



Kinder Haus Montessori
PRE-SCHOOL AND CHILD CARE

....Creating an environment where children, parents and teachers are supported in reaching their full potential

REGISTRATION

Thank you for your interest in Kinder Haus Montessori. We are delighted to welcome you and your child to our school. When returning this packet, please be sure that all forms are complete and your registration fee is attached. After we receive your registration fee, registration paperwork, and a signed enrollment contract, your child will be added to the roster and a phase-in date will be agreed upon. If you are registering to hold a spot on our waiting list, we will contact you as soon as one becomes available for your child.

Registration Fee: \$200 due with submission of this packet *non-refundable*

Summer or Fall Supply Fees may also apply, depending on the timeline of your registration. Please see Tuition Prices form for more information.

***Tuition costs are set annually and are based on our 12-month program. Tuition rates are the same amount weekly/monthly, regardless of the number of weeks in a month, and are due in-full regardless of attendance, illnesses, holidays, weather, or other emergencies. Discounts for the shorter months are factored into the annual tuition rate and spread out evenly over 12 months. If your child is absent for any reason, you are still responsible for tuition costs to keep your enrollment spot. Kinder Haus allows families to pay in monthly or weekly installments as a convenience. It is expected that tuition is paid in full as agreed upon. This is necessary in order to operate our school and pay our experienced teachers year-round. Please let us know if you have any questions.**



PHASE-IN POLICY

A parent or trusted adult is asked to accompany the child during their first day/s of school while they become comfortable with teachers and a new environment. Each “phase-in” progresses differently, and the timeline greatly depends on each child’s ability to calmly separate from their parent or trusted adult.

Please adhere to the following phase-in procedures:

- Arrange care for siblings. Please do not bring other children or adults along.
- Please remain seated in the observation chair. We encourage you to bring a book, magazine, cross-stitch, etc. The goal is for you to simply be present in the room as a “home base” for your child if they become uncomfortable.
- Reassure your child that you will stay right there. ***Never*** push your child away. Allow them to stand/sit next to you and observe for a little while if they’d like. Encourage them to explore an activity or say hello to a teacher.
- The teachers will work on getting your child involved in work activity or circle time. Please do not work with your child, but instead reassure them that it is OK for them to explore work activities on their own. The classroom is set up for children to explore. Please do not be alarmed if the adults are not with your child constantly. Montessori teachers are trained to be mobile observers. They allow the children freedom (within limits) to explore the classroom work materials while guiding and directing them as needed.
- The teachers will take cues from your child when they appear ready to interact. The teacher will then encourage your child to explore different areas of the classroom.
- The teacher will cue you when they would like you to leave the classroom for a short period of time. They may recommend you sit in the foyer/lobby or be on stand-by in case your child becomes uncomfortable after you leave. **Remember to ALWAYS alert the child before leaving, “I am leaving and I will be back in a few minutes.”**
- Establishing a consistent goodbye routine from the beginning will allow your child to understand that you will always come back to pick them up. Goodbye routines provide predictability and comfort for your child.
- Once your child completes a successful morning phase-in, their hours will be extended to include lunch time. When the child is happy throughout lunch time, their hours will be extended until 3pm. Extended day hours will then be added if your child is enrolled in aftercare.

*It is important that you arrange for someone to be on stand-by during the first days of your child staying for nap time. If your child is unable to be soothed, or becomes disruptive to other children, we will call to request a pick-up.

Tuition charges will be begin on the first day of your child’s phase-in. If a phase-in is unsuccessful after a two-week period, Kinder Haus will release you from your contract. However, the registration fee is non-refundable.

I have read and fully understand the Kinder Haus Phase-In Policy.

