



4460 Lyons Road, Lake Worth, Florida 33467  
Phone: 561-968-3627 Facsimile: 561-968-8142



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little children,  
All the children  
of the world!*

### PRESCHOOL ENROLLMENT CHECKLIST 2021-22

Please return this checklist with your enrollment forms.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parents' Names \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Other \_\_\_\_\_

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

- Preschool Enrollment Checklist – Form A
- Completed Registration Form – Form B
- Completed Student Profile Form – B1 & B2
- Signed Parent Christian Partnership Agreement – Form C
- Completed Preschool Fee Remittance Agreement – Form D
- Completed Meal Form – Form E
- Emergency Evacuation Plan Letter – Form F
- Completed Emergency Evacuation Release – Form G
- Completed 2021-22 Parent Handbook Statement Form – Form H
- Field Trip & Photograph Permission Form – Form I
- Completed Worship Form – Form J
- Completed Late Arrival Acknowledgement – Form K
- Assumption of the Risk and COVID Waiver of Liability – Form L
- COVID Illness Policy/Procedures - Form M
- Copy of child's birth certificate.
- Florida VPK eligibility certificate (*when applicable*)
- Completed Physical/Health Form, FL-Dept. of Health Form #DH3040  
*Due 1 week prior to the first day of attendance*
- Completed Immunization Form, FL-Dept. of Health Form #DH680  
*Due 1 week prior to the first day of attendance*
- Completed Influenza Virus Form, DCF/Dept. of Health Form #CF/PR 175-70
- Completed Distracted Parent Getting In/Getting Out Form
- Non-refundable Registration Fee: \$100 \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_
- Non-refundable Curriculum Fee: \$75 \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

Administrative Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EPIPHANY LUTHERAN CHURCH & SCHOOL 2021-22 PRESCHOOL REGISTRATION CHILD IDENTIFICATION AND EMERGENCY INFORMATION FORM

*To be completed by Parent or Guardian*

Child's Name LAST MIDDLE FIRST			SEX	BIRTHDATE
Address Street Address City/State/Zip				
Father's Name LAST MIDDLE FIRST				
Father's Address Street Address City/State/Zip			Father's Cell Phone ( )	
Mother's Name LAST MIDDLE FIRST				
Mother's Address Street Address City/State/Zip			Mother's Cell Phone ( )	
Mom's Work Phone ( )	Dad's Work Phone ( )	Email Address		
Persons permitted to remove child:		Mother	Yes _____ No _____	<u>Legal Custody</u> Yes _____ No _____
		Father	Yes _____ No _____	Yes _____ No _____
<b>STATEMENT OF CONSENT</b>				
I hereby authorize Epiphany Lutheran Church & School to retain emergency medical care and treatment necessary in the event of an accident. Parent/Guardian Signature X _____				
<b>FAMILY PHYSICIAN/PEDIATRICIAN TO BE CALLED IN EMERGENCY</b>				
Physician's Name	Address	Medical Plan & Number	TELEPHONE ( )	
Hospital of choice to be called or transported to in case of emergency:				
CHILD'S ALLERGIES OR HEALTH CONCERNS:				
<b>NAMES OF PERSONS AUTHORIZED TO PICK UP CHILD FROM THE FACILITY AND PERSONS TO BE CALLED IN EMERGENCY WHEN PARENT(S) CAN NOT BE REACHED</b> <i>Child will NOT be allowed to leave with any other person without written authorization from parent or guardian. All authorized persons must present picture ID.</i>				
<b>NAME</b>		<b>TELEPHONE</b>	<b>RELATIONSHIP</b>	
1.				
2.				
3.				
4.				
5.				
SIGNATURE OF PARENT OR LEGAL GUARDIAN			DATE	
<i>TO BE COMPLETED BY SCHOOL DIRECTOR/ADMINISTRATOR:</i>				
Date of Admission/Start Date:	<input type="checkbox"/> VPK/AM ONLY (5) <input type="checkbox"/> Full time (5) <input type="checkbox"/> Mon/Wed/Fri (3) <input type="checkbox"/> Tue/Thur (2)			
Administration Notes: <input type="checkbox"/> Registration Fee \$100 <input type="checkbox"/> Curriculum Fee \$75 <input type="checkbox"/> Rest Mat \$15 <input type="checkbox"/> Mat Cover \$12 <input type="checkbox"/> 1 <sup>st</sup> Wk. Tuition _____				
<input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Amount _____ Comment: _____				

