

STEELE SCHOOL FOR EARLY LEARNING
5030 Carr Street
Arvada, CO 80002
P: 303-431-5653 F: 303-431-0636

Intended Start date _____ Actual Start Date _____ Amount & date of Reg fee (new starts): _____

Child's Name/Baby last name _____ Nickname _____

Home Address: _____

City _____ State: _____ Zip Code: _____

Home Phone: _____ Gender: M F Age: _____ DOB/ due date _____

Family Members: _____

Parent or Guardian's Name: _____

Address if different from child's: _____

Home Phone: _____ Cell: _____

Email address: _____

Name of employment: _____

Occupation _____

Address of employment: _____

Work Phone: _____

Parent or Guardian's Name: _____

Address if different from child's: _____

Home Phone: _____ Cell: _____

Email address: _____

Name of employment: _____

Occupation _____

Address of employment: _____

Work Phone: _____

Special instructions for reaching parent or guardian: _____

Emergency Contacts

Name _____ Home Phone _____ Cell _____

Address _____

Work phone _____ relationship to child _____

Name _____ Home Phone _____ Cell _____

Address _____

Work phone _____ relationship to child _____

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Child's name _____

CHILD PICK UP INFORMATION

Persons authorized for pick up MUST show a photo ID

Name _____ Home Phone _____ Cell _____

Address _____

Work phone _____ relationship to child _____

Name _____ Home Phone _____ Cell _____

Address _____

Work phone _____ relationship to child _____

Name _____ Home Phone _____ Cell _____

Address _____

Work phone _____ relationship to child _____

***Additional people may be listed on the back**

Name, address and phone number of child's doctor _____

Name, address and phone number of child's dentist _____

Hospital of preference (must be completed)

Name _____ address _____

City _____ State _____ Zip _____ Phone number _____

Chronic Medical Conditions Yes or No. Explain _____

Does your child have a health care plan(action plan for Chronic condition, ex; asthma)? YES or NO.

If yes, explain and provide a copy _____

Is your child fully immunized? YES or NO. complete immunization records and health appraisal signed by doctor must be provided on first day of care. Steele School requires all children to be fully vaccinated.

Food allergies? _____

Food preferences? Ex; vegetarian, vegan _____
(provide all meals. See parent handbook.)

(parents

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EMERGENCY INFORMATION & AUTHORIZATION FOR TREATMENT & TRANSPORTATION

Child's Name _____ Date of Birth _____

Home address _____

City _____ State _____ Zip code _____

Parent/Guardian _____

Home Phone _____ Cell _____ Work _____

Employer _____ Address _____

Parent/Guardian _____

Home Phone _____ Cell _____ Work _____

Employer _____ Address _____

Alternate Emergency Contact

Name _____ Home Phone _____ Cell _____

Address _____

Work phone _____ relationship to child _____

Name _____ Home Phone _____ Cell _____

Address _____

Work phone _____ relationship to child _____

Name _____ Home Phone _____ Cell _____

Address _____

Work phone _____ relationship to child _____

Health care facility- hospital (must be provided)

Name _____

Address: _____

Allergies or restrictions _____

Chronic illness/special needs _____

Medications _____

Insurance information _____

Parent/guardian signatures

_____ date _____

_____ date _____

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Child's name _____

Health History

Chronic or recurrent/nature of reaction

Health History

Ear infections _____

Diabetes _____

Heart disease/defect _____

Convulsion/seizures _____

Asthma _____

Nosebleeds _____

Measles/mumps _____

Chicken pox _____

Flu or flu shot _____

Allergies

Hay fever _____

Plant poisoning _____

Insect Sting _____

Penicillin _____

Other drugs _____

Animals _____

Food _____

Other _____

Operations or serious injuries (dates) _____

Is the child on any medications? YES or NO. if yes, explain _____

Physical limitations? YES or NO. if yes, explain _____

Dietary limitations? YES or NO. if yes, explain _____

Vision _____ Hearing _____

Are there any activities you would prefer your child NOT participate in? if yes, explain _____

AUTHORIZATION FOR EMERGENCY CARE AND TRANSPORTATION

In the event of an emergency, I hereby give my permission for Steele School staff to access emergency medical services for my child, including transportation to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscious effort will be made to locate me, and I accept the expense of care and transportation. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical and/or surgical treatment.

