

## Families

### COVID-19 ACKNOWLEDGMENT AND DISCLOSURE

St. Mary's Episcopal Preschool Families: **BOTH** parents must initial and sign each statement below.

1. \_\_\_\_\_ I understand that during the COVID-19 Pandemic I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up areas unless there is an emergency involving my child. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform both my at-home childcare provider and any Emergency Contact persons of the information contained herein.
2. \_\_\_\_\_ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST enter through the double doors by the school office and must remain in the school office while waiting for my child. While in the facility, I must practice social distancing from all other persons except my own child.
3. \_\_\_\_\_ I understand that to enter upon the facility premises my child and our family must be free from COVID-19 symptoms. If, during the school day, my child displays any of the following symptoms, I will be contacted, and my child MUST be picked up from the facility within 30 minutes of notification.

#### Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle Aches

*While we understand that many of these symptoms can also be related to non COVID-19 related issues we must proceed with an abundance of caution during this Pandemic. These symptoms typically appear 2-7 days after being infected so please take them seriously. If your child exhibits any of the symptoms above, he or she must be symptom free without any medications for 48 hours. A doctor's note will be required to allow the child to return to the facility.*

4. \_\_\_\_\_ In addition to the Daily Health Assessment, I understand that my child's temperature will be taken upon arrival and during the day, if needed, while on the facility premises.

5. \_\_\_\_\_ I understand that my child will be required to wash their hands using CDC recommended hand washing procedures throughout the day using warm, running water and rubbing soap for at least 20 seconds.
  
6. \_\_\_\_\_ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county or local stay-at-home orders, and distancing procedures.
  
7. \_\_\_\_\_ I will immediately notify St. Mary's Episcopal School if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify St. Mary's Episcopal School if anyone from my place of employment tests positive or is presumed positive for COVID-19 whether or not I have had direct contact with that person.
  
8. \_\_\_\_\_ I understand that while present in the facility each day, my child will be in contact with other children and staff who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19. As the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

We, \_\_\_\_\_ certify that we have read, understand, and agree to comply with the provisions listed herein. We acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by St. Mary's Episcopal School could result in withdrawal of our child/children from the program as deemed necessary by the Board of Trustees and/or the Director of St. Mary's Episcopal School.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

Parent's Name: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director, St. Mary's Episcopal School

\_\_\_\_\_  
Date