**EPIPHANY LUTHERAN CHURCH & SCHOOL**  
**STUDENT PROFILE**

CHILD'S FULL NAME: \_\_\_\_\_

What do you call him/her (nick names)? \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Child's Ethnic Origin: (choose one)

American Indian     Asian     African American     Hispanic     Caucasian     Other

Father's Name: \_\_\_\_\_

Father's Home Address: \_\_\_\_\_

Father's Telephone: (home) \_\_\_\_\_ (business) \_\_\_\_\_

(cell) \_\_\_\_\_ (email) \_\_\_\_\_

Father's Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_

Mother's Telephone: (home) \_\_\_\_\_ (business) \_\_\_\_\_

(cell) \_\_\_\_\_ (email) \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_

**FAMILY/HOME ENVIRONMENT**

Child presently resides with:

Both parents     Mother     Stepmother     Father     Stepfather     Guardian

Child's parents:

Married     Divorced     Deceased     Other \_\_\_\_\_

Brothers' and sisters' names and birth dates: \_\_\_\_\_

Other adults or family members in the home:

Additional family/living information/comments that Epiphany administration and/or your child's teacher should know or be aware of: \_\_\_\_\_

**SOCIAL DEVELOPMENT**

Does your child can play with children his/her own age? \_\_\_\_\_

Has your child attended preschool or daycare previously?  yes  no

If so, where was he enrolled? \_\_\_\_\_

Reason for change in school/center \_\_\_\_\_

Your child is, in general:

- |                                   |                                      |                                      |                                   |
|-----------------------------------|--------------------------------------|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Friendly | <input type="checkbox"/> Shy         | <input type="checkbox"/> Sympathetic | <input type="checkbox"/> Cautious |
| <input type="checkbox"/> Moody    | <input type="checkbox"/> Aggressive  | <input type="checkbox"/> Leader      | <input type="checkbox"/> Cheerful |
| <input type="checkbox"/> Curious  | <input type="checkbox"/> Independent | <input type="checkbox"/> Sensitive   | <input type="checkbox"/> Rough    |

Are there any special sibling problems we should be aware of? \_\_\_\_\_

**GROWTH & DEVELOPMENT**

Toilet Training:

- NOT potty trained       Goes to toilet by him/herself       Needs to be reminded.

Additional comments: \_\_\_\_\_

Which hand does your child prefer to use? Right \_\_\_\_\_ Left \_\_\_\_\_

Speech & Language: Is your child easily understood by others when he speaks?

\_\_\_\_\_

Has your child ever been evaluated/diagnosed with any special needs or learning disabilities?

\_\_\_\_\_

**GENERAL HEALTH**

Health: Is your child generally in good health? \_\_\_\_\_

Does your child have any special health problems? \_\_\_\_\_

- Allergies?     Food allergies       Bug/insect allergies/reactions

Please describe \_\_\_\_\_

Frequent colds? \_\_\_\_\_

Skin problems? \_\_\_\_\_

Other? \_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_

When? \_\_\_\_\_

Surgery? \_\_\_\_\_ Illness? \_\_\_\_\_

**CHRISTIAN GROWTH AT HOME**

Does your child have an awareness of God?  Yes  No  Other \_\_\_\_\_

Does your child attend Sunday school?

weekly  \_\_\_ times/month  rarely  No, does not attend  Other \_\_\_\_\_

Do your family/children attend Church?

