

Montrose Zion Christian Preschool

Family Disclosure

Please read and initial each statement below.

1. _____ I understand that during this COVID-19 Public Health Pandemic I will not be permitted to enter the facility beyond the designated drop-off and pick-up area.
2. _____ I understand that if there is a reason requiring me to enter the facility beyond the designated drop-off and pick-up area, I must wash my hands before entering and wear a mask. While in the facility I must practice social distancing and remain 6 feet from all other people, except for my own child.
3. _____ I understand that to enter up on the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include:

- Fever of 100 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 Public Health Pandemic. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 48 hours before returning to the facility.

4. _____ I understand that my child's temperature will be taken daily when entering the school.
5. _____ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the morning using warm running water and rubbing with soap for at least 20 seconds.
6. _____ I understand that hand sanitizer will be used on my child when running water is not available – outside, playground, church entrance
7. _____ I understand that outside of care I will comply with any and all state, county or local stay-at-home orders.
8. _____ I will immediately notify the school if I become aware of any person with whom my child or I have had contact tests positive for COVID-19.

9. _____ 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 outline herein.
10. _____ I understand that if anyone in my household has taken a COVID-19 test and is in self-quarantine, I will not send my child to preschool until test results are returned with a negative outcome.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein.

Child's Name _____

DOB _____

Parent's Name _____

Parent Signature

Date