



**Christ Church Preschool & Kindergarten  
COVID-19 Procedures, Assumption of Risk, and Waiver**

As the Parent of \_\_\_\_\_

(Print the name(s) of your child(ren) enrolled at CCK), I pledge and agree to comply with the following policies and procedures for the 2020-2021 school year in order to help prevent the spread of COVID-19.

1. I will comply with each procedure/item stated in the Christ Church Preschool and Kindergarten (CCK) Re-Opening Plan for the 2020-2021 school year. I understand that for the safety of all CCK children and families, failure to comply is grounds for dismissal from the preschool without a refund of tuition and fees.
2. I will follow the new drop-off procedures, including completion of the Daily Health Questionnaire by 8:30 am, and I will NOT send my child to school with a fever (100.4 degrees or greater), chills, loss of sense of smell or taste, new cough, or shortness of breath. I pledge that my answers to the Daily Health Questionnaire will be true and correct to the best of my knowledge.
3. I pledge to pick up my child from CCK within 30 minutes of being notified by a staff member that my child has developed the symptoms listed above during school hours. I understand that my child will not be allowed to return to CCK until he/she is symptom-free without medication for 72 hours.
4. If a member of my household tests positive for COVID-19, or is exposed to someone who tests positive, I pledge to immediately report these results to Meredith Sorrell, Interim Head of School, who will contact the Mecklenburg County Health Department, and will follow CDC guidelines and procedures for closing and re-opening the classroom/school, as outlined in the CCK Re-opening Plan.
5. I understand and accept full responsibility that in sending my child(ren) to Christ Church Preschool and Kindergarten that my child(ren), myself, or someone in my family/household risks being exposed to and possibly contracting COVID-19. I acknowledge and voluntarily accept for myself and my child(ren) all known and unknown risks of COVID-19 exposure, including serious illness. I waive and release Christ Church Preschool & Kindergarten from any and all claims or liability of any nature arising out of my child(ren) or myself being exposed to or contracting COVID-19.

Parent 1 Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 1 Signature: \_\_\_\_\_

Parent 2 Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent 2 Signature: \_\_\_\_\_

*This form is due before your child's first day of school in order to attend CCK.*