



## PARENT ACKNOWLEDGEMENT OF ADDITIONAL SAFETY PROCEDURES FOR CHILDCARE DURING COVID-19 PANDEMIC AND AGREEMENT TO COOPERATE TO ENSURE SAFETY

The safety and health of our children and staff is our first priority. New safety policies and procedures are required to comply with CDC guidance and orders from local and state government authorities and keep everyone as safe as possible during the pandemic emergency.

I \_\_\_\_\_ have reviewed the following:  
(parent's name)

\_\_\_\_\_ (initial)  
I understand that social distancing is important at this time, I recognize that keeping young children 6 feet apart and avoiding human contact at all times is not possible. While I understand the school is implementing guidelines and policies to protect my child including limiting class size to 10 children and limiting interactions between classes, I understand that there is risk my child may become ill and agree to hold the school harmless for any and all claims in such event.

\_\_\_\_\_ (initial)  
I understand that my cooperation with COVID-19 control policies and procedures is essential for the health and safety of the all the children and staff. Masks will be required for all adults. Children who are developmentally able will be encouraged. I agree to review all communications and posted procedures. Further I agree to comply with these policies and procedures while my child is attending the school.

\_\_\_\_\_ (initial)  
In order to avoid mixing students and teachers, I understand the school may need to cancel classes on days where the assigned teacher or teachers are ill or unavailable. I understand this may be inconvenient, but is necessary to protect the health of all.

\_\_\_\_\_ (initial)  
I will not bring my child to school if he/she is ill or not feeling well including fever, cough, lethargic, or runny nose. I will provide a letter of clearance from the doctor for any unusual medical symptoms that do not interfere with his/her attendance at the school. I understand all persons entering the school will be screened before entering.

\_\_\_\_\_ (initial)  
If a child becomes ill while at the center, I agree to pick my child up **immediately**, but in no circumstances longer than 60 minutes. I will review emergency contacts and make sure myself or an authorized pick-up person is available to receive messages.

\_\_\_\_\_ (initial)  
I understand I must notify the school immediately if my child is diagnosed with any communicable disease including COVID-19.

\_\_\_\_\_ (initial)  
I understand that any behavior issues that cannot be handled safely in the classroom will require prompt pick-up according to the same terms as an ill child.

\_\_\_\_\_ (initial)  
I agree to keep current on all payments.

I have reviewed these responsibilities and I agree to these conditions.

Signed \_\_\_\_\_, Date \_\_\_\_\_