

# SAFETY & OPERATIONS PLAN

## PARENT/GUARDIAN ACKNOWLEDGEMENT of the COVID-19 Policy

Our priority at Gan Shalom/RSNS is to ensure the safety of the children and staff that come to our nursery school every day. We have created procedures in order to achieve this goal, and we will be successful with your help! Gan Shalom is following all communicable disease guidelines set forth by the Office of Children and Family Services, our state and local health departments and the CDC. We understand that we must do our part to keep your children safe. In order to provide care for your child during this time, we are asking each of our families to acknowledge and agree to the following procedures. We only need 1 form per family. This form must be turned into the school office no later than September 1, 2021 in order for your child to begin the 2021-2022 school year, beginning September 9, 2021.

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

First name of Child or Children: \_\_\_\_\_

I agree to be aware of my child's health. If my child(ren) or any person within my household show any of the following symptoms, I agree to keep them home. Gan Shalom has created this COVID-19 Policy in order to minimize the potential spread of infection. I agree to allow Gan Shalom/RSNS staff to take my child's temperature at drop off, and to answer required daily health questions. I will wear a mask according to NYS requirements in all public spaces, including at times involving drop off and pickup.

I agree to only have my child in attendance if they are symptom free without the intervention of any medication. If my child or anyone living within my household has any of these symptoms, I understand that my child will not be allowed in attendance until 3 days after symptoms resolve without medical intervention. I agree to notify the school office of any conditions or changes in my child's health status. I agree to inform the Director of Gan Shalom if my child tests (or has tested) positive for Covid-19, so that they can take necessary mandated steps as delineated in the COVID-19 Policy.

I will follow physical and social distancing guidelines at home, as directed by the county governance. I understand that violating these policies will result in immediate expulsion from the program, as well as forfeiture of tuition paid.

I certify and acknowledge that I have read and understand the COVID-19 Policy and agree to the terms listed above.

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

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_