Parent/guardian signatures

_____ date _____

_____ date _____

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This form must be filled out in order to apply over the counter lotion, sunscreen, and/or diaper cream

PARENTAL AUTHORIZATION TO ADMINISTER TOPICAL MEDICATION

The parent/guardian of _____ ask school staff apply the following preventative medication _____ to my child when _____ .

Topical ointment and medications may not be administered if skin is broken, only as a preventative.

Parent/Guardian _____ Date _____

Daytime Phone _____

PARENTAL AUTHORIZATION TO ADMINISTER TOPICAL MEDICATION

The parent/guardian of _____ ask school staff apply the following preventative medication _____ to my child when _____ .

Topical ointment and medications may not be administered if skin is broken, only as a preventative.

Parent/Guardian _____ Date _____

Daytime Phone _____

I give consent for staff at Steele School for Early Learning to administer non-emergency first aid to my child. This is considered basic first aid and may be reported to administration with an accident report to be signed by the parents. Administration will call parents, if necessary.

Parent/guardian signatures

_____ date _____

_____ date _____

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Consent and Release

Child's name _____

initial _____ I hereby certify my consent and submission to all governing policies of the school. It is understood that the services of the school are engaged by mutual consent: and that, either I or the school reserves the right to terminate any or all services at any time. I agree to keep my tuition payments current and in accordance with Steele School policy. I have received a copy of the parent handbook and Highly Infectious Disease Preparedness Plan Including Pandemic Flu / Emergency Preparedness Plan located on www.arvadapreschool.com . I acknowledge it is my responsibility to read these and understand their content.

initial _____ I understand and agree with the video and television policy of the school, which is stated in the parent handbook.

initial _____ I understand and give permission for my child to participate in all activities sponsored by Steele School for Early Learning both on and away from campus.

initial _____ I authorize the use of my child's photograph in any Steele School publication including but not limited to Steele School brochure, newsletters and websites.

initial _____ I **DO NOT** authorize the use of my child's photograph in any Steele School publication including but not limited to Steele School brochures, newsletters and websites.

Parent/guardian signatures

_____ date _____
_____ date _____

Administrator signature _____

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Rates:

6 weeks -18 months

Weekly-\$365 Monthly- \$ 1400

19 months- Potty Trained

Weekly-\$325 Monthly- \$ 1235

Potty Trained- School age

Weekly-\$290 Monthly- \$ 1117

* Potty-trained is defined as 4 weeks clean and dry. Must also meet State Licensing Standards. See parent handbook for further details.

There will be a 2% increase yearly in tuition. This will take effect every January.

Once you have picked a payment schedule (weekly, bi-monthly, or monthly) we ask that you remain on that schedule. Please circle your choice of payment schedule. If this needs to change please see the owner.

Reserving future enrollments:

Future enrollment fees are due upon reservation to secure a spot. To secure a spot is equal to one full week tuition. A 30 day notice is required to cancel my reservation of future enrollment, if less than 30 days, I agree to pay 1 month tuition. I understand that this fee is non-refundable and does not apply towards my tuition. I understand my spot is not guaranteed if my child does not start within 1 week of the given start date. See parent handbook for further details.

Registration fees:

A fee of \$120.00 is due the day you start. These fees are non-refundable and do not apply towards tuition. The annual registration fee of \$120.00 is due on September 1st for every family, regardless of start date.

Tuition:

Tuition is due on or before the first day of attendance. We accept cash, money orders, and checks. Credit card payments are available through the website (except American Express). Tuition is non refundable and non transferable. Please see the parent handbook about applicable late fees. I understand that non-payment of tuition as outlined is cause for termination of my child's enrollment.