weekly  \_\_\_ times/month  rarely/only on Holidays  No, does not attend  Other \_\_\_\_\_

Name of Church where membership is held \_\_\_\_\_

Clergyman's Name \_\_\_\_\_ Denomination \_\_\_\_\_

Has your child been baptized? \_\_\_\_\_ Date/Place of baptism \_\_\_\_\_

**INTERESTS: LIKES & DISLIKES**

Pets at home? \_\_\_ Names? \_\_\_\_\_

What is your child's favorite toy(s)? \_\_\_\_\_

Favorite stories or books?  
\_\_\_\_\_

Favorite songs?  
\_\_\_\_\_  
\_\_\_\_\_

What pleases you most about your child's development? \_\_\_\_\_  
\_\_\_\_\_

Does anything about your child's development concern you? \_\_\_\_\_  
\_\_\_\_\_

What do you hope your child will gain from this group experience and attending Epiphany Lutheran Church & Preschool? \_\_\_\_\_  
\_\_\_\_\_

Additional parent comments:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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CHRISTIAN PARTNERSHIP AGREEMENT

Dear Preschool Parents,

Epiphany Lutheran Church and School is committed to the spiritual welfare and Christian education of the children enrolled in its school.

We view our relationship with you and your child(ren) as a partnership. Christian education includes the teaching a child receives at school, at church and most importantly, at home. Working together we strive to help each child develop his or her potential spiritually, emotionally, socially, physically, intellectually, and creatively.

As with any partnership, to be successful, it requires that we each fulfill our respective roles and responsibilities.

Therefore, our Congregation, School Board, Administration, and Staff pledge—with God’s help to:

- Provide quality and caring Christian teachers and support staff.
Provide and maintain facilities necessary for the instruction of your child(ren).
Provide a Christian environment, curriculum, and policies through which each student can grow spiritually, emotionally, socially, physically, intellectually, and creatively.
Provide funds necessary to operate the school.
Encourage you as parents to be faithful in following the guidelines listed below.

At home, we encourage you to fulfill the following responsibilities:

- Strive to establish and maintain a good Christian home life.
Make regular devotions a part of your home life.
Attend Christian worship and Bible study (Sunday School) with your child(ren) on a regular basis and be an active member of church life.
Support school programs and scheduled events through your family’s attendance (scheduled preschool worship singing, Christmas pageant)
Pray regularly for God’s guidance to aid our school and us in His Kingdom’s work.
Attend meetings and conferences to discuss your child’s progress.

Together, we can love, nurture, and teach your child through God’s Word and through Christian words and actions. Please sign below to indicate your willingness to do everything within your power and with God’s help to make this partnership work. May the Lord bless you and keep you and your family in His grace throughout the school year.

Alan Summersgill
Chairman, Christian Board of Education

Carolyn Einsteder
Preschool Director

Parent’s Signature

Date

Parent’s Signature

Date

Print Student’s Name



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**2021-22 FEE REMITTANCE AGREEMENT**

FAMILY NAME: _____	
ENROLLED STUDENT(S) NAME	DATE OF BIRTH & AGE

We agree to the following:

1. A student is enrolled with the understanding that he/she will remain for the full school year or at the discretion of the school. There will be no remission of charges for absences. **Initial** \_\_\_\_\_
2. The following non-refundable Registration & Supply Fees must accompany the registration form.
  - Registration Fee \$100.00 **Initial** \_\_\_\_\_
  - Curriculum Supply Fee \$75.00 **Initial** \_\_\_\_\_
  - \_\_\_\_\_
3. In signing the Preschool Fee Remittance form, the undersigned parents/guardians agree to pay all fees when due. When designated tuition fees are not received by the designated due dates, late fees will automatically be assessed. **Initial** \_\_\_\_\_
4. A student whose account is in arrears will not be allowed to attend school until suitable arrangements have been made with the school administration. **Initial** \_\_\_\_\_
5. Parents/guardians assume the responsibility to pay the cost of repairing/replacing school property maliciously damaged by the student. **Initial** \_\_\_\_\_
6. We agree to pay the following tuition fees when due: **Initial** \_\_\_\_\_

