

**CROSSING COOPERATIVE NURSERY SCHOOL
COVID-19 PUBLIC HEALTH EMERGENCY
PRE-SCHOOL ATTENDANCE
ACKNOWLEDGMENT AND DISCLOSURE FOR CCNS FAMILIES (2022-2023)**

Please read and have one parent/guardian initial each statement below. Signatures from BOTH parents/guardians are required upon reading and initialing the document.

1. _____ 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 the office and will be cared for by an Administrator. I will be contacted, and my child MUST be picked up from the school within 45 minutes of being notified.

Symptoms include, but are not limited to:

- Fever or 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

Please note, the above list is not exhaustive.

While we understand that many of these symptoms can also be indicative of non-COVID-19 related issues, we must proceed with an abundance of caution during this global pandemic. These symptoms typically appear 4-10 days after being infected so please take them seriously. Your child will need to be fever free without any medications for 24 hours. If your child(ren) exhibits two or more of the above symptoms your child is not permitted to attend CCNS that day.

2. _____ 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. _____ 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. I will follow any recommendations from the CDC that limit my child's risk for exposure.
6. _____ I will immediately notify Crossing Cooperative Nursery School Administrators if any person with whom my child or I have had contact exhibits any of the symptoms listed in Number 1

above, is advised to self-isolate, quarantine, has tested positive, or is presumed positive for COVID-19 within the past 14 days.

7. _____ I understand that while present in the school each day 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 people 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.

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 will result in disciplinary action up to and including termination of enrollment.

Child's Name: _____

DOB: _____

Parent/Guardian Name (1): _____

Parent/Guardian Signature

Date

Parent/Guardian Name (2): _____

Parent/Guardian Signature

Date