Child name: _____ DOB: _____

Parent signature _____ Parent SSN(required) _____ Date _____

Administration signature _____ Date _____

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Hours:

We are open Monday - Friday from 7am- 5:30 pm. Children picked up after 5:30 will be charged a late fee of \$3.00 per minute, per child. **This fee is due in exact cash the next day.** If late fees are not paid within 2 days this may result in suspension of care.

Attendance:

Full time (5 days) is required. You are required to pay for the full number of days your child is scheduled to attend. This includes sick days, snow days, holidays, any unplanned closure days, and teacher training days that occur on your child's scheduled days.

Emergency Preparedness Plan:

In the case of a Public health crisis, emergency, natural disaster or shut down of operations, I understand and agree to follow the Emergency Preparedness Plan. I understand and agree to the tuition requirements outlined in the Emergency Preparedness Plan.

Withdrawing:

We understand that life happens. People move and great opportunities arise. We are always sad to see students and families leave us, however, we understand. If you find yourself in the position that you need to withdraw your student from Steele School for Early learning, a written two weeks notice must be given and what their last day of attendance will be. The two weeks after the date of written notice, are required to be paid for, whether in attendance or not. This applies to currently attending students, not future enrollments. Future enrollments please see above for withdrawal policy.

If you find yourself in a position of wanting to enroll again. This considered a broken enrollment. Your registration fee and annual fee will be due upon re enrollment.

Monthly 5% Discount*(circle) Military discount? Y/N Service job discount? Y/N Sibling discount?Y/N

Teacher discount:

*Discounts may not be combined. Sibling discount is 5% off of the oldest child's tuition.

I have read and agree to comply with the tuition and fee agreement and guidelines outlined here and in the parent handbook.

Child name: _____ DOB: _____

Parent signature _____ Parent SSN(required) _____ Date _____

Administration signature _____ Date _____

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COVID-19 WAIVER AND RELEASE OF LIABILITY BY PARENTS/GUARDIAN

On March 10, 2020, Colorado Governor Jared Polis declared a disaster emergency for Colorado relating to the COVID-19 outbreak, on March 11, 2020, the World Health Organization declared the COVID-19 outbreak a global pandemic and on March 13, 2020, President Donald Trump declared the COVID-19 outbreak a national health emergency. Given the severity of the COVID-19 pandemic, and in anticipation of my child's return to the care at **Steele School for Early Learning**, a child care provider ("**Facility**"), I hereby make the following waiver, release and other representations and covenants set forth herein, on behalf of my child, and in favor of the Facility.

Acceptance of Risk; Release; Indemnification. The safety and security of the children in its care remains a top priority of the Facility. Although the risk of exposure to COVID-19 across Colorado is reported to be steadily decreasing, I understand that there is still risk associated with my child's return to care at the Facility, including but not limited to, increased social contact and interaction with the Facility employees and other children. To help reduce the spread of COVID-19 and to protect the Facility employees and other children, the Facility encourages all children and parents to adhere to all safety and health guidelines for the prevention of COVID-19, including those issued by the Colorado Department of Public Health and Environment, the Occupational Safety and Health Administration and the Centers for Disease Control and Prevention. All persons should engage in frequent hand washing using soap and water for at least twenty seconds (or, if soap is not available, use an alcohol-based hand sanitizer), sanitize surfaces and objects frequently used, wear personal protective equipment such as face masks and gloves, and follow any and all other preventive measures recommended by applicable authorities. Notwithstanding the foregoing, I understand that the above guidelines do not completely eliminate my child's risk of exposure to COVID-19 and, should my child experience any COVID-19 related symptoms (such as fever, cough, body aches, or shortness of breath), I am advised to keep my child home, not to bring my child to the Facility, and follow the advice of my healthcare provider, clinic, or hospital. In such a case, I will immediately alert the Facility of such symptoms.

