



**Please read and initial each statement below. All parents or legal guardians must sign this document below.**

1. \_\_\_\_\_ I understand that during this COVID- 19 Public Health Emergency I will NOT be permitted to enter the school 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 school and to limit to the extent possible everyone’s risk of exposure. I understand that it is my responsibility to inform any Emergency Contact or Authorized Pick-Up persons of the information contained herein.
  
2. \_\_\_\_\_ I understand that IF there is an emergency requiring me to enter the school beyond the designated drop-off and pick-up area, I MUST sanitize my hands before entering, and wear a face covering. While in the school, I must practice social distancing and remain 6 feet from all other people, except for my own child.
  
3. \_\_\_\_\_ I understand that to enter the school 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 school. I will be contacted, and my child MUST be picked up from the school within 30 minutes of being notified. Symptoms include:
  - \* fever of 100.4 degrees Fahrenheit or higher
  - \*dry cough \*shortness of breath \* chills \* loss of taste or smell
  - \*sore throat \*muscle achesWhile the school understands 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 Emergency. 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 school.
  
4. \_\_\_\_\_ I understand that my child’s temperature will be taken upon arrival, and if warranted any other time during the day.
  
5. \_\_\_\_\_ I understand that if my child is Primary level or older. I will send in a face covering to be left at school. Hats with attached face shields are much more

comfortable for children under the age of 10. This may also be acceptable for students with asthma, breathing issues, etc..

6. \_\_\_\_\_ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures immediately upon entrance into the school, throughout the day, and immediately prior to dismissal using warm running water and rubbing with soap for at least 20 seconds. An adult will guide the younger students.
7. \_\_\_\_\_ I understand that I must bring my child a pair of shoes to the school that will ONLY be worn inside this school and will be left here each evening.
8. \_\_\_\_\_ I understand that outside of school, 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 or other mandates. I will follow the CDC's recommended precautions when resuming usual activities. I will remain vigilant to this throughout the duration of my child's enrollment at Village Montessori School.
9. \_\_\_\_\_ I will immediately notify Village Montessori School administration 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 has tested positive, or is presumed positive for COVID-19.
10. \_\_\_\_\_ I understand that while present in the school 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. This is why it is most important to send your child to school each day with a face covering. I understand that I play a crucial role in keeping everyone in the school safe and reducing the risk of exposure by following the practices outlined herein.
11. \_\_\_\_\_ I acknowledge that Village Montessori School has no control over governmental measures, such as stay-at-home or quarantine orders, that could interfere with their ability to provide the full educational experience for my child during this school year. I understand they will work to provide a meaningful, alternative educational experience through the period when normal classroom attendance is not possible. Because tuition monies are fully committed at the beginning of the school year for such things as staff salaries, equipment, supplies, and overhead, I understand and accept that I will be charged and held accountable for the tuition as detailed in the enrollment contract which I have signed.

12. \_\_\_\_\_ I understand that if my child arrives to school after 9:00am a doctors note must be presented to the school. If my child arrives after 11:30 they will not be permitted to enter.

I, \_\_\_\_\_, certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Village Montessori School will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child(ren)'s Name(s): \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrators Signature: \_\_\_\_\_ Date: \_\_\_\_\_