



Student Name: \_\_\_\_\_

Class: \_\_\_\_\_

*Peace Preschool admits students of any race, color, national and ethnic origin to all the rights privileges, programs, educational & admission policies, scholarships, and activities generally accorded or made available to students at our preschool.*

## Enrollment Kit 2021-2022

We are so happy you will be returning to or joining our Peace Preschool Family. We believe the Lord Jesus Christ has brought all our lives together for this school year, and that He has many blessings planned for us.

The following items are required to complete the enrollment process for your child. **Please return the following items to Peace Preschool or Peace Church offices by April 30.**

*This page is for your convenience and record keeping.*

Check as you gather items	REQUESTED ITEM	Turned In
	Registration Form and Fees	
	Pre-Authorized Tuition Payment and Agreement (2 pages)	
	Arrival and Pick-Up Policy Agreement	
	Guidance Policy	
	Permission to Participate in School Activities and Receive Emergency Care Form	
	Emergency Information	
	General and Dismissal Permissions Forms	
	Birth Certificate Photocopy*	
	Physicians Statement*	
	Child Inventory	
	Individual and Family Photos for Classroom Use**	
	Class Supplies***	

\*New Students Only, + updated as needed for returning students

\*\* ONE picture of your child alone and TWO copies of a FAMILY picture. We use these in the classroom at the opening of school, so this is very important for your child. We will not share or publish the pictures.

\*\*\* Peace Preschool is a non-profit ministry of Peace Church, which underwrites our overhead expenses. As such, we request parents to provide certain items that are used in great quantity in our classrooms. A list of the items needed for your child's class will be emailed in August. Please plan to bring the school supplies for your child's new class to Parent Orientation.

Student Name \_\_\_\_\_  
 Class \_\_\_\_\_

## Peace Preschool

# Pre-authorized Tuition Payments

Peace Preschool offers a 5% discount if the full nine months' tuition is paid by August 10, 2021. For those who elect to pay tuition on a monthly basis, we have an automatic bank draft program with the church's banking institution. By filling out the information and signing the authorization, you grant Peace Presbyterian Church the authority to automatically debit monthly charges from your personal checking or savings account as tuition becomes due. Each payment MUST be paid even if the child is absent any part of the month. Thirty days' notice and forfeiture of the non-refundable, last month's tuition collected June 20, 2021 is required if a child is withdrawn before the end of the school year.

**The monthly payment plan is available only through automatic bank drafts.**

Benefits of this service include:

- λ Convenience of not having to write checks.
- λ Elimination of postage expense and the risk of late payments.
- λ Avoidance of late charges through prompt, timely payments.
- λ Establishment of excellent payment and credit records.

Peace Presbyterian Church will transmit your debit information to our bank for processing. The information will then be transmitted to your bank or savings institution for withdrawal from your account. Because virtually all financial institutions participate in the direct debit program, there should be no need to alter your current banking arrangement.

### ***Terms and Conditions***

**Your first of nine equal payments will be drafted June 20, 2021. This payment is for May 2022 tuition, is non-refundable, and will serve as your thirty-days notice tuition payment in the event of early withdrawal from Preschool. The remaining automatic drafts will occur August 2021 through March 2022 on the 20<sup>th</sup> of each month. ++**

Dishonored Payment - If your bank refuses any automatic deduction, a fee of \$10.00 may be assessed. If we are unable to deduct sufficient funds on your due date, we will request a replacement payment by check or money order. Additional fees may be imposed by your bank.