**Starfish Tuition**

- \_\_\_ Full Time/5 Days \$220/per week
- \_\_\_ Part Time/3 Days \$185/per week
- \_\_\_ Part Time/2 Days \$165/per week

**Busy Bee/Learning Lion/Leap Frog Tuition**

- \_\_\_ Full Time/5 Days \$205/per week
- \_\_\_ Part Time/3 Days \$170/per week
- \_\_\_ Part Time/2 Days \$150/per week
- \_\_\_ VPK/Full Time \$145.50/per week (*estimation*)

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

Signature: \_\_\_\_\_  
1<sup>st</sup> Parent/Guardian

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

Signature: \_\_\_\_\_  
2<sup>nd</sup> Parent/Guardian



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CHILD'S NAME: \_\_\_\_\_

1. ARTICLE X111, A, 8a, Palm Beach County Regulations requires that parents must receive a copy of the Child Care Facility Brochure, "Know Your Child's Day Care Center". I have received a copy of "Know Your Child's Day Care Center".
2. ARTICLE XIII, A, 8a, Palm Beach County Regulations requires that parents be notified in writing of the disciplinary practices used by the childcare facility. I have received in writing the disciplinary practices used by this childcare facility.
3. AUTHORIZATION FOR EMERGENCY MEDICAL CARE in event of serious illness or accident and if parents cannot be reached.
4. ALTERNATE NUTRITION PLAN AGREEMENT:

Indicate Special Dietary Requirements: \_\_\_\_\_

I understand and approve the use of the Alternate Nutrition Plan. I agree to provide and/or purchase the following meals and/or snacks to meet my child's nutritional and dietary needs:

PARENT PROVIDES PRIOR TO SCHOOL	CENTER PROVIDES	PARENT PROVIDES	PARENT PROVIDES
BREAKFAST	AM SNACK	NOON MEAL/LUNCH	PM SNACK

\_\_\_\_\_  
Signature of Parent or Guardian Date

I agree to provide the parent with a suggested meal pattern and menus and to discuss any problems which might develop in the use of Alternate Nutrition Plan.

\_\_\_\_\_  
Signature of Owner/Operator Date





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## EMERGENCY EVACUATION PLAN

Dear Preschool Parents,

Thank you for enrolling your child at Epiphany.

The Palm Beach County Department of Health requests childcare facilities to provide a written Emergency Evacuation Plan. Because safety of our children is first and foremost at Epiphany, we agree that this is a necessary plan to have in place.

We routinely practice "fire drills" with the children to be prepared for any situation that would force us to evacuate in a timely fashion. The emergency may not be of an extreme nature such as fire or hurricane, an emergency evacuation may be necessary for situations such as loss of electrical power or building flood.

Our first choice of action in our emergency evacuation plan is to move all children and staff to one of our alternate buildings on the property site: The Church Sanctuary or Emmaus/Seed Hall. Both Epiphany buildings are utilized daily and would provide the necessary means of safety for our children and staff.

In any situation, once we have all children evacuated to a safe location, we then will notify all parents of the emergency and evacuation location.

We trust the Lord will always keep our children safe. We have included an Emergency Evacuation Release Form in your enrollment packet. Your completion and signature will allow us to keep your child safe should an emergency evacuation become necessary. Thank you for keeping Epiphany Lutheran Church & School in your family's prayers.

In His Service,

Carolyn Einsteder  
Preschool Director

**2021F**



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EMERGENCY EVACUATION PLAN - PARENTAL RELEASE FORM

The following information and release are necessary for the care and safety of your child should an emergency arise, and an emergency evacuation is called for the safety of your child.