Regardless of any steps taken by the Facility to reduce the risks associated with the COVID-19 pandemic, I am fully aware that there are a number of risks associated with my child's care at the Facility during the COVID-19 pandemic, including without limitation, being exposed to and contracting COVID-19 from other individuals, surfaces and/or airborne particles. I understand that my child's contracting of COVID-19 could result in serious medical symptoms requiring medical treatment in a hospital or even death. On behalf of myself and my child, and our heirs, successors, and assigns, I knowingly and freely, assume all such risks, both known and unknown, relating to my child's care at the Facility arising from or relating to COVID-19, including all illnesses, injuries, damages or death arising therefrom, and I hereby forever release, waive, relinquish, and discharge the Facility, along with the Facility's shareholders, officers, directors, members, managers, officials, partners, trustees, agents, contractors, employees, affiliates, or other representatives, and their successors and assigns (collectively, the "**Facility Representatives**"), from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") arising from or relating to COVID-19 as a result of my child's care at the Facility, and including but not limited to claims based on the alleged negligence of any Facility Representative or any other person. I further promise not to sue the Facility or any Facility Representative for any illness, injury, death or other Damages arising out of or related to COVID-19 and agree to indemnify and hold them harmless from any and all Damages resulting therefrom as a result of my child's care at the Facility.

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If any provision of this Waiver and Release of Liability is declared invalid, the remaining provisions remain enforceable. I may seek advice from legal counsel before signing this Waiver and Release of Liability. By signing this Waiver and Release of Liability, I acknowledge that either I have sought the advice of legal counsel or wish to waive the opportunity to seek the advice of counsel before signing.

-- BY SIGNING THIS DOCUMENT YOU HAVE ACKNOWLEDGED THAT YOU HAVE COMPLETELY READ AND FULLY UNDERSTAND THE INFORMATION PROVIDED IN THIS WAIVER.--

PRINT NAME OF PARENT _____
Last First MI

PRINT NAME OF CHILD _____
Last First MI

SIGNATURE: _____ DATE: _____

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TRAVEL NOTIFICATION REQUIREMENTS FOR DOMESTIC/FOREIGN TRAVEL BY PARENTS WITH OR WITHOUT CHILDREN

I agree to give Steele School for Early Learning written notice of any travel outside my local community. The following information must be included;

1. Dates and location of travel
2. Names of people traveling
3. This includes traveling outside your local community

If you are thinking about traveling away from your local community, ask:

- **Is COVID-19 spreading where you're going?**
You can get infected while traveling. *If traveling to a "hot spot" you may not return to Steele School for Early Learning for 72 hours, after returning. Steele School administration will review CDC website data for the last 7 days by state and/or territory to determine hot spots, as well as on a case by case basis. As of today, July 20, 2020, the current hot spots are; Florida, Texas and California.*
- **Is COVID-19 spreading in your community?**
Even if you don't have symptoms, you can spread COVID-19 to others while traveling.
- **Will you or those you are traveling with be within 6 feet of others during or after your trip?**
Being within 6 feet of others increases your chances of getting infected and infecting others. *Jefferson County Health Department guidelines say: 10 minutes of 3 feet or closer is considered close contact.*
- **Are you or those you are traveling with more likely to get very ill from COVID-19?**
Individuals who have an increased risk of severe illness from COVID-19 should limit their travel.
- **Do you live with someone who is more likely to get very ill from COVID-19?**
If you get infected while traveling you can spread COVID-19 to loved ones when you return, even if you don't have symptoms.
- **Does the state or local government where you live or at your destination require you to stay home for 14 days after traveling?**
Some state and local governments may require people who have recently traveled to stay home for 14 days. Day one of the 14 day self-quarantine begins on the last day of exposure.
- **If you get sick with COVID-19, will you have to miss work or school?** People with COVID-19 disease need to stay home until they are no longer considered infectious.
- **If you had or likely had COVID-** You can be with others after at least 10 days since symptoms first appeared and at least 24 hours with no fever without fever-reducing medication and symptoms have improved. Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have

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COVID-19. If you are tested, you can be around others when you have no fever, respiratory symptoms have improved, and you receive two negative test results in a row, at least 24 hours apart.

- **I tested positive, but had no symptoms** - If you continue to have no symptoms, you can be with others after 10 days have passed since the test. Depending on your healthcare provider's advice and availability of testing, you might get tested to see if you still have COVID-19. If you will be tested, you can be around others after you receive two negative test results in a row, at least 24 hours apart.
- **Anyone who has been around a person with COVID**.- It is important to remember that anyone who has close contact with someone with COVID-19 should stay home for 14 days after exposure based on the time it takes to develop illness.