### **Student Information**

Please list all students attending Peace Preschool who are enrolled in the tuition payment system under your account:

\_\_\_\_\_  
 Student's Name

\_\_\_\_\_  
 Class and Monthly Tuition Fee

\_\_\_\_\_  
 Student's Name

\_\_\_\_\_  
 Class and Monthly Tuition Fee

++ If we are forced to close for an extended time as happened in the spring of 2020, we will assess the implications for tuition once the full extent of closings are known. This might mean making adjustments at the end of the academic year. Our long-standing policy of allowing a certain number of cancelled days before make-up days are attempted will stay in place (see Parent Handbook)

Student Name \_\_\_\_\_  
 Class \_\_\_\_\_

Peace Preschool

## Agreement for Pre-authorized Tuition Payments (ACH Debits)

Peace Preschool  
 1777 West Chatham Street  
 Cary, NC 27513

Fed. Tax ID# 56-1574311  
 Phone: 919-467-5977

**1. Please indicate one of the following:**

- \_\_\_\_\_ New account information to initiate draft payments  
 \_\_\_\_\_ Change information for an account that is currently being drafted  
 \_\_\_\_\_ Use account information from previous year's enrollment (skip steps 2 and 3 below)

**2. For new or changing account information, please attach voided check here.**



**ATTACH  
 VOIDED  
 CHECK  
 HERE**

- 3.** I (We) hereby authorize Peace Presbyterian Church to initiate charges for each child listed on the Pre-Authorized Tuition Payments Form for the amount specified in the current year's tuition policy. The depository named below is authorized to debit the account I (we) have specified per this form.

Name of Financial Institution (your bank) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Bank Transit/ABA \_\_\_\_\_ Account # \_\_\_\_\_

( ) **Checking**

( ) **Savings**

**4. Amount: Agreed tuition amount Transfer date: 20<sup>th</sup> of each month June – March (no July draft)**

I understand that this authorization will be in effect until I notify my financial institution in writing that I no longer desire this service, allowing it reasonable time to act on my notification. I also understand that if corrections in the debit amount are necessary, it may involve an adjustment (credit or debit) to my account.

I have the right to stop payment of a debit entry by notifying my financial institution before the account is charged. If an erroneous debit entry is charged against my account, I have the right to have the amount of the entry credited to my account by my financial institution. I agree to give my financial institution a written notice identifying the entry, stating that it is in error, and requesting credit back to my account. I will provide this written notice within 15 calendar days following the date on which I was sent a statement of my account or a written notice of such entry, or 45 days after posting, whichever occurs first.

**5. I have read and agree to the terms and conditions of Pre-Authorized Tuition Payments**

Name (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Peace Preschool

## Arrival and Pick-Up Procedures and Policies

**Arrival and Pick-Up Procedures will be published via email before the start of school. Please familiarize yourself with the procedures when they are published. Contact the Preschool via email or phone if you do not receive procedures by August 20, 2021.**

**Pick-up of children at stated departure time is important not only for your child but also for the daily schedule of the school.** Teachers have scheduled work time after the departure of the children. They must clean up, set up for the next day, and spend some time planning before their work ends for the day. Failure of parents to pick up their children on time causes an unnecessary hardship on the teachers.

At the discretion of the Director, **a tardy fee of \$10.00 may be imposed for each 10 minute period that a parent is late.** This fee is due the next scheduled day of school for your child. Failure to pay the tardy fee by the next month's tuition draft could result in termination of the child from the Preschool.

A Tardy Record showing the date and time of the tardy infraction will be completed each time a parent is late. This form will be signed by the parent at the time of the pick-up and will be filed in the child's record. Time will be determined by the Center's clock.

Please note that, for safety reasons, each child is dismissed personally only to authorized adults. The teacher may need to speak briefly with a parent upon dismissal. Please be punctual and allow fifteen minutes for the whole dismissal process.

Please refrain from using your cell phone during Arrival and Dismissal so that you can say good-bye/greet your child and hear any information the teacher needs to convey.

I understand and agree to the terms of arrival and pick-up policies:

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

Class \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

Student Name \_\_\_\_\_  
 Class \_\_\_\_\_

## Peace Preschool

# Guidance Policy

Someone once said, "Discipline is the gift of responsible love." When children receive positive, non-violent, and understanding interactions from adults and others, they develop good self-concepts, problem-solving abilities, and self-discipline. They learn to take responsibility for their own behavior. Based on this belief of how children learn and develop values, this school will practice the following discipline and guidance policy:

