



Temporary Guardianship Agreement with Cogito World Education (member of Colibri Group LLC)

CAUSE OF TEMPORARY EDUCATIONAL GUARDIANSHIP

- Length of guardianship:** [] Full academic year (up to 10 months)
(mark one)
- [] One semester (up to 5 months)
- [] Summer guardianship (up to 3 months)

The cause of temporary educational guardianship arose due to child/children attending school in the United States and parents/legal guardians living in another country.

GUARDIANSHIP

We, _____
(print full name of both parents or legal guardians) of (address) _____

as the parents of _____
(list each child’s full name, and gender) attending boarding school

_____ (list school name) do hereby grant temporary educational guardianship of the above listed child/children to:

Cogito World Education (member of Colibri Group, LLC) represented by Sylvia Rozwadowska-Shah Address: 210Broadway suite 201 Cambridge MA 02139,
Phone: + 1 617 301 1237
Email: info@colibrilboston.org, info@cogitoworldeducation.org

From: _____ To: _____
(mm/dd/yyyy) (mm/dd/yyyy)

In order to perform any and all acts deemed necessary and appropriate for educational guardian of international student in US boarding school including the following:



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- 24h emergency contact
- 48h campus pick up in case of any emergency
- Assistance with arranging airport transfers
- Arranging accommodation during school breaks or holidays (homestay or Cogito run residential camps)
- Academic support services
- Parents' weekend school visit (if parents can't attend)
- Well-being and health support upon request (appointments with dentists, specialists, psychologists, assistance in case of hospitalization)
- Covid-19 assistance (Covid tests, quarantine, Covid-19 emergency care)

MEDICAL AND EMERGENCY HEALTH

If there is a medical emergency and student needs to stay in a hospital, educational guardian will be responsible for the communication between the parents and hospital personnel, stay in the hospital if required until parents/legal guardians arrive to the US. In such situation, parents should schedule the trip to US as soon as possible.

If student requires non-urgent dental, eye or regular health care appointment, the educational guardian will arrange for such visit with the local doctor office after consultation and permission from parents. Parents are responsible for all expenses related to medical cost and transportation.

Temporary emergency accommodation and school breaks:

Educational guardianship will provide a temporary homestay or program in the Boston area and transportation from the school if the school has to close due to the pandemic and the student can't return home. The cost of temporary housing and transportation is not included in the guardianship fee and parents are responsible for covering those charges before the student is moved from the school to homestay or temporary accommodation (as specified in the guardianship proposal agreement). Placement with a host family cannot exceed 2 months. Student must have a valid health insurance with a coverage of minimum 500,000 USD.

Cogito will also provide temporary holiday programs or homestay if student can't travel home. Families must notify Cogito one month in advance if holiday accommodation is needed. Cogito can also provide up to 14 days quarantine if required by school after student arrives from home country. The cost of accommodation in such case is not included in the guardianship and must be covered by parents. All Cogito host families will provide a single bedroom with bed, desk, and place to store clothes.



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COVID 19 - What if a student tests positive:

We will pick up a student from campus within 48 hours from being notified that the student has been diagnosed with Covid-19. We will arrange for the accommodation in a hotel or apartment building. Our staff will stay with students for 5 days during which we will ask parents to come to the United States if possible. The cost of apartments or hotel suite rental are not included and must be paid immediately before we move the student. The personal care is included in the guardianship for 5 days. After that, if parents can't arrive, there is an additional \$295 a day charge per care assistance plus cost of accommodation. If parents want to hire a nurse or any medical professional for services not covered by students, that is an extra cost not covered in guardianship. (both parents please sign below agreeing with the Medical & Emergency Health).

SIGNATURE _____ Date: _____

SIGNATURE _____ Date: _____

EDUCATION

Educational guardian will maintain frequent communication with the School regarding student academic progress, behavior, and health issues. I hereby grant permission for the school to release necessary information to Cogito and its staff. Cogito is responsible for providing tutors or learning support (at additional cost to the parents) only in case it is requested by parents.

SIGNATURE _____ Date: _____

SIGNATURE _____ Date: _____

TRAVEL

Educational guardian can schedule airport pick up and drop off (additional cost will be covered upfront by the parents) if requested. I hereby grant permission to Cogito staff to pick up my child from the campus in case we schedule such service.

SIGNATURE _____ Date: _____

SIGNATURE _____ Date: _____



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WAIVER AND RELEASE OF LIABILITY

In consideration for the participation of the above-named student in the guardianship program, we, the student and parent(s) or guardian(s), each agree to the following:

1. The student's participation in the described is entirely voluntary and is not a mandatory part of the school's curriculum;

2. We RELEASE FROM LIABILITY AND WAIVE OUR RIGHT TO SUE Cogito World Education and Colibri Group LLC, and its administrators, directors, , chaperones, supervisors, volunteers and drivers (collectively "Colibri Group, LLC"), FOR ALL CLAIMS OR DAMAGES, we separately or collectively may have, FOR PERSONAL INJURY, BODILY HARM, INJURY TO OR LOSS OF PROPERTY, EMOTIONAL INJURY OR LOSS OF CONSORTIUM. We understand that we are not releasing Cogito World Education (and Colibri Group, LLC) from liability for claims or damages arising from any reckless or intentional act of Cogito;

3. We understand that this WAIVER AND RELEASE applies to the above-named student, his or her parent(s) or guardian(s), and their agents, representatives, heirs and assigns;

4. We understand that educational guardian is not a legal guardian or a medical professional and do not expect Cogito World Education to act as legal guardian or medical professional;

5. All decisions regarding (please enter child/children names)

must be done after previous consultation and written approval by a parent/legal guardian.

