



600 N Greenwich Wichita, Kansas

COVID-19 PUBLIC HEALTH

ACKNOWLEDGMENT AND DISCLOSURE

FAMILY/CHILD VERSION: This should be initialed and signed by BOTH parents.

1. \_\_\_\_\_ I understand that until notified otherwise, any adult entering the building will have their mouth and nose covered with a mask or other face covering per Kansas Executive Order No. 20-52 while in the building. They will drop off their student(s) at the agreed upon entry time, at the door assigned and leave the building immediately after the student(s) have been checked in. Also the reverse for daycare pick-up after 1p.m. We ask that if you would like to visit with other parents to do this *outside of the building*. We highly value relationships at Holy Cross and need to be mindful of social distancing.
2. \_\_\_\_\_ I understand that to enter the building and stay for classes, my child must be free from illness and symptoms, especially those of COVID-19. Students will have daily checks before they may stay. If during the day, any of the following appear, my child *will be separated* from the rest of the children in the center. I will be contacted and my child *must be picked up from Holy Cross within 30 minutes of being notified*. Symptoms may include, \*Fever of greater than 100 degree Fahrenheit, \*dry cough, \*shortness of breath, \*chills, \*loss of taste or smell, \*sore throat, \*muscles aches, \*gastrointestinal (GI) issues. With COVID-19, symptoms typically appear 2-7 days after infection, please take them seriously. (If your child has asthma, allergies or any other condition, please have your doctor note it on their health assessment. Your child does not have to miss school due to a pre-existing, noncontagious health condition.) YOUR CHILD WILL NEED TO BE SYMPTOM FREE **WITHOUT ANY MEDICATIONS** FOR 72 HOURS BEFORE RETURNING TO THE FACILITY. This is imperative to prevent the spread of disease. Please err on the side of caution during this pandemic.
3. \_\_\_\_\_ I understand that my child will be required to wash their hands when they first enter the classroom, after using the restroom, after playing outside, before and after they eat, after they blow their nose or touch their mouth. We are a licensed center and are not allowed to use hand sanitizer in preschool. Do not send it with your child.

HANDWASHING WILL FOLLOW THE CDC RECOMMENDED PROCEDURES USING WARM RUNNING WATER AND RUBBING WITH SOAP FOR AT LEAST 20 SECONDS.

4. \_\_\_\_\_ I understand that if *anyone living in our home* has tested positive for COVID-19, my child may not attend preschool until the infected member has been symptom free without medications for at least 72 hours.
5. \_\_\_\_\_ I understand that preschool students are not required to wear masks but are permitted to if the family requests that they do.
6. \_\_\_\_\_ I understand that Holy Cross Preschool will refrain from whole preschool chapel, on-sight and traveling fieldtrips and group gathering until January 1, 2021 when we will reevaluate the safety of these events.
7. \_\_\_\_\_ I understand that children need to daily bring a labeled water bottle. It needs to go home and be washed after each day's use.
8. \_\_\_\_\_ I understand until we have been cleared of COVID-19 restrictions, we are not allowed to have toothbrushes at preschool after lunchtime.
9. \_\_\_\_\_ I understand that outdoor recess and learning time will be used as much as possible and my child will need to be dressed accordingly.
10. \_\_\_\_\_ I understand that my child will be in contact with children and employees who are also at risk of community exposure. I understand that no list or 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. 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 THAT I HAVE READ, UNDERSTAND, AND AGREE TO COMPLY WITH THE PROVISIONS LISTED HEREIN

CHILD'S NAME: (PRINT) \_\_\_\_\_ DOB: \_\_\_\_\_

PARENT'S NAME: (PRINT) \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARENT'S NAME: (PRINT) \_\_\_\_\_

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_