To be filled out and signed by child's parents or legal guardians(s).

Child's name \_\_\_\_\_

Address \_\_\_\_\_

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

Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Additional Telephone \_\_\_\_\_

.....

1) AUTHORIZATION OF CHURCH & SCHOOL

A. Medical matters

I/We hereby authorize Epiphany Lutheran Church to retain such medical care and treatment as it deems necessary and at the sole discretion of the Epiphany administrator and/or staff member(s) accompanying my child during an emergency evacuation situation.

Parent initial

B. Travel

I/We hereby authorized Epiphany Lutheran Church to remove my child and have him/her be transported from Epiphany Lutheran Church to an alternate location for safety during an emergency evacuation situation. I understand arranged transportation would be by a safe vehicle transportation as provided by Epiphany Lutheran Church.

Parent initial

**2) PARENTS ASSUMPTION OF RISK**

**A. Agreement Not to Sue**

I/We will never institute or assist in any action against Epiphany Lutheran Church or members of the staff and administration on account of any emergency evacuation situations that call for my child's emergency removal and/or transportation off Epiphany property to a safe location.

\_\_\_\_\_ **Parent initial**

**B. Insurance Coverage**

I/We hereby confirm that we have checked with our insurance company the coverage of my child in case of emergency medical care. I/We know the Epiphany administrator/staff member supervising will not take financial responsibility for accident, sickness, or medical care obtained while in Epiphany's care.

\_\_\_\_\_ **Parent initial**

**Medical Insurance Carrier/Phone**

# \_\_\_\_\_

**Medical Insurance Policy Number**

# \_\_\_\_\_

I/We have read this emergency release form and understand all its terms to my/our complete satisfaction and have executed this document freely and with full knowledge of its legal significance.

**Date** \_\_\_\_\_

**(1)** \_\_\_\_\_

**(2)** \_\_\_\_\_

*Signature of both parents and legal guardians*



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## **PARENT HANDBOOK STATEMENT**

*Upon full review of the Epiphany Lutheran Church & School Parent Handbook,  
please complete and sign this Parent Handbook Statement and return  
to the school office along with your child's Registration & Enrollment Packet.*

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

Parents' Names: \_\_\_\_\_

\_\_\_\_\_

This statement is to verify that on \_\_\_\_\_,  
(date)

as parent or legal guardian to my child, \_\_\_\_\_,  
(child's name)

- I have read in completion the Epiphany Lutheran Church & School Parent Handbook for the 2021-22 school year.
- I acknowledge ALL information and will adhere to the policies and procedures as stated in the handbook.

Parent Signature:

\_\_\_\_\_



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## FIELD TRIP PERMISSION SLIP

During my child(ren)'s enrollment with Epiphany Lutheran Church and School, my child \_\_\_\_\_ has permission to go on routine field trips within the vicinity of the school grounds. Such field trips are outside of the gated areas and include nature walks, bike days, walking to and from the chapel, soccer activities, the petting zoo, and any other event held outside of the playground. *All "field trips" will be on site and children will not leave the school property.*

## PERMISSION TO PHOTOGRAPH YOUR CHILD

Occasionally, the Epiphany staff takes candid pictures of the children to be used within the preschool for bulletin boards, classroom projects, Epiphany's Facebook Page and on our website. These photos will also be used to promote the preschool program at events such as the Epiphany Fall Festival, pumpkin patch, etc.

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

\_\_\_\_\_ Yes, you have my permission to use pictures of my child.

\_\_\_\_\_ No, you do not have my permission to use my child's picture in any way.



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Dear Preschool Parent,

Thank you for enrolling your child at Epiphany Lutheran Preschool. We are excited to welcome you into our family in Christ and to have the opportunity to share the Gospel of our Lord and Savior with you and your family.

