Our Little Friends/Les Petits Amis COVID-19

Screening Questionnaire Acknowledgment

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (parent or guardian of student) must review the COVID 19 Screening Questionnaire DAILY with my child who will be attending Our Little Friends/Les Petits Amis Playschool. If I/we answer yes to any questions, I/we will follow the AHS mandate and keep my child home for 10 days or until symptoms resolve, whichever is longer —if a COVID test comes back as negative, the Individual can return when symptoms resolve.

I acknowledge that honesty and transparency is key during these challenging times.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will not hold Our Little Friends/Les Petits Amis Playschool or the Ardrossan Untied Church liable if my child or a member of my household contracts Covid-19.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

If you have any questions or concerns please feel free to reach out to us. ***ourlittlefriendsplayschool@gmail.com***

***Our Little Friends / Les Petits Amis Playschool* on Facebook**

***Ardrossanfrenchplayschool.ca***

**Mrs. G 587.989.4784**