### We Do

1. Praise, reward, and encourage the children.
2. Reason with, and set limits for the children, and give gentle reminders.
3. Model appropriate behavior for the children.
4. Modify the classroom environment in order to anticipate trouble and motivate productive behavior.
5. Listen to the children.
6. Provide alternatives for inappropriate behavior.
7. Provide the children with natural and logical consequences of their behavior.
8. Treat each child as a person and respect his/her needs, desires, and feelings.
9. Overlook small annoyances.
10. Explain things to the children on their level.
11. Use short supervised periods of "time out" or "renewal time". This would only be used when the child is feeling out of control and needs help calming down and focusing. A teacher is always nearby.
12. Inject humor, without humiliating.
13. Stay consistent in our behavior, guidance, and discipline.

### We Do Not

1. Spank, shake, bite, pinch, push, pull, slap, or physically punish the children.
2. Make fun of, yell at, threaten, make sarcastic remarks about, use profanity, or otherwise verbally abuse the children.
3. Shame or punish the children when bathroom accidents occur.
4. Relate discipline to eating, resting, or sleeping.
5. Deny food or rest as a punishment.
6. Leave the children alone, unattended, or without supervision.
7. Place the children in locked rooms, closets, or boxes as punishment.
8. Allow discipline of children by children.
9. Criticize, make fun of, or otherwise belittle children, their families or ethnic group.

Peace Preschool strives to provide a safe and nurturing environment for all our students. If one student exhibits aggressive, potentially dangerous behavior toward classmates or staff (such as biting, hitting, or threatening harm), the teacher will offer guidance as described above and the parent may be notified via text or phone call. If the aggressive behavior is repeated, the parent may be notified that the child is having an "off" morning and should leave school for the remainder of the morning. If the child displays a pattern of aggressive, potentially dangerous behavior, the Director and parents will discuss a longer-term strategy for helping the child master those impulses before returning to the classroom.

I (we) understand and accept the discipline policy of Peace Preschool.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
 (Parent or Guardian)

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Peace Preschool

## Permission to Participate in School Activities and Receive Emergency Care

I hereby grant permission for my child, \_\_\_\_\_ to use all of the play equipment and participate in all of the activities of Peace Preschool.

I hereby grant permission for the Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps will include:

1. Call an ambulance.
2. Attempt to contact a parent or guardian.
3. Attempt to contact emergency names I provided.
4. Have the child taken to a hospital emergency room in the company of the Director or another staff member.
5. Attempt to contact child's physician.

Any expenses incurred under those items listed above will be borne by the child's family.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

## Peace Preschool

### Emergency Information

Child's Name \_\_\_\_\_ Class \_\_\_\_\_

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

Male parent/Guardian \_\_\_\_\_

Employment \_\_\_\_\_

primary phone \_\_\_\_\_ Work Phone \_\_\_\_\_ other \_\_\_\_\_

Female parent/Guardian \_\_\_\_\_

Employment \_\_\_\_\_

primary phone \_\_\_\_\_ Work Phone \_\_\_\_\_ other \_\_\_\_\_

Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Medical Insurance Company/Policy Number \_\_\_\_\_

List **all known Allergies:** \_\_\_\_\_

\_\_\_\_\_

Medication taken regularly \_\_\_\_\_

Other information you would like to include \_\_\_\_\_

\_\_\_\_\_

Emergency contact 1 \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact 2 \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact 3 \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

(Parent or Guardian)

**Peace Preschool****GENERAL PERMISSIONS**

Please fill in your child's name and circle "yes" or "no" to indicate your permission on the following items:

***Photo Release***

I give permission for \_\_\_\_\_ to be included in group photos taken at school or on field trips to be used on our website and literature, for the purpose of promoting Peace Preschool programs, or to decorate our school bulletin boards. No names or other identification will be shown.

Yes                      No

***Sunscreen***

I give permission for the staff of Peace Preschool to apply/reapply sunscreen to my child, \_\_\_\_\_ when they deem it appropriate for the health and safety of my child. Feel free to provide your own sunscreen of choice.

Yes                      No

***First Aid***

I give permission for \_\_\_\_\_ to receive basic first aid for minor skin injuries.