Do not travel if you are sick, or if you have been around someone with COVID-19 in the past 14 days. Do not travel with someone who is sick.

If You Travel

Protect yourself and others during your trip:

- Clean your hands often.
 - Wash your hands with soap and water for at least 20 seconds, especially after you have been in a public place, after touching surfaces frequently touched by others, after blowing your nose, coughing, or sneezing, and before touching your face or eating.
 - If soap and water are not available, bring and use hand sanitizer that contains at least 60% alcohol. Cover all surfaces of your hands and rub your hands together until they feel dry.
- Avoid touching your eyes, nose, or mouth.
- Avoid close contact with others.
 - Keep 6 feet of physical distance from others.
- Wear a cloth face covering in public.
- Cover coughs and sneezes.
- Pick up food at drive-throughs, curbside restaurant service, or stores.

Considerations for Types of Travel

Travel increases your chances of getting and spreading COVID-19. We don't know if one type of travel is safer than others; however, airports, bus stations, train stations, and rest stops are all places travelers can be exposed to the virus in the air and on surfaces. These are also places where it can be hard to social distance (keep 6 feet apart from other people).

Consider the following risks for getting or spreading COVID-19, depending on how you travel:

Air travel

Air travel requires spending time in security lines and airport terminals, which can bring you in close contact with other people and frequently touched surfaces. Most viruses and other germs do not spread easily on flights because of how air circulates and is filtered on airplanes. However, social distancing is difficult on crowded flights, and you may have to sit near others (within 6 feet), sometimes for hours. This may increase your risk for exposure to the virus that causes COVID-19.

Bus or train travel

Traveling on buses and trains for any length of time can involve sitting or standing within 6 feet of others.

Car travel

Making stops along the way for gas, food, or bathroom breaks can put you and your traveling companions in close contact with other people and surfaces.

RV travel

You may have to stop less often for food or bathroom breaks, but RV travel typically means staying at RV parks overnight and getting gas and supplies at other public places. These stops may put you and those with you in the RV in close contact with others.

Learn more about how to protect yourself from COVID-19 on different types of transportation on CDC's website [Protect Yourself When Using Transportation](#).

Anticipate Travel Needs

- Bring enough of your medicine to last you for the entire trip.
- Pack enough alcohol-based hand sanitizer (at least 60% alcohol) and keep it within easy to reach.
- Bring multiple cloth face covering to wear in public places.
- Prepare food and water for your trip. Pack non-perishable food in case restaurants and stores are closed.
- Take steps to protect yourself from COVID-19 when [booking accommodations or planning an overnight stay](#).
- If you are considering cleaning your travel lodgings, see CDC's guidance on how to [clean and disinfect](#).

State and Local Travel Restrictions

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Follow state and local travel restrictions. For up-to-date information and travel guidance, check the state or local health department where you are, along your route, and at your planned destination. While you are traveling, it is possible a state or local government may put into place travel restrictions, such as stay-at-home or shelter-in-place orders, mandated quarantines upon arrival, or even state border closures. Plan to keep checking for updates as you travel.

Frequently Asked Questions

Is it safe to travel to visit family or friends?

Travel increases your chances of getting and spreading COVID-19. Before you travel, learn if coronavirus is spreading in your local area or in any of the places you are going. Traveling to visit family may be especially dangerous if you or your loved ones are more likely to get very ill from COVID-19. People at higher risk for severe illness need to take extra precautions.

Is it safe to travel to campgrounds/go camping?

Going camping at a time when much of the United States is experiencing community spread of COVID-19 can pose a risk to you if you come in close contact with others or share public facilities (like restrooms or picnic areas) at campsites or along the trails. Exposure may be especially unsafe if you are more likely to get very ill from COVID-19 and are planning to be in remote areas, without easy access to medical care. Also be aware that many local, state, and national public parks have been temporarily closed due to COVID-19.