Signature (Parent/Guardian)

Date



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Signature (Parent/Guardian)

Date



STARTING SCHOOL

We are looking forward to the beginning of your child's enrollment at Kinder Haus. You may be wondering, "What can I do to make this transition as smooth as possible?" Here are some suggestions we have put together for you:

- Provide your child with opportunities to separate from you if they have not previously been in childcare settings.
- Encourage your child's ability to nap (fall asleep) without a parent. Regulate weekend/non-school-day routines so your child is used to waking up, eating breakfast and dressing at the same time each day as if they were attending school. Although sleep needs vary, by observing your child's temperament in the mornings you can adjust bedtime accordingly. If a child is cross and does not eat well before coming to school, they are not likely to be happy (twelve hours per night is recommended by Dr. Morris Fishbein, The New Illustrated Medical and Health Encyclopedia.)
- At Kinder Haus your child will receive a snack about 9:00 a.m., and lunch will begin between 11:00-11:45 a.m. Is this compatible with your home routine?
- Rest time will begin after lunch—Children under age four will be offered a daily rest time of at least 75 minutes. Children ages four and older may be offered "quiet work time" after resting for 30 minutes. Is this compatible with your home routine?
- Drive by frequently, if possible, to let your child see his/her "new school". Talk about the playground, the garden, new friends, etc.
- Provide clothing that is EASY for your child to pull up or down while toileting so they are not frustrated. For ease in diapering, please use clothing with snap bottoms.
- If your child is toilet trained, teach your child to go to the bathroom independently while at home, so they don't associate toileting with you being there. Show them how to use an appropriate amount of toilet paper to properly wipe. Encourage them to flush the toilet. (Put seat up/down as needed)
- Please **insist** upon proper hand-washing EVERY TIME your child uses the bathroom. This is the most important factor in keeping germs from spreading from child to child.
- Practicing hand-washing before eating, and eating seated at a table are good habits to encourage.
- To help your child develop "listening ears," give simple directions at home, i.e., "Please stay seated until you are excused," or "Please put this toy back on the shelf now."

5 Topics to further research: Separation Skills, Routine (includes proper rest and food), Preparation for a New Environment, Toilet Training, and Following Directions



STEPS TO SMOOTH BED AND NAP TIMES

Bedtime

Prepare your child's room so that it is calming. Toys tidy on shelves. One lamp. Decide on an evening schedule. For example:

Dinner, Brief play period, Pick up toys, Select clothes for next day, Bathe, brush teeth, last toilet break if trained, Reading time (2 books of appropriate length). You may want to create a basket of appropriate choices from which your child may choose. Turn on soft music-audiotape or CD (no TV or video screens). Child in bed with comfort item, night light on, prayers, kiss, hug, lamp out (some children like to pretend blowing out the light) Good night.

Parent leaves the room. If your child is accustomed to your putting them to sleep you may well encounter resistance. Remember that the goal is to teach your child to go to sleep alone. It's a learned skill like riding a bike. There may be some falls or feelings of discouragement before mastery. Once learned, it is a lifetime skill. It's important to acknowledge your feelings about the process. In our hurried world, bedtime is often the only quiet snuggle time we have with our children. We enjoy it too. To meet your needs and your child's needs for this quiet closeness, make time earlier in the evening to snuggle and give your child all your attention. No video, no TV, just the two of you to talk, hug, rock, sing, snuggle, read. I know...where is the time? Sometimes we need to make sacrifices to find it and make it a priority. This step is a big one and can be exhausting and nerve-wrecking. Your child will be happy and so will you once it's behind you.

If you've been lying down with your child, rocking or holding:

Begin by sitting beside them and gently patting. After a few nights, sit on the floor next to bed. Then move to the doorway. Next step is in the hallway. During these steps you are nearby to reassure your child. They will sometimes talk to you; you need to ignore the conversation. It sometimes helps to sit with your eyes closed.

If your child gets out of bed, put them back and simply say, "It's time to sleep." No shouting, just stern and simple.

These steps are providing your child "training wheels"; your presence is to reassure a child who may be frightened. But, there are children who are not afraid, they just want you to do it the old way and this does not work. In Dr. Richard Ferber's book, *Solve Your Child's Sleep Problems*, he advocates allowing the child to cry for a few minutes, return and reassure. You may want to check it out to see if you want to try this approach.

Some children become angry when you return and don't do what you've always done. If this is the case, you may need to clearly, firmly tell the child what you expect. "At bedtime I expect you to go to sleep in your own bed."

Depending on the age of your child, this could be all it takes.

With others, you may have to let them cry it out. If you are going to do this be prepared to see it through. It's often best to start this on a Friday night so you can see it through over the weekend.

The first night your child may cry for 20, 30 minutes. Could be longer and it will certainly seem like an eternity. Second night will be shorter, third less, etc. This is hard on you. Your child is most likely angry but is okay. It will work, because the child will realize that you have confidence in their ability to go to sleep alone and that screaming is not doing any good. If you give in, the child will likely scream longer next time because screaming worked.

