

# **CROSSING COOPERATIVE NURSERY SCHOOL**

## **COVID-19 PUBLIC HEALTH EMERGENCY PRE-SCHOOL ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE**

This document, the Crossing Cooperative Nursery School (CCNS) COVID-19 Public Health Emergency Pre-School Attendance Acknowledgement and Disclosure form must be initialed and signed by BOTH parents/legal guardians for each student attending CCNS during the 2020-2021 school year. Please read and initial each statement below:

1. \_\_\_\_\_ I understand that during the COVID-19 Public Health Emergency I will NOT be permitted to enter the school beyond the designated drop off and pick up area. I understand that this procedural change is for the safety of all persons present on CCNS premises and is intended to limit everyone's risk of exposure. 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 school beyond the designated drop off and pick up area, I MUST wash my hands before entering and wear a face covering. While in the school I must practice social distancing whenever possible, i.e. remain 6ft 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 brought to a designated area, isolated from the rest of the children and staff in the school, but accompanied by a designated staff member at all times. I will, or my emergency contact, will be contacted, and my child MUST be picked up from the school within 45 minutes.

Symptoms include:

- Fever of 100.4 degrees Fahrenheit or higher
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

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. These symptoms typically appear 4-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 24 hours before returning to the facility.

4. \_\_\_\_\_ 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.
5. \_\_\_\_\_ Only **one** parent or guardian per family is permitted at the specified drop off and pick up location. Additional family members may be on premises; however, we ask that you avoid bringing siblings to the actual drop off and pick up location when at all possible.
6. \_\_\_\_\_ I understand that outside of school, in order to limit or reduce my child's exposure to COVID-19 in the community, I will comply with any and all state, county or local stay-at-home orders. I will follow any recommendations from the CDC aimed at limiting my child's risk for exposure, including wearing a mask in all public areas and remaining 6ft from all other people when possible.
7. \_\_\_\_\_ I will not bring unnecessary items into the school. This includes the storing of car seats and strollers.
8. \_\_\_\_\_ I will immediately notify Crossing Cooperative Nursery School Administrators at (215)493-2535 and email Sue Burns at [office@crossingcooperative.org](mailto:office@crossingcooperative.org) if I become aware of any person with whom my child or I have had contact who
  - (1) exhibits any of the symptoms listed in Number 1 above;
  - (2) has been advised to self-isolate or quarantine due to COVID-19; or
  - (3) has tested positive or is presumed positive for COVID-19.
9. \_\_\_\_\_ I understand that while present on CCNS premises my child will be in contact with children, families and employees who are at risk of community exposure. I understand that no list of restrictions 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 school safe and reducing the risk of exposure by following the practices outlined herein and in the Crossing Cooperative Nursery School (CCNS) Health and Safety Plan: COVID-19, 2020-2021.

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 Crossing Cooperative Nursery School could result in termination of enrollment.

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/Guardian Name (1): \_\_\_\_\_

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

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

Parent/Guardian Name (2): \_\_\_\_\_

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

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