



## COVID-19 Parent Agreement

Before your child(ren) may attend class at Little Blessings Christian Childcare Center, **please read, initial next to each statement and return the following agreement.** These policies are put in place to keep your child, yourself, and our staff safe, and are subject to change.

\_\_\_\_\_  
Child's name

\_\_\_\_\_  
Parent's name

I understand that.....

\_\_\_\_\_ My child cannot attend Little Blessings Christian Childcare Center if my child has been exposed to someone who has tested positive to COVID-19 **OR** has any COVID-19 symptoms **OR** if my child has had a temperature of 100 degrees F or higher in the past 3 days.

\_\_\_\_\_ My child cannot attend Little Blessings if they have been given fever reducing medication for any reason, as this can mask the signs of sickness.

\_\_\_\_\_ When picking up or dropping off my child, I will adhere to the 1 adult per family.

\_\_\_\_\_ I will adhere to social distancing while at Little Blessings and I will keep my child with me at all times.

\_\_\_\_\_ When dropping off my child I will wait outside of the assigned doorway until greeted by the designated person. I will keep to the 6 foot social distancing requirement. I understand I will not be allowed inside my child's classroom for drop off or pick up.

\_\_\_\_\_ I will have my temperature and my child's temperature taken daily by the director or designated person, as well complete a Brightwheel health assessment before my child is cleared to attend each day.

\_\_\_\_\_ I understand that I need to be **honest** when I complete the health assessment.

\_\_\_\_\_ I will supply my child with their own utensils and water bottle to be taken home daily to be washed.

\_\_\_\_\_ I understand that if my child attends the Preschool/Pre-K class masks are currently optional.

\_\_\_\_\_ If at any time the Director feels my child is sick and should not be at Little Blessings Christian Childcare Center, I will adhere to the COVID-19 sick policy and pick them up within a thirty-minute window.

\_\_\_\_\_ I understand by not following these policies I am jeopardizing my child's enrollment at Little Blessings Christian Childcare Center.

\_\_\_\_\_ I understand that having my child attend Little Blessings Christian Childcare Center is my choice and that I cannot and will not hold Little Blessings Christian Childcare Center liable for any sickness incurred.

\_\_\_\_\_ I understand that these policies may change without notice in accordance with guidelines from the Office of Early Childhood, local and State Health Departments and the CDC.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_