By instituting a schedule that ensures that your child is really sleepy you may shorten the period of crying.

If your child awakens during the night, you follow the same procedures. If your child comes to your bed, calmly escort them to their bed, tell them they are safe and you are nearby; it's time to sleep. Going back to sleep is also



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dependent upon the child's ability to go to sleep alone. If your child is awakening for a bottle, wean them off this feeding by watering down until they are not dependent upon this.

Naptime process is to follow the same steps you've adapted at night.

We realize that there are different schools of thought on this subject. This is an attempt to share some tried and true techniques. We recognize that every child and family is different and unfortunately there is not one easy formula. It is sometimes a trial-and-error approach. Talk to your pediatrician, your friends, and your family for support and ideas. If you discover something that works, share it with us. Kinder Haus periodically presents a workshop called *Bedtime: Battleground or Bliss*. Ask us for more information if interested.



CHILD AND PARENT INFORMATION

Child's Name _____ Birthday: _____

Desired Start Date: _____

Parent 1 Name: _____

Full Home Address: _____

Primary Phone # _____ Secondary Phone # _____

Email address: _____

Place of Employment: _____

Work Phone# _____

Work Address: _____

Parent 2 Name: _____

Full Home Address: _____

Primary Phone # _____ Secondary Phone: _____

Email address: _____

Place of Employment: _____

Work Phone# _____

Work Address: _____

Parents' Marital Status: _____

Child's living arrangements: _____

Language/s Spoken at home: _____

Attendance Schedule- Please Circle ONE:

6:30am-3:00pm (5 Days WITH Before Care)

8:30am -11:00am (5 Half-Days/No Lunch)

8:30am-3:00pm (5 Full School Days)

8:30am-6:00pm (5 Days WITH After Care)

6:30am- 6:00pm (5 Full Extended Day WITH Before AND After Care)



EMERGENCY CONTACTS

In case of an emergency, who should we contact FIRST?

Child's Name: _____

Primary Emergency Contact's First & Last Name: _____

Phone #1: _____

Phone #2: _____

Secondary Emergency contacts

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____

Medical Doctor Name & # _____

Dentist Name & # _____

Known allergies: _____

Parent's Signature: _____ Date: _____

UPDATED IMMUNIZATION RECORDS MUST BE SUBMITTED BEFORE
CHILD'S FIRST DAY OF SCHOOL



EMERGENCY EVACUATION PROCEDURES

Louisiana State Licensing requires that all childcare centers have an evacuation plan in place.

In the event of severe weather: a tornado and/or hurricane warning, a possible street flooding etc., it is the parent's responsibility to stay tuned to weather reports and arrange immediate pick up of their child.

Parents who do not work near the center should arrange and authorize a backup person(s) who would be able to pick up their child immediately should a potentially dangerous situation arise. Should the school have to evacuate due to an environmentally dangerous situation in the area, we will transport the children in private vehicles to the nearest, safest place. We will notify emergency contacts via telephone, email, and by posting our "safe location" on the doors of Kinder Haus.

Child's Name _____

Today's Date _____

Emergency Evacuation Authorization

In the event of the threat of severe weather or an environmentally dangerous situation, I will provide for the immediate pick up of my child.

Should civil authorities advise Kinder Haus staff of a possible environmental danger and order evacuation of the children, I authorize the staff members of Kinder Haus or any parent volunteers to transport my child to the closest safe place in the area. The following persons have agreed to pick up my child and have my authorization to do so:

| Name | Relationship | Phone Number |
|-------------|---------------------|---------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Kinder Haus uses email as a first alert notification during an emergency. We then send out text reminders through our Remind App. Please text @kh3751 to 81010 to opt-in to text alerts from us.

I understand that it is my responsibility to keep this list current and to remain alert and prepared during threatening weather conditions.

Parent Name: _____ Parent Signature: _____



AUTHORIZATION TO RELEASE CHILD

I, _____, authorize the following people
to pick up my child, _____, from school.

(Please list first and last names below)

NAME

RELATIONSHIP

PHONE NUMBER

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

*To modify this list, parent must submit a signed and dated request IN WRITING to the office. For safety purposes, changes are not able to be made over the telephone.

