



COVID-19 ACKNOWLEDGEMENT AND DISCLOSURE

Both parents/caregivers should read, initial and sign each statement below:

1. _____ I understand that during this Covid-19 Public Health Emergency I will NOT be permitted to enter the building or go beyond the designated drop-off and pick up areas. I understand that this procedure change is for the safety of all persons present in the Dayschool and to limit, to the extent possible, the risk of exposure to everyone. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
2. _____ I understand that IF there is an emergency requiring me to enter the building beyond the designated drop off and pick up area, I MUST sanitize my hands before entering and wear a face covering. While in the building I must practice social distancing by remaining 6 feet from all other people with the exception of my own child.
3. _____ I understand that to enter the Dayschool 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 Dayschool. I will be contacted and my child MUST be picked up from the Dayschool within 30 minutes of being notified.
 - a. fever of 100.0 degrees F or higher
 - b. dry cough
 - c. shortness of breath
 - d. chills
 - e. loss of taste or smell
 - f. sore throat
 - g. muscle aches

We understand that many of these symptoms can also be related to non-Covid-19 related issues. However, we must proceed with an abundance of caution during this Public Health Emergency. These symptoms will 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 72 hours before returning to the Dayschool.

4. _____ I understand that my child's temperature will be taken and documented upon arrival each day.

5. _____ I understand that my child and the parent/caregiver must wear a mask during arrival and departure times. We will stay socially distanced during these times. If I choose, my child has the option to wear a mask in the classroom. I understand that all teachers and staff will be required to wear a mask. All 4 year old classes will also be required to wear a mask while in the classroom.
6. _____ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
7. _____ I will immediately notify APC Dayschool 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. Further, I will immediately notify APC Dayschool if anyone from my place of employment is positive or tests positive for COVID-19 whether or not I have had direct contact with that person.
8. _____ I understand that while present at the Dayschool each day, my child will be in contact with children and 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.
9. _____ I understand that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Alpharetta Presbyterian Dayschool may result in withdrawal of my student. I understand that I must take personal responsibility for my actions outside the Dayschool. I acknowledge that my child may be removed from the program if it is determined that my actions, or lack of action, unnecessarily exposes another employee, child, or their family member to Covid-19.

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

Child's Name: _____ DOB: _____

Parents/Caregivers Names: _____

Parents/Caregivers Signatures: _____

Date: _____