

**The Bon View School for ECE**  
**COVID-19 Return to School**  
**Acknowledgement and Disclosure**

Please read and initial each statement below:

1. \_\_\_\_ I understand that my child and family members must be free from COVID-19 symptoms to enter or attend class at The Bon View School. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the people in the center, I will be contacted, and my child must be picked up from the facility within 30 minutes of being notified.

Symptoms include, but are not limited to, the following:

- Fever of 99.9 degrees Fahrenheit or higher
- Dry cough
- Shortness of breath or difficulty breathing
- Chills
- Fatigue
- Muscle or body aches
- Headache
- 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 2-14 days after being infected so please take them seriously.

2. \_\_\_\_ I understand that if my child has confirmed or suspected COVID-19, at least 10 days will have passed since symptoms first appeared AND my child will need to be symptom free without any medications for 72 hours. I further understand that my child will need a doctor's note to return to school for any absence related to illness/fever that is not confirmed or suspected COVID-19.

3. \_\_\_\_ I also understand that if anyone in my household has confirmed or suspected COVID-19 my child will NOT attend school until at least 14 days will have passed since symptoms first appeared AND my child is symptom free.

4. \_\_\_\_ I understand that my child's temperature will be taken upon arrival at school and throughout the day (as needed if symptoms arise) while on facility premises.

5. \_\_\_\_ I understand that during this COVID-19 Public Health Emergency, I will not be permitted to enter the facility beyond the designated drop-off and pick up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.

6. \_\_\_\_ I understand that my child will be required to enter and exit school through the School's Carpool Line, unless prior approval has been given by the Director.

7. \_\_\_\_ I understand that if there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area I must sanitize my hands before entering and wear a mask. While in the facility I must practice social distancing and remain 6ft from all other people except for my own child.

8. \_\_\_\_ 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. If handwashing facilities are not available, my child will be using an alcohol based hand sanitizer under adult supervision.

9. \_\_\_\_ I understand that outside of care, in order to control my child's exposure in the community, I will comply with any and all state, county or local safer at home and/or Phase 1, 2, or 3 guidelines set forth by the Governor of Virginia.

10. \_\_\_\_ I will immediately notify The Bon View School if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed in #1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.

11. \_\_\_\_ I understand that while present in the facility each day my child will be in contact with children, families and other employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines 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 am accepting this risk by sending my child to The Bon View School and I further understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

12. \_\_\_\_ I understand that if there is a confirmed case of COVID-19 within my child's class or the School, I may be required by the Virginia Department of Health to quarantine in my home for a designated period of time. I further understand that my tuition will still be due during this quarantine period.

13. \_\_\_\_ I understand that if The Bon View School is closed due to the COVID-19 Pandemic for:

- 30 consecutive days or less, then tuition and related fees shall not be subject to refund or adjustment and shall remain fully due and payable.
- More than 30 consecutive days, but less than 60 consecutive days, then tuition shall be pro-rated and partially refunded (or a credit applied, if requested) for days in excess of 30 days as determined by the Director.
- 60 consecutive days or more, then tuition and fees shall be refunded for the portion of tuition and fees allocated to the remaining part of the session occurring after the 60th school day.

14. \_\_\_\_ I understand that due to the nature of the COVID-19 Pandemic, some of the above stated policies may be different than those included in our Parent/Student Handbook. I further understand that if any of those policies differ, the policy included in this Acknowledgement and Disclosure shall take precedence.

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 The Bon View School could result in possible expulsion from the program.

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

Date of Birth \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Date \_\_\_\_\_