Yes                      No

***Peace Preschool Address List***

I give permission for the preschool to add my name, address, phone number and email address to the school address list. This is for the purpose of communication among the parents and teachers and will not be distributed outside Peace.

Yes                      No

***Parent Handbook***

I understand that I will receive a current Parent Handbook. I will read and become familiar with the Peace Preschool Parent Handbook and I agree to abide by the policies outlined in the handbook.

Yes                      No

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Guardian)

Peace Preschool

## DISMISSAL PERMISSIONS

(please update as needed)

Student's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Who will usually pick up your child? \_\_\_\_\_

In emergency and neither parent can be contacted, please give the name and phone number of three people (neighbor, friend, or local relative) who could come pick up your child.

1) Name \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to child \_\_\_\_\_

2) Name \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to child \_\_\_\_\_

3) Name \_\_\_\_\_

Telephone \_\_\_\_\_ Relationship to child \_\_\_\_\_

Under no circumstances will your child be released to anyone not known to the school without authorization from parents or guardians. If there is someone your child knows, but for your reasons, you forbid your child to go with that person, please indicate below who is forbidden to pick up your child:

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Peace Preschool

## Physician's Statement

THIS FORM IS TO BE FILLED OUT COMPLETELY BY THE HEALTH CARE PROFESSIONAL. **Each child must be up to date with the DTP, polio, HbPV, or Hib, MMR to be admitted.**

(Child's Name) \_\_\_\_\_

whose date of birth is \_\_\_\_\_

has been enrolled in our school. Classes meet from two to four times weekly from 9:00 a.m. to 12:00 p.m. or 12:30 p.m. The teacher:child ratio ranges from 1:5 to 1:7 (depending on the age of the child). The daily program involves both vigorous and quiet indoor and outdoor play, including the use of swings and climbing equipment. A mid-morning snack is served, usually water, fruit, cheese, and/or crackers.

Is this child current on his/her required/recommended immunizations as of this date, including **DTP, polio, HbPV, or Hib, MMR** ? \_\_\_\_\_ yes \_\_\_\_\_ no

Does this child have any physical condition that we should be aware of?

\_\_\_\_\_

Does this child require special attention, medication, or routines that may have to be taken into consideration in planning for his/her time at school?

\_\_\_\_\_

In your opinion, is this child physically and emotionally able to participate in a nursery school program like the one described above?

\_\_\_\_\_

Date of most recent examination \_\_\_\_\_

Physician's Signature \_\_\_\_\_

Physician's Name \_\_\_\_\_

Name of practice \_\_\_\_\_

Telephone Number \_\_\_\_\_

Assisting Nurse \_\_\_\_\_

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## Peace Preschool Child Inventory

Because preschoolers change and grow so quickly, please complete this form even if your child is returning to Peace Preschool. This inventory will help your child's new teachers get to know your child more quickly. The information will remain confidential, and we hope you will update it when needed.

Name of Child: \_\_\_\_\_ Class: \_\_\_\_\_

Name child prefers to be called: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Child's Address \_\_\_\_\_

Name of Male parent/guardian \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Email: \_\_\_\_\_

Name of Female parent/guardian \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address: \_\_\_\_\_

Work Address: \_\_\_\_\_

Email: \_\_\_\_\_

Please circle appropriate marital status of parents:

Single      Married      Separated      Divorced      Remarried

If divorced, please describe custody and visitation agreement for the child, and tell us what words your child would use to describe this arrangement.

Is your child adopted? \_\_\_\_\_ Do they know? \_\_\_\_\_

How long have they known? \_\_\_\_\_ How old were they when they were adopted? \_\_\_\_\_

Please list their siblings: names and ages \_\_\_\_\_

Please list other friends/relatives significant in your child's life and their relation.

Does your child have a pet? Please list kinds and names. \_\_\_\_\_

\_\_\_\_\_

Have there been births, deaths, adoptions, or other changes in the family structure which affected your child? If so, please describe briefly what happened and the effect on your child.

\_\_\_\_\_

Does your child participate in regularly scheduled religious events? If so, what kind and how often?

