

COVID-19 POLICIES AND PROCEDURES ACKNOWLEDGMENT AND DISCLOSURE

ase	se read and initial each statement below. In two-parer	nt families BOTH parents must initial and sign.			
1.	enter the facility beyond the designated drop-of	Public Health Emergency I will NOT be permitted to f and pick-up area. I understand that this procedure e facility and to limit to the extent possible everyone's			
2.	designated drop-off and pick-up area I MUST san	ency requiring me to enter the facility beyond the itize my hands upon entering and wear a mask. While I remain 6ft from all other persons, except for my own			
3.	I understand that the facility's hours of operation are 8:00 am to 3:00 pm until further notice. The timeframe for arrivals is 7:50 am- 8:30 am. The gate will be closed at 8:30 am, and late arrivals will not be admitted. For pick up, the gate will be open at 3:00 pm - 3:15 pm. Anyone arriving after 3:15 pm will be charged in correspondence with the registration agreement.				
4.	I understand I must have my own pen to sign-in and sign-out my child at the designated drop-of and pick-up area.				
5.	symptoms. If, during the day, any of the follow	premises my child must be free from COVID-19 ing symptoms appear my child will be isolated from child MUST be picked up from the facility within 30			
	Fever of 100.4° F or higher	Congestion or Runny Nose			
	Dry Cough	Headache			
	Shortness of Breath	Nausea or Vomiting			
	Chills	Diarrhea			
	Loss of Taste or Smell	Fatigue			
	Sore Throat	Muscle or Body Aches			
	* Your child will need to be symptom free without	any medications for 72 HOURS before returning to			

the facility.

6.	I understand that my child's temperature will be taken during drop-off and one more time during the day while on facility premises.
7.	I understand that my child, if over the age of 3, will be encouraged to wear a mask while in the facility and on facility premises.
8.	I understand that outside of child 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, will limit my child's contact outside of child care to persons living in my household. I will not take my child out to stores unless it is absolutely necessary and then only to shop for essential items like food, medicines, and toiletries. I will follow any recommendations from the Centers for Disease Control and Prevention (CDC) that limits my child's risk for exposure including wearing a mask in all public areas and remaining 6ft apart from all other persons.
9.	My child and I WILL NOT gather with anyone that does not live in our household. I will only have contact with persons at my place of employment, and there I will practice all recommended social distancing, exposure limiting practices recommended by the CDC and by my employer. My child and I WILL NOT go to any community location that is not for the purpose of getting food, medicines, toiletries or other life sustaining necessities.
10	I will immediately notify the Armenian Mesrobian Preschool Director if I become aware of any person with whom my child or I have had contact exhibiting any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Furthermore, I will immediately notify the Mesrobian Preschool Director if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.
11	I understand that while present in the facility each day my child will be in contact with children, families, and other employees 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.

I, certify	y that I have read, un	derstand, and ag	gree to comply
with the provisions listed herein. I acknowledge that fatherein, or with any other policy or procedure outlined by termination of my child(ren)'s enrollment. I acknowled determined that my actions or lack of action unnecessariant.	ilure to act in accorda by the Armenian Mes ge that care for my o	ance with the probian Preschool will be term	ovisions listed will result in ninated if it is
member to COVID-19.	,		
*These statements are subject to change.			
Child's Name:	DOB:		
Child's Name:	DOB:		
	a:		
Parent's Name	Signature	Date	
Parent's Name	Signature	Date	