

Mililani Community Church Preschool (MCCP)

95-1100 Kaapeha Street, Mililani, Hawaii 96789 <> 808-638-1938 <>

Preschool@mcchawaii.org

Acknowledgment and Assumption of Risks Regarding Child Care for the Duration of the Emergency Disaster Relief Period for the Coronavirus 2019 (COVID-19) Outbreak

Name of Child: _____ (hereafter, "Child")

1. I am the Parent/Guardian of the Child named above and have enrolled Child for childcare services provided by Mililani Community Church Preschool (MCCP) to enable me to work during the COVID-19 Emergency Disaster Relief and recovery period.
2. I have read and agree to comply with (1) the guidelines set forth in the MCCP Parent Handbook and (2) the list of additional precautions that MCCP will be enforcing to safeguard the health and safety of the staff and children enrolled for the duration of the Emergency Disaster Relief and recovery Period.
3. I understand that the 30-day notice of change in policy has been waived for the duration of the Emergency Disaster Relief Period by the order of the Department of Human Services, the licensing agent for the Preschool. Policies and procedure may be updated and/or changed without notice to reflect any changes by our governing authorities which includes but not limited to Federal and State Government, Department of Health, Department of Human Services, CDC and WHO.
4. I understand that MCCP staff will do their best to discourage the spread of the COVID-19 virus by following the hand-washing, sanitation, disinfection, and other guidelines recommended by the United States Center for Disease Control, the State Department of Health, and other medical experts.
5. I acknowledge that there are currently FDA authorized vaccine for 16 years and over that immunizes an individual from COVID-19 but not for children of preschool age.
6. I understand that COVID-19 can spread when an infected person coughs or sneezes and produces respiratory droplets that land in the mouths or noses or are inhaled into the lungs of nearby individuals.
7. I understand that while Child is enrolled in childcare, Child may be in close contact with other children, as well as MCCP staff, and that Child may be at increased risk of exposure to COVID-19.
8. I fully assume the risks of Child being exposed to COVID-19 while under MCCP's care and hereby release, waive, discharge, and hold harmless Mililani Community Church (MCC), MCCP, and their successors, assigns, officers, directors, employees, members, representatives, and volunteers from all liability, claims, demands