\_\_\_\_\_

What opportunities does your child have to play with other children? \_\_\_\_\_

\_\_\_\_\_

What are your child's favorite activities? \_\_\_\_\_

\_\_\_\_\_

What methods of discipline have you found most effective? \_\_\_\_\_

\_\_\_\_\_

How do you encourage your child in positive behavior? \_\_\_\_\_

\_\_\_\_\_

Does your child have fears? What are they and how do you address them? \_\_\_\_\_

\_\_\_\_\_

What do you and your child enjoy doing together? \_\_\_\_\_

\_\_\_\_\_

How much television does your child watch each day? \_\_\_\_\_

\_\_\_\_\_

What are his/her favorite programs? \_\_\_\_\_

\_\_\_\_\_

How much time does your child spend on a computer each day? \_\_\_\_\_

\_\_\_\_\_

What is your child's favorite lullaby? \_\_\_\_\_

\_\_\_\_\_

What is your child's favorite book? \_\_\_\_\_

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How would you describe your child's personality? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How much sleep does your child require each day? \_\_\_\_\_

Does your child nap regularly? \_\_\_\_\_

What is their usual bedtime? \_\_\_\_\_  
 \_\_\_\_\_

What communicable diseases has your child had? (Indicate age and date.)

Chicken Pox \_\_\_\_\_ Conjunctivitis (pink eye) \_\_\_\_\_

Impetigo \_\_\_\_\_ Hepatitis \_\_\_\_\_

Scarlet Fever \_\_\_\_\_ Other \_\_\_\_\_

Does your child have frequent:

Colds? \_\_\_\_\_ Coughs? \_\_\_\_\_

Tonsillitis? \_\_\_\_\_ Ear Infections? \_\_\_\_\_

Strep Throat? \_\_\_\_\_ High Fever? \_\_\_\_\_

Upset Stomachs? \_\_\_\_\_ Seizures? \_\_\_\_\_

Has your child had serious illness, surgery, or a hospital stay? If so, please describe the condition and your child's reaction.  
 \_\_\_\_\_  
 \_\_\_\_\_

Are bowel and bladder functions regular and under control? \_\_\_\_\_  
 \_\_\_\_\_

What word does your child use for urination? \_\_\_\_\_

What word does your child use for bowel movements? \_\_\_\_\_

Has your child had a vision test? \_\_\_\_\_ Results: \_\_\_\_\_

Has your child had a hearing test? \_\_\_\_\_ Results: \_\_\_\_\_

Does your child have any speech problems? Please be specific about any concerns.  
 \_\_\_\_\_

Does your child have regular dental check-ups? \_\_\_\_\_

\_\_\_\_\_

Are there any dental problems? \_\_\_\_\_

\_\_\_\_\_

Is your child taking any regular medication? \_\_\_\_\_ If so, please describe.

\_\_\_\_\_

\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Please list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How are these allergies manifested? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child have any dietary restrictions? If so, please describe. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is this because of allergy, family preference, medical needs, other? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was your child's birth full term? \_\_\_\_\_ Premature? \_\_\_\_\_

Any complications or problems that might be helpful for us to know? \_\_\_\_\_

\_\_\_\_\_

What hopes and expectations do you have for your child from our program?

\_\_\_\_\_

\_\_\_\_\_

Please list any additional information you consider important for us to have that will help us teach and nurture your child and help support your family.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**SPECIAL NEEDS**

Peace Preschool is generally not equipped to care for special-needs children. If your child is receiving occupational or physical therapy or has been given an IEP, we will assess whether or not we think we can offer your child a beneficial preschool experience and still care for our other students. Please be as detailed as possible about the following:

Is your child currently under a physician's care for a specific area or need? \_\_\_\_\_

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Does your child receive therapy of any kind? Please list. \_\_\_\_\_

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Does your child have an IEP (Individualized Education Plan for special needs)? If so, please explain.

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**FUNCTIONAL ENGLISH**

Peace Preschool is blessed to be located in an area with people from many nations and ethnicities. We welcome children whose families speak languages other than English in the home.

