

Ann's Bright Beginnings Preschool, Ltd.
211 Emerald Road – Paulding

Child's Name _____ DOB _____
Child's Name _____ DOB _____

I, _____, _____
(parent/guardian) (relationship to child above)
agree to be aware of my child(ren)'s health. If my child(ren) or any other person within my household shows any of the following symptoms, I agree to keep them home:

- Fever over 100 degrees
- New cough of any kind
- Shortness of breath
- Lethargic/overly tired, unusually calm or quiet
- Mild respiratory illness/issues

I agree to only have my child(ren) in attendance if they are symptom free. If my child(ren) or anyone living within my household has any of these symptoms, I understand that they WILL NOT be allowed at Ann's Bright Beginnings Preschool, Ltd. until they are cleared by a doctor. I agree to inform Ann's Bright Beginnings Preschool, Ltd. if my child tests positive for COVID-19 so that Ann's Bright Beginnings Preschool, Ltd. can take the necessary mandated steps. I also understand as stated in the Ann's Bright Beginnings Preschool, Ltd. parent handbook and acknowledgement of policies that I am still responsible to pay for my child's enrollment at Ann's Bright Beginnings Preschool, Ltd. since that position is reserved solely for my child whether they are in attendance or not.

Signature

Date

Signature

Date