6. We understand that it is the responsibility of parent(s) or legal guardian(s) to cover any costs related to travel, health, accommodation, or educational services, and it must be done immediately after the service is requested and before it can be provided. Failure to cover those expenses releases Cogito World Education and Colibri Group, LLC and its staff from responsibility to provide the service and may result in termination of the agreement.



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7. The cost of the one academic year is \$2,950, the cost for one semester is \$1,950, and the cost for summer is \$950, and must be paid in full before the guardianship start date. The fee is not refundable in case parents decide to terminate the agreement or the child returns from the program earlier. In case where Cogito terminates the agreement, we will prorate the fee and issue a refund based on remaining months.

The guardianship does not include any transportation, accommodation, educational, or medical costs.

Approximate costs of services are listed on our website:
www.cogitoworldeducation.org under guardianship services.

TERMINATION OF THE GUARDIANSHIP AGREEMENT

Both parties reserve the right to terminate the agreement with at least one- month written notice.

By signing this agreement, I certify that I understand and agree to all the terms specified above:

SIGNATURE (student) _____ Date: _____

SIGNATURE (parent) _____ Date: _____

SIGNATURE (parent) _____ Date: _____



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GUARDIAN'S ACCEPTANCE OF APPOINTMENT

I, Sylvia Rozwadowska- Shah acting on behalf of Cogito World Education (member of Colibri Group LLC), hereby accept this appointment as temporary short term educational guardian for the minor child identified in this instrument and will accept responsibility for the care of said minor child, including all necessary authority and power to furnish and provide care and services to said minor child as may seem necessary, proper, or desirable in the child's best interest and welfare, including, providing emergency contact for the school, temporary accommodation during school year if needed, educational consulting and support. This care does not include assistance if student is diagnosed with any disease or sickness that requires professional medical help including COVID 19 virus or any other pandemics. I understand this guardianship shall become effective on _____ for a period of nine and half months and may be terminated by an instrument in writing signed by either parent or Colibri Group LLC.

Date _____

Guardian Signature _____

Name _____

On behalf of Cogito World Education

Sylvia Rozwadowska-Shah



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APPOINTMENT OF A CONTACT PERSON AT SCHOOL

(must be filled by school official).

I, (name of school official) _____

representing (name of the school) _____

approve Cogito World Education to be a temporary educational guardian of
the above mentioned student _____

(enter name and contact info of the person representing school in matters
related to the student).

Date: _____

Signature: _____

Name: _____



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CHILD'S HEALTH INFORMATION

Student's Name _____ Date of Birth: _____

For the safety of your child, please indicate any health conditions, allergies, restrictions, or special precautions that should be taken.

Is it necessary for your child to take any medication while at homestay or school break program (prescribed or over-the-counter)?

Yes

No

If yes, please list:

Name of Medication: _____ Dosage: _____

Time to be taken: _____

If it is necessary for your child to take any medicines, please send the medicine in the original container, clearly labeled with your child's name. All medication must be accompanied with written directions and consent from the parent, and if medication prescribed, written physician consent is also needed (this is state law).

Physician's Name: _____

Clinic: _____

Phone: _____



Temporary Guardianship Agreement with Colibri Group (Colibri Boston and Cogito World Education)

MEDICAL RELEASE FORM

We, _____

the legal parents or guardians of _____

grant Cogito World Education and its Program leaders and staff, the explicit right in case of an emergency, to authorize medical treatment deemed necessary by a member of the medical profession, in a hospital, medical clinic or doctor's office, including but not limited to any surgical procedures.

Cogito World Education staff will be the guardian for, (student name) _____
_____ and will have the right to authorize treatment from a physician for non-emergency conditions as well. In the case that said medical expenses exceed that of the coverage provided by the insurance policy, all of said expenses will be borne by the undersigned participant and natural parent or guardian. We (legal parents/guardians) will pay all outstanding medical bills as soon as they are brought to our attention.

We confirm at the time of signing this document, our child has perfect health and all health documents submitted are complete and true.

We grant Cogito World Education, LLC, its Program leaders and associated staff, permission to represent our child before local or state authorities. If an attorney is required, we will provide all costs and fees necessary to ensure proper representation. This document will be valid for the duration of the program, or until the student returns home, whichever occurs first.

Parent Name _____

SIGNATURE (parent) _____ Date: _____

Parent Name _____

SIGNATURE (parent) _____ Date: _____