Is English the primary language spoken in your home? If not, what language is spoken at home?

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Can your child understand and/or speak basic English? \_\_\_\_\_

If your child does not understand English, please see the attached ESL supplement and sign here to indicate you have read the supplement and will agree to help your child learn English so he/she can be safe and successful at school:

(signature) \_\_\_\_\_ (date) \_\_\_\_\_

## PEACE PRESCHOOL PRESCHOOL ESL SUPPLEMENT

We are glad that your child has the opportunity to be part of our program for the upcoming school year.

We want your child to be safe, to make friends, and to feel confident and successful at school as quickly as possible.

Rarely does it happen that a young child is unable to function safely or successfully in a preschool setting due to language barriers, but we depend on parents to help their child learn functional English in a timely manner. If a language barrier persists to the extent that the staff determine that the child or the classroom is unsafe or consistently disrupted, Peace Preschool reserves the right to request that a student take a break from Preschool until he/she is able to attend safely (please note that we cannot refund or waive regular tuition payments for this situation).

Below you will find some suggestions for what you can do at home prior to school starting in August and continue after school starts to help your child flourish at school. Please do not rush your child or cause him/her anxiety about learning English. Be gentle, patient, and have fun. Most children pick it up quickly and can understand far more than they are able to say.

1. Begin to teach your child these words so he/she will understand when the teacher uses them in class. Children love imaginative play, so make a game of it! Role-play Preschool at home: you be the teacher and your child is the student. Use these words in the context of your “preschool” setting. This will help your child prepare for the classroom and learn important words.

Stop	Sit down	Look	Stay/wait	Do not run	Walk	Yes/no
Blow/wipe your nose	Clean up toys	Stand up	Line up/get in line	Hi/hello	Come in	Goodbye
Stay in your seat	Throw it away	Share/take turns	Listen/be quiet	Do you need to potty/use the restroom?	Come use the potty/restroom	I need help (for child)

2. Speak English in your home on a regular basis. We certainly do not want you to stop using your native language, but when children are familiar with the language used in class, they are less anxious and adjust easier than when they do not know what is being said.
3. Allow them to watch English preschool TV programs
4. Allow them to spend time with English speaking people at parks, restaurants, playgrounds, etc.
5. Take them to story time at a public library. Check out picture books and read them to your child at home.
6. Suggest to your child that she/he watch the other children in the classroom for cues about what is happening and how to join in.



"WE'RE ALL IN THIS TOGETHER"  
 COVID-19 AGREEMENT  
 For the 2021-2022 Preschool Year

I want to do my part to keep Peace Preschool staff and students as safe as possible from the spread of COVID 19. To that end, I agree to

- \_\_\_\_\_ (initial) 1. Stay informed on and monitor my child and family for symptoms of COVID-19. As of the date of this Agreement, the CDC advises the following<sup>1</sup>

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear **2-14 days after exposure to the virus**. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

This list does not include all possible symptoms. CDC will continue to update this list as we learn more about COVID-19.

<sup>1</sup> <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>

\_\_\_\_\_ initial 2. Stay informed about what constitutes exposure through close contact to COVID-19 warranting self-quarantine. As of the date of this Agreement, the CDC defines exposure and need to quarantine as<sup>2</sup>

- You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
- You provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed, or somehow got respiratory droplets on you

\_\_\_\_\_ initial 3. If my child needs to quarantine due to exposure to or contraction of COVID-19, I agree to work with the Preschool to determine when my child can safely return to school in accordance with ChildCareStrongNC's most current recommendations.<sup>3</sup>

\_\_\_\_\_ initial 4. If my child or anyone in my immediate household contracts COVID-19 I will inform the Preschool immediately.

I understand that exposure or contraction of COVID-19 is a risk and that Peace Preschool cannot guarantee that my child will not be exposed to COVID while at preschool.

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(print name)

<sup>2</sup> <https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/quarantine.html>

<sup>3</sup> <https://files.nc.gov/covid/documents/childcare/NC-Interim-Guidance-for-Child-Care-Settings.pdf>