

Parents,

You should have received a copy of the parent handbook electronically. Let me know if for any reason you did not receive the handbook or if you would like a printed copy. **New and returning families** must read the handbook thoroughly as many things have changed for the upcoming 2020-2021 school year.

If you have any questions do not hesitate to contact me at Preschool@Waypointrdu.com. Please sign below indicating that you read, understand, and are willing to comply with the entirety of our school policies outlined in the 2020-2021 Waypoint Preschool Parent Handbook.

Thank you,

Amy

PRINT NAME OF PARENT

	Last	First	MI
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PRINT NAME OF CHILD

	Last	First	MI
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SIGNATURE: _____ DATE: _____

Covid-19 Waiver:

The safety and security of the children in our care remain a priority for Waypoint Preschool. While we will do everything in our power to protect your children from any form of harm, we cannot completely prevent sickness or harm. Please read the waiver below acknowledging that you are aware of the risk involved in sending your child to school. Your signature below indicates your understanding of this.

I _____ (parent or guardian's name) understand that there is significant risk associated with my child's return to school, including but not limited to, increased social contact and interaction with employees and other children. I understand that the guidelines outlined in the parent handbook 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 case, I will immediately alert the preschool of such symptoms.

Regardless of any steps taken by Facility to reduce the risks associated with the COVID-19 pandemic, I am fully aware that there are risks associated with my child's care at Waypoint Preschool 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. I knowingly and freely assume all such risks, both known and unknown, relating to my child's care at Waypoint Preschool arising from or relating to COVID-19.

PRINT NAME OF PARENT

	Last	First	MI
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PRINT NAME OF CHILD

	Last	First	MI
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SIGNATURE: _____

DATE: _____