



KUMCP COVID-19 Parent Consent Form
September 1st, 2020

I, _____ of _____
Parent/Guardian Child(ren)

agree to comply with the policies and procedures in the KUMCP Health & Safety Procedures for COVID-19. If at any time I cannot comply with these policies and procedures, I will notify the Director, give my 30 day notice of withdrawal from KUMCP, and be sure tuition is paid for each month my child(ren) was enrolled.

Please initial each statement:

_____ I understand the KUMCP COVID-19 policies and procedures are **based on current information** from the US Center for Disease Control and Prevention (CDC) and the NC Department of Health and Human Services (NCDHHS). As this information is updated in response to the **changing nature of this pandemic**, the KUMCP policies and procedures will be reviewed. The Director will notify me of any changes to these policies and procedures.

_____ I agree to answer the Daily Health Screening questions honestly and to **notify the Director of any changes to my family's health**. If I do not notify the Director of COVID-19 related illnesses or situations, KUMCP may choose to terminate services for my family.

_____ In the event of a **positive COVID-19 illness** at KUMCP, the Director will follow closing and re-opening recommendations set by the LHD and Knightdale UMC. If my child's classroom is temporarily closed, if my child must quarantine, or if the school **closes temporarily** for cleaning and disinfecting, **tuition will not be reimbursed** on a prorated basis or otherwise.

_____ I understand that KUMCP has the responsibility to **close for a longer period of time** as instructed by a **local health authority** or Knightdale UMC. I **will not be charged tuition** for the full month(s) of closure. I may choose to participate in KUMC Virtual Preschool program.

_____ I agree that Knightdale UMC, including KUMCP, is not liable in the event that my child/children or anyone on the KUMCP staff tests positive for COVID-19 while my family is enrolled at KUMCP.

Parent/Guardian signature: _____ **Date:** _____