



BRADLEY HILLS PRESBYTERIAN CHURCH NURSERY SCHOOL COVID-19 FAMILY ACKNOWLEDGMENT AND DISCLOSURE

Both parents/legal guardians are to read and initial each statement below, before a child(ren) may attend BHCNS.

1. _____ I/we/or any caregiver we authorize, understand that during this COVID-19 Public Health Emergency I/we will NOT be permitted to enter Bradley Hills Presbyterian Church Nursery School, BHCNS, beyond the designated drop-off and pick-up area. I/we 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/we understand that it is my/our responsibility to inform any Emergency Contact persons of the information contained herein.
2. _____ I/we/or any caregiver we authorize will be required to wear a cloth face covering/mask at all times when we are on the BHCNS campus, indoors, and in all outdoor spaces including playgrounds, and parking lots.
3. _____ I/we/or any caregiver we authorize, understand that IF there is an emergency requiring one of us to enter BHCNS beyond the designated drop-off and pick-up area I/we MUST sanitize our hands before entering and wear a mask. While in BHCNS I/we must practice social distancing and remain 6ft. from all other people, except for my/our own child(ren.)
4. _____ I/we/or any caregiver we authorize, understand that to enter the BHCNS premises my/our child(ren) must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my/our child(ren) will be separated from the rest of the people at BHCNS. I/we will be contacted, and my/our child(ren) MUST be picked up from BHCNS within 60 minutes of being notified.

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Cough
- Shortness of Breath
- Difficulty Breathing
- New Loss of Taste or Smell
- Sore Throat
- Muscle Aches
- Chills or Shaking Chills
- Headache
- Nausea or Vomiting
- Diarrhea
- Fatigue
- Congestion or Runny Nose

5. _____ While I/we understand that many of these symptoms can also be related to non-COVID-19 related issues BHCNS must proceed with an abundance of caution during this Public Health Emergency. Symptoms typically appear 2-14 days after being infected so please take them seriously. Your child(ren) will need to be symptom free without any medications for 48 hours before returning to BHCNS.
6. _____ I/we/ or any caregiver we authorize, understand that my/our child(ren)'s temperature is to be taken by a parent or designated care-giver, in front of a BHPNCS staff member, each day upon arrival at BHCNS. My/our child(ren)'s temperature may be taken throughout the day while at BHCNS.
7. _____ I/we/or any caregiver we authorize, understand that my/our child(ren) will be required to pass a daily health screening administered upon arrival at BHCNS each day. If my/our child(ren) fails the health questionnaire, my/our child(ren) will be denied entry to BHCNS until such time the child(ren) passes the health screening.
8. _____ I/we/or any caregiver we authorize, understand that my/our child will be required to wash their hands using CDC recommended handwashing procedures upon arrival each day and throughout the day using warm running water and rubbing with soap for at least 20 seconds.
9. _____ I/we or any caregiver we authorize, understand that my/our child will be required to wear a cloth face covering/mask while participating in both indoor and outdoor BHCNS programming as long as they can successfully wear one.

10. _____ I/we/or any caregiver we authorize, understand that inside and outside of school my/our family will comply with any and all federal, state, and local guidelines in order to control my/our exposure to COVID-19 in the community.
11. _____ I/we/ or any caregiver we authorize, will immediately notify BHCPCNS administration if I/we become aware of any person with whom my/our child(ren) or I/we have had contact with exhibits 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. Further, I/we will immediately notify BHCPCNS administration if anyone from my/our place(s) of employment is presumed positive or tests positive for COVID-19 whether or not I/we have had direct contact with that person.
12. _____ I/we/or any caregiver we authorize, understand that while present in the facility each day my/our child(ren) will be in contact with other children, families, and other employees who are also at risk of community exposure. I/we 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/we understand that I/we play a crucial role in keeping everyone at BHCPCNS safe and reducing the risk of exposure by following the practices outlined herein.

I/we/or any caregiver we authorize, _____ certify that I/we have read, understand, and agree to comply with the provisions listed herein. I/we acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by Bradley Hills Presbyterian Church Nursery School will result in termination of services. I/we acknowledge that care for my/our child(ren) will be terminated if it is determined that my/our actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Parent Name Printed: _____

Parent Signature

Date

Parent Name Printed: _____

Parent Signature

Date