Each week, one preschool family is designated as our 'Preschool Family of the Week.' Your family will be included in our weekly Sunday prayers for congregational families and members to pray for that week. Please fill out the information below so your family may be included in our 'Preschool Family of the Week.'

We invite you to visit and worship at Epiphany on Sunday mornings. We offer two family worship services each Sunday, as well as Sunday School and fellowship:

Table with 2 columns: Sunday Morning Worship (9am Blended, 11am Traditional) and Sunday School / Bible Study (10:20 am); Weekly Ministries (Wednesdays 6:00-7:00pm Bible Study, Thursdays 6:30-7:30pm Bible 101)

We invite you to join us in Worship and Giving Thanks as we grow in the Saving Grace and Knowledge of our Lord Jesus Christ.

Sincerely Yours in Christ, Epiphany Lutheran Church & Preschool

Preschool Family's Last Name \_\_\_\_\_

Parents name: Father \_\_\_\_\_ Mother \_\_\_\_\_

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Request for special prayers on special occasions:

Occasion: \_\_\_\_\_ Date: \_\_\_\_\_

Occasion: \_\_\_\_\_ Date: \_\_\_\_\_

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

2021J





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## **LATE ARRIVAL ACKNOWLEDGEMENT**

Dear Preschool Parents,

Epiphany Lutheran Church and School is committed to the spiritual welfare and Christian education of the children enrolled in its school.

As per our Parent Handbook, please acknowledge the following by signing in the space provided bellow.

- ❖ ***Children will not be permitted to come to school after 10:00am without a doctor's note.***
  
- ❖ ***If arrival time is 9:00 or later, administrative staff will bring child to their classroom.***

I hereby acknowledge the information stated within this Late Drop Off Agreement:

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

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date



# Epiphany Lutheran Church and School

## Assumption of the Risk and COVID Waiver of Liability

According to our State and Federal health officials, COVID-19 (a/k/a Coronavirus) highly contagious and is believed to spread by prolonged human contact. To reduce the spread of the Coronavirus, the CDC has recommended social distancing, hand washing/sanitizing, and the use of personal protective equipment. Epiphany Lutheran Church and School has adopted reasonable measures to do our part in preventing the spread of this disease. However, we cannot guaranty that your child/children will not be become infected with COVID-19. As the country begins to return to pre-COVID activity, you and your child/children are at a higher risk of coming into contact with someone infected by the Coronavirus. Moreover, by that renewed social interaction such contact could result in you and your child/children contracting COVID-19.

I acknowledge the contagious nature of the Coronavirus/COVID-19. I further acknowledge that Epiphany Lutheran Church and School has taken reasonable steps to reduce the spread of the Coronavirus/COVID-19. I acknowledge that Epiphany Lutheran Church and School cannot guarantee that my child/children, or myself or other family member authorized to pick up or drop off my child/children, will not become infected with the Coronavirus/Covid-19.

Furthermore, I acknowledge and attest to the following:

- I voluntarily seek to enroll, or to continue the enrollment, of my children in Epiphany Lutheran Church and School and acknowledge that my child/children, and by my familial association me, are at risk of exposure to the Coronavirus/COVID-19.
- I acknowledge that I understand the safety measure put in place by Epiphany Lutheran Church and School and that I will comply with all set procedures to reduce the spread while my child/children are on campus.
- I attest that:
  - No one bringing my child/children to Epiphany Lutheran Church and School is/are not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
  - I nor my child/children have not traveled internationally within the last 14 days or, I have traveled internationally within the last 14 days but have self-quarantined for at least 14 days.
  - I nor my child/children have not traveled to a highly impacted area within the United States of America in the last 14 days or, I have traveled internationally within the last 14 days but have self-quarantined for at least 14 days.
  - I do not believe I nor my child/children have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.

- I nor my child/children have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
- I am following all CDC recommended guidelines as much as possible and limiting me and my child/children exposure to the Coronavirus/COVID-19.

