



PLYMOUTH CHRISTIAN PRESCHOOL

New Wellness Policy Revised January 2021

- Children/adults must remain at home for **48-72 hours**, if presented with any “flu-like” symptoms. **Parent Initial** _____
- We understand young children often display runny noses due to seasonal allergies or asthma, however as stated in our Parent Handbook, all mucus from nose must run clear and display no coloration. (Green or yellowish mucus). If this pertains to your child, you may send non-drowsy allergy medication to school and sign a medication consent form to keep on file. ***No ibuprofen or Tylenol may be given to children at school to control a fever.*** This will counteract with identifying symptoms of the Coronavirus. Your child’s temperature will be taken at school to determine if he or she is well to remain at school. **Parent Initial** _____
- If any child or adult has someone in their household who is infected by COVID19 OR who has recently traveled in and out of the county, is to remain at home for up to 14 days. **Parent Initial** _____
****14 days quarantine applies to anyone who has traveled or who has been directly affected by the Covid19 virus or who lives with the enrolled student. This applies to siblings enrolled in our program.***
- New location for drop-off/pick-up is near the gate along Pilgrim Way near the school office. We ask that only **ONE** authorized adult drop and pick up students to limit visitors on campus. A staff person will accompany your child to and from class. **Parent Initial** _____
- Please bring **YOUR OWN PEN to SIGN-IN and SIGN OUT** your child. **Parent Initial** _____
- Preschool families are ONLY to use the gate along Pilgrim Way to enter and exit the campus. **DO NOT USE THE GATE NEAR THE CHURCH OFFICE/PARKING LOT.** This helps limit high traffic areas on campus. **Parent Initial** _____
- School is subject to check temperature of any student, parent visitor, or staff person upon entering campus. **Parent Initial** _____
- Smaller group activities including outdoor time (limit to 12 or fewer OR current recommendations by CDC) **Parent Initial** _____

- All school activities scheduled on the school year calendar are scheduled to change or be cancelled according to updated recommendations by the CDC. **Parent Initial _____**
- All staff members must wear a mask and gloves at all times when in contact with students and/or food. **Parent Initial _____**
- No parents/visitors will be allowed in the classroom unless authorized by staff personnel. **Parent Initial _____**
- No groups more than 11 children plus one staff member at one time will be allowed in classrooms until further notice. **Parent Initial _____**
- No children enrolled at PCS are permitted to visit residential aged care facilities during the Coronavirus pandemic. We ask that you remain in contact with loved ones who are in an assisted care facility or nursing home to be in contact remotely. **Parent Initial _____**
- All personal belongings such as bedding and extra clothes must be brought to school in a Zip-lock bag. NO backpacks or other type of bags. **Parent Initial _____**
- No personal toys from home. We will suspend “Share Days” until further notice. **Parent Initial _____**
- Please wash your own hands and assist in washing the hands of your children before drop off, prior to coming for pick up, and when they get home. **Parent Initial _____**
- Lunch sent from home will not be warmed up by staff personnel. All food must be brought in a food thermal container. **Parent Initial _____**
- Food and dessert items for classroom birthday celebrations must be individually wrapped and store-bought. No homemade food items may be sent to school to share with others. Lunch orders such as pizza for class parties must be delivered directly to the school by the restaurant. **Parent Initial _____**
- Students must bring their own water bottle daily. It will be re-filled at school by a staff person from the water faucet. If needed.

Parent Initial _____

****This policy is subject to be revised according to most up to date guidelines, recommendations and mandates by the Public Health Department and State Licensing Child Care regulations.***

***Return this section for student file**

I, (Parent) _____ of (Student) _____

have fully read the above stated Wellness Policy and agree to comply with the policy put in place by Plymouth Christian Preschool.

Parent Signature _____

Date: _____