


CHURCH AFTER SCHOOL ASSOCIATION, INC.

2020-2021 SCHOOL YEAR

COVID-19 PRE-SCREENING

<p>Illness</p> 	<p>Are you currently experiencing or have experienced in the past 14 days any of the following symptoms?</p> <ul style="list-style-type: none">• Cough• Shortness of breath or difficulty breathing• Sore Throat• Sneezing• New loss of taste or smell• Chills• Headaches• Muscle Aches• Nausea, Diarrhea, Vomiting• Fatigue
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<p>Illness</p>	<p>In the past 14 days have you been in close contact with anyone who was experiencing any symptoms of COVID-19?</p>
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<p>Illness</p>	<p>In the past 14 days have you been in close contact with anyone who has tested positive for COVID-19?</p>
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<p>Illness</p>	<p>Have you been tested for COVID-19 and are awaiting to receive your test results?</p>
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CHURCH AFTER SCHOOL ASSOCIATION RESERVES THE RIGHT TO ADMEND THE ABOVE COVID-19 PRE-SCREENING QUESTIONS AT ANY TIME.

PARENTS/GUARDIANS MUST INFORM CHURCH AFTER SCHOOL ASSOCIATION IF AT ANY TIME A FAMILY MEMBER WITHIN THE HOUSEHOLD BECOMES ILL WITH COVID-19 LIKE SYMPTOMS OR TEST POSITIVE FOR COVID-19. FAILURE TO DO SO WILL RESULT IN DISMISSAL OF THE STUDENT FROM THE PROGRAM.