

Trinity United Methodist Preschool  
2021-2022 School Year  
COVID-19 Pandemic Disclosure Form

Please read through this disclosure.

**No child will be admitted to the program without a signed disclosure form.**

We want to welcome you back to the TUMPS program, but we also want you to be fully informed of the possible risks associated with the classroom interactions. Please note, our procedures are subject to change throughout the year.

The following steps have been taken to help minimize the risk of infection:

**FALL OPENING PROCEDURES:**

- **Arrival** - Parents will walk children to their assigned doors. Your teachers will communicate your door location prior to the start of school. Using your Brightwheel app parents must scan the TUMPS Brightwheel QR image posted at each check in station and complete the child's health screen. This screening must be completed in order to check in your child for the day.
- **Pick-Up** – Pick-up at same door as arrival. Children will be released to parents or care giver one at a time.
- **Mask Use** – Staff, parents and children are not mandated to wear a face covering. Therefore, masks are currently optional. This will be subject to change.
- **Sanitation** – All surfaces and materials will be sanitized using an antibacterial cleaner deemed safe to use around children.
- **Illness** - Should any staff or child report or show symptoms that are on the screening list, or should they have a fever of 100 or greater, they will be asked to return home and contact their family health care provider to receive guidance of when they can return to TUMPS. If a child shows any illness and needs to go home, the child will be taken to an area of the school where they can be removed from others and the parent or guardian will need to make plans to pick up the child as soon as possible.

Please read through this disclosure. We ask that parents initial next to each item and sign at the bottom of the page. You can either return this form on the first day of school, or scan and return to [director@tumpsonline.org](mailto:director@tumpsonline.org) **PRIOR** to the first day of school.

1. \_\_\_\_\_ I understand that getting COVID-19 could affect me, my child or anyone with whom we have contact. The symptoms of COVID-19, and the treatment for it, vary greatly. I understand that I can get COVID-19 in the community, either before or after my child is present at TUMPS. If I am tested for COVID-19, I should stay home, and keep my child home, until we are cleared through any testing.
2. \_\_\_\_\_ I understand that my child will be screened each day prior to entering the preschool. This screening will include a parental pre-screening prior to coming to school. If my child has any of the symptoms listed on the screening form, I will be asked to take my child home until they are symptom free.
3. \_\_\_\_\_ I understand that during the time of this pandemic, I will not be permitted into the Preschool facility. This is done to protect the age group we serve because they are not eligible for the vaccine at this time. And, will limit any additional exposures.
4. \_\_\_\_\_ I will immediately contact the TUMPS directors if I become aware of any person with whom my child, myself, or another household member has had contact with or exhibits any of the symptoms outlined by the CDC, is advised to self-isolate, quarantine, has tested positive, or is presumed positive for COVID-19.
5. \_\_\_\_\_ I understand that while present in the facility each day, my child will be in contact with children and employees who are also at risk of community exposure. I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following practices outlined in this document.
6. \_\_\_\_\_ Fever reducers will not be given to my child on any day of attendance, regardless of the reason for the fever reducers. (Exceptions will be made for non-COVID related issues with written communication from the family health care provider).
7. \_\_\_\_\_ I understand that if staff/child ratios can not be maintained we reserve the right to cancel class until further notice.

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Child's Name

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Class Attending

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Parent/Guardian Signature

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Date