PARENT SIGNATURE: _____ DATE: _____



MODEL RELEASE FOR MINORS

(Permission for Kinder Haus to use photos)

I, the undersigned, hereby certify that I am the parent and/or the legal guardian of _____, age _____, and hereby grant Kinder Haus Inc. the right to publish or otherwise replicate pictures of him/her, or pictures in which he/she may appear in or whole or part, for the purpose of art, advertising, or any other lawful purpose as circled below:

Kinder Haus Parents-Only Groups
(Private Facebook Group Page, Class Newsletters, Parent Emails): YES /NO

Advertising in marketing publications, public social media pages: YES /NO

_____ I do not authorize my child to appear in any pictures or videos created by Kinder Haus, or to appear in any photos or videos used on social media, or in advertisements. By signing below, I certify that I have read and fully understand the model release agreement.

Parent Printed Name: _____

Parent Signature: _____ Date: _____

MEDICAL RELEASE FOR MINORS

(Permission for Kinder Haus to provide medical treatment in case of emergency)

I, the undersigned, hereby certify that I am the parent and/or the legal guardian of _____, age _____ and hereby grant Kinder Haus Inc. the right to provide medical treatment or services to him/her in case of emergency.

_____ I do not authorize Kinder Haus to provide any medical treatment for my child under any circumstances. By signing below, I certify that I have read and fully understand this agreement.

Parent Printed Name: _____

Parent Signature _____ Date _____



WATER ACTIVITIES AUTHORIZATION FORM

*This Permission must be updated at least annually

My child _____ has permission to participate in the following type(s) of water activity: sprinkler “splash” day, water tables, sensory bins/water bins (indoors and outdoors)

My child _____ **DOES NOT** have permission to participate in the following type(s) of water activity: sprinkler day/water tables, sensory bins/water bins (indoors and outdoors)

Parent Printed Name: _____

Parent Signature: _____ Date: _____

FOOD, BEVERAGE RESTRICTION FORM

My child, _____, may not consume the following food(s) and/or beverage(s):

FOOD/BEVERAGE

ALLERGIC? (YES or NO)

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

PARENT SIGNATURE: _____ DATE: _____



BEHAVIOR CHARACTERISTICS

(Circle the words that describe your child)

Child's Name: _____

CALM EXCITABLE EASILY ANGERED WHINY CRIES OFTEN

HAPPY CHEERFUL STUBBORN COOPERATIVE QUIET

INDEPENDENT FIGHTS OFTEN GIVES IN EASILY DEFIANT

WANTS OWN WAY TEMPER TANTRUMS HIGH-ENERGY

PHYSICALLY ACTIVE SHY WANTS TO PARTICIPATE/JOIN THE CROWD

LONER AGGRESSIVE NERVOUS INDEPENDENT

ANXIOUS LAID BACK/RELAXED CONFIDENT

Are there any behavior concerns/ reactions that we should know about? If yes, please explain:



INTRODUCE YOUR CHILD

Child's Name: _____ Date of Birth: _____ Today's Date: _____

SOCIALIZATION/ DAILY ACTIVITIES

Does your child...

1. Play with parents? neighbors? siblings? cousins? older/younger relatives? Please describe.
2. What are some games that they like to play and where (inside, outdoors, etc.) ?
3. Does anyone wrestle or play roughly with you child? If yes, please describe..
4. Does your child have separation difficulties? If yes, what have you found to help with this?
5. How much television does your child watch/how much screen time is your child allowed? Daily? Weekly?
6. How does your child express frustration?
7. Does your child follow directions?
8. Does your child come when called?
9. What language/s does your child speak/hear at home?
10. Does your child express wants and needs verbally?

BEHAVIOR

1. Has your child been known to bite/ hit/ kick/ be aggressive at any time?
2. Who are these behaviors directed towards usually? And how frequently?



