



## KUMCP COVID-19 Parent Consent Form August 12th, 2021

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. If my child cannot attend for more than 2 weeks due to closure, I **will not be charged tuition** for the full month(s) of closure.

\_\_\_\_\_ 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:** \_\_\_\_\_