I hereby release and agree to hold Epiphany Lutheran Church and School harmless from, and waive on behalf of myself, my child/children, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself that may be caused by any act, or failure to act of Epiphany Lutheran Church and School or that may otherwise arise in any way in connection with any interaction with Epiphany Lutheran Church and School.

I understand that this release discharges Epiphany Lutheran Church and School from any liability or claim that I, my child/children, my heirs, or any personal representatives may have against Epiphany Lutheran Church and School with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Epiphany Lutheran Church and School.

This liability waiver and release extends to Epiphany Lutheran Church and School together with all officers, directors, employees, volunteers, and others associated with the day-to-day ministry of Epiphany Lutheran Church and School.

---

Signature of Parent

---

Date

# Epiphany Lutheran Church and School

## **COVID Illness Policy/Procedures**

Students and staff are required to stay home when you are sick; this is for the health and safety of everyone. It is more imperative than ever that everyone adhere to this practice.

### **PREVENTION:**

- Please stay home/keep your child home and notify the school office if you/your child are experiencing: fever (subjective or measured), cough, congestion or runny nose, shortness of breath, or difficulty breathing; chills, muscle aches, headache, sore throat, lack of smell or taste; nausea or vomiting; diarrhea; excessive fussiness in infants.
- All staff will be required to wear a face mask covering their nose and mouth while inside the building.

### **MONITORING:**

- Staff and students will have their temperature checked each day upon arrival to school and again midday. Anyone with a temperature of 100.0 or higher will be required to go home immediately.
- All staff and students will be evaluated upon arrival each day for signs of illness, which could include fever (subjective or measured) or two or more of the following: cough, congestion or runny nose, shortness of breath, or difficulty breathing; chills, muscle aches, headache, sore throat, lack of smell or taste; nausea or vomiting; diarrhea; excessive fussiness in infants.
- Staff and students that show sign(s) of illness during the day will be isolated to a designated location away from others until such time that they can be picked up. Parents will be contacted for immediate pick up. We are asking that a facemask be sent to school for your child. It will be kept with their extra clothing. It will be used when your child is experiencing any of the above noted symptoms.

### **MANAGING ILLNESS:**

Staff and students with any of the above symptoms may return to school per the following guidelines:

- Symptomatic person with positive COVID test remains home for 10 days from symptom onset AND at least 3 days after fever resolution (if present) AND improved respiratory symptoms

- Symptomatic person not tested for COVID: remain home for 10 days from symptom onset AND at least 3 days after fever resolution (if present) AND improved respiratory symptoms
- Symptomatic person with negative COVID test remains at home until afebrile for 24 hours (if fever present) AND improved respiratory symptoms
- Symptomatic person determined to have an alternate cause for illness by their physician: remain home until symptoms resolved
- Exposed to COVID and asymptomatic: remain home for 14 days from last exposure if remains asymptomatic; if person becomes symptomatic, remain home until meets above criteria
- All other illnesses not including the above symptoms will refer to the existing Epiphany Lutheran Church and School illness policy.

**CONTROLLING ILLNESS SPREAD:**

- All staff and families will be notified should anyone in that classroom show signs of illness, especially fever or respiratory illness. Specific names will not be mentioned to protect everyone’s privacy. The classroom may be shut down for one day for disinfecting, and open again the next day.
- If a second case of illness or respiratory illness is reported in that same classroom within five days, the classroom may again be shut down for further disinfection. At that time, staff and children may stay home for 2-5 days to monitor for signs of respiratory illness. Once the ill individuals’ COVID status is known, above guidelines will take precedence.
- Staff and families that have been in contact with a COVID-positive individual will be notified immediately. Names will not be mentioned to maintain privacy.
- In case of a confirmed COVID-positive individual, Epiphany Lutheran Church and School will notify the local Health Department.

*My signature acknowledges understanding of an agreement to follow the above guidelines.*

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

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

Child(rens) Name(s): \_\_\_\_\_