



COVID-19 PUBLIC HEALTH EMERGENCY  
FAMILIES - ACKNOWLEDGMENT AND DISCLOSURE

To be initialed and signed by BOTH parents.

1. \_\_\_\_\_ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure.
2. \_\_\_\_\_ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area I MUST wash my hands before entering and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.
3. \_\_\_\_\_ I understand that to enter the facility premises my child must be free from COVID-19 symptoms and his/her temperature will be taken. Symptoms include: **fever of 100.4 degrees Fahrenheit or higher; dry cough; shortness of breath; chills; loss of taste or smell; sore throat; muscle aches.** These symptoms typically appear 2-7 days after being infected, so must be taken seriously. If, during the day any of the symptoms appear, my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be pick-ed up from the facility within 30 minutes of being notified. While we understand 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. Your child will need to be symptom-free without any medications for 72 hours before returning to the facility.
4. \_\_\_\_\_ I understand that my child will be coached in wearing a mask at all times while in the building, except when eating or drinking.
5. \_\_\_\_\_ 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.
6. \_\_\_\_\_ I will comply with any and all CDC recommendations, state and local restrictions and recommendations regarding limiting/reducing my risk and my child's risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.
7. \_\_\_\_\_ I will immediately notify the Lawrenceville Presbyterian Preschool director if I become aware of any person with whom my child or I have had contact who is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
8. \_\_\_\_\_ I understand that while present in the facility each day my child will be in contact with children and teachers 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. 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, \_\_\_\_\_ and I, \_\_\_\_\_  
(Parent A) (Parent B)

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 Lawrenceville Presbyterian Preschool 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's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent A Name: \_\_\_\_\_

\_\_\_\_\_  
Parent A Signature

\_\_\_\_\_  
Date

Parent B Name: \_\_\_\_\_

\_\_\_\_\_  
Parent B Signature

\_\_\_\_\_  
Date