf of myself and/or the entity named in the application as follows:

a. The program is not currently licensed by EEC.

b. The program will provide regular or drop-in care for children who are enrolled in a public or private school district.

c. The program understands that its license exemption only applies during the hours of a traditional in-person school day.

d. All enrolled children are school age, which is defined as: enrolled in kindergarten or at least of sufficient age to enter first grade the following year, or an older child who is enrolled in school and not more than 14 years of age or not more than 16 years of age if the child has special needs.

e. Included with the application is documentation that all staff members, volunteers, household members over the age of 15 (only if operating out of a private residence), and any other adults who will be around children (supervised or unsupervised) in the Remote Learning

Enrichment Program have completed a Background Record Check (BRC) and been found suitable and appropriate to work with children, prior to working in the program.

6. I understand that by signing below, I confirm that I am duly authorized to act as the official agent of_____. I confirm agreement with each attestation above. I further understand that any breach of the provisions of this Affidavit may result in the possible immediate closure of the Remote Learning Enrichment Program listed above, or other action deemed necessary, in its discretion, by the Town of Rockland and/or EEC.

SIGNED UNDER THE PENALTIES OF PERJURY

_____

Signature

_____

Printed Name (Person Signing)

_____

Date