If I show any symptoms, I agree to isolate/quarantine for the prescribed time per the CDC guidelines. I will contact my local health department for further instruction and specific time. I realize not giving notice of travel may result in delayed readmittance or disenrollment.

On behalf of myself and my child, and our heirs, successors, and assigns, I knowingly and freely, assume all such risks, both known and unknown, relating to my child's care at the Facility arising from or relating to COVID-19, including all illnesses, injuries, damages or death arising therefrom, and I hereby forever release, waive, relinquish, and discharge the Facility, along with the Facility's shareholders, officers, directors, members, managers, officials, partners, trustees, agents, contractors, employees, affiliates, or other representatives, and their successors and assigns (collectively, the "**Facility Representatives**"), from any and all claims, demands, liabilities, rights, damages, expenses, and causes of action of whatever kind or nature, and other losses of any kind, whether known or unknown, foreseen or unforeseen, (collectively, "**Damages**") arising from or relating to COVID-19 as a result of my child's care at the Facility, and including but not limited to claims based on the alleged negligence of any Facility Representative or any other person. I further promise not to sue the Facility or any Facility Representative for any illness, injury, death or other Damages arising out of or related to COVID-19 and agree to indemnify and hold them harmless from any and all Damages resulting therefrom as a result of my child's care at the Facility.

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If any provision of this is declared invalid, the remaining provisions remain enforceable. I may seek advice from legal counsel before signing this. By signing this, I acknowledge that either I have sought the advice of legal counsel or wish to waive the opportunity to seek the advice of counsel before signing.

-- BY SIGNING THIS DOCUMENT YOU HAVE ACKNOWLEDGED THAT YOU HAVE COMPLETELY READ AND FULLY UNDERSTAND THE INFORMATION PROVIDED.

PRINT NAME OF PARENT _____
Last First MI

PRINT NAME OF CHILD _____
Last First MI

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Travel Questionnaire

3 days prior to returning to Steele School for Early Learning you must fill out this questionnaire and email to astele@arvadapreschool.com;

1. Have you or anyone in your household had any of the following symptoms in the last 21 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit, Nausea, vomiting, or Diarrhea?

Yes / No

2. Have you or anyone in your household been tested for COVID-19?

Yes / No

3. Have you or anyone in your household visited or received treatment in a hospital, nursing home, long-term care, or other health care facility in the past 30 days?

Yes / No

4. Have you or anyone in your household traveled in the U.S. in the past 21 days?

Yes / No

5. Have you or anyone in your household traveled on a cruise ship in the last 21 days?

Yes/No

6. Are you or anyone in your household a health care provider or emergency responder?

Yes / No

7. Have you or anyone in your household cared for an individual who is in quarantine or is a presumptive positive or has tested positive for COVID-19?

Yes / No

8. Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19?

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Yes / No

9. To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19?

Yes / No

10. To the best of your knowledge have you worn a protective covering (mask) when coming in close proximity to any individual outside your household group?

Yes / No

11. Have you or anyone in your household traveled outside of the U.S. in the past 21 days?

Yes / No

If I show any symptoms, I agree to isolate/quarantine for the prescribed time per the CDC guidelines. *If traveling to a "hot spot" you may not return to Steele School for Early Learning for 72 hours, after returning. Steele School administration will review CDC website data for the last 7 days by state and/or territory to determine hot spots, as well as review on a case by case basis. As of today, July 20, 2020, the current hot spots are; Florida, Texas and California.* I will contact my local health department for further instruction and specific time. I realize not giving notice of travel may result in delayed readmittance or disenrollment. I hereby certify my consent and submission to all governing policies of Steele School for Early Learning. It is understood that the services of the school are engaged by mutual consent: and that, either I or the school reserves the right to terminate any or all services at any time.

-- BY SIGNING THIS DOCUMENT YOU HAVE ACKNOWLEDGED THAT YOU HAVE PROVIDED THE MOST CURRENT INFORMATION.

PRINT NAME OF PARENT _____
Last First MI

PRINT NAME OF CHILD _____
Last First MI

SIGNATURE: _____ DATE: _____

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