3. Do you know what triggers the aggressive behavior? When tired/ hungry/ sharing?
4. What type of discipline do you use with your child? How do they respond?
5. Does your child exhibit any special comforting needs or strong attachments?
6. Has your child ever been in school before? If yes, give reason for leaving former school:
7. May we have permission to contact the former school? If yes, please provide contact name & number:

SLEEPING HABITS

1. Please describe your child's sleep routine in as much detail as possible.
2. Does your child use a pacifier/ bottle or other comfort items?
3. Is your child rocked/held?
4. What time does your child go to sleep at night?
5. Does your child awaken during the night? If so, how do they go back to sleep?
6. What time does your child awaken in the morning? And do they awaken on their own?
7. Does your child sleep in a toddler bed or a crib?
8. Does your child sleep in their own bed? If not, where does he/she sleep?

EATING HABITS

Does your child...

1. Feed him/herself?



2. Use spoon/fork/fingers?
3. Sit in a high chair/booster seat or table and chair?
4. Eat with family or alone?
5. Drink from a sippy cup or a cup without a lid?
6. Eat table food?
 - a. What type of food does he/she enjoy?
7. Does your child choke easily/frequently?

MEDICAL

1. Does your child have any health problems? Please explain, if so.
2. Has your child ever been hospitalized? Please explain, if so.
3. Has your child had any surgical procedures? Please explain, if so.
4. Are there any health problems to which your child is prone, or that our staff should be aware of? (Ex. Tubes in ears)
5. Does your child have any allergies?
6. What communicable diseases has your child had? (Chicken pox, measles, strep throat)
7. Has your child ever been evaluated for any delays or disorders?
8. Has your child ever been evaluated for behavioral concerns?
9. Does your child receive special services such as speech, occupational or behavioral therapies?
10. As far as you are aware, does your child show a need for any services listed above?

***PLEASE ATTACH ANY ADDITIONAL NOTES THAT MAY BE HELPFUL TO YOUR CHILD'S TEACHERS**



SUPPLIES TO BRING ON YOUR CHILD'S FIRST DAY

****Please label ALL items and articles of clothing with child's first name and last initial in permanent marker****

- 2 Complete changes of clothing (tops, bottoms, underwear, and socks)
- Nap mat roll-up blanket cover with attached pillow. (Can be found at Target, Amazon, etc.)--Lightweight/able to be carried by child and fits in small cubby



- 1 soft lovey/comfort item for nap time (no toys or figurines)
- Pacifier, bottles, sippy cup if child uses at home
- Re-fillable water bottle
- Diapers
- Wipes
- Send Lunch Kit daily with thermos or ice pack--will be kept in cubby until lunch time--we are not allowed to re-heat any food items per licensing regulations.
 - No nut-containing items--all classrooms are strictly nut-free due to allergies
 - No "junk foods" such as sodas, sugary juices--capri sun, chips, candies, iced desserts
 - Hot dogs, sausages, carrots must be cut length-wise, not in rounds.
 - Fruits, veggies, and other items must be properly cut in half or fourths to avoid choking hazards (blueberries, grapes, etc.)

*Reminder- Up-to-Date Immunization Records OR an immunization waiver form must be turned in before child is accepted into the classroom.



**COVID-19 PUBLIC HEALTH EMERGENCY ACKNOWLEDGEMENT
AND DISCLOSURE FORM**

Parents, please read and initial each statement below:

1. _____ 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 person of the information contained herein.

2. _____ I understand that IF there is an emergency or special circumstances requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST wash my hands upon 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.

3. _____ I understand that to enter upon the facility premises my child must be free from COVID-19 symptoms. 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:

- Fever of 100 degrees or higher
- Dry cough
- Shortness of breath
- Chills
- Rash (except diaper rash)
- Loss of taste or smell
- Sore throat
- Muscle aches

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 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

4. _____ I understand that Kinder Haus is taking every precaution to keep my child healthy, utilizing the Office of Public Health guidelines.

5. _____ 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, parish, or local stay-at-home orders, and CDC recommendations.



6._____ I will immediately notify Kinder Haus if I become aware of 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, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify Kinder Haus if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.

7._____ 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 play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

8._____ **I understand that persons with COVID-19 symptoms** who were directed to care for themselves at home may return when at least 3 days (72 hours) have passed *since recovery* meaning:

- fever free without the use of fever-reducing medications **and**
- improvement in respiratory symptoms (e.g., cough, shortness of breath) **and**
- at least 10 days have passed *since symptoms first appeared*

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein.

Child's Name: _____

Guardian/Parent Signature _____

Date _____



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Child's Name: _____

Guardian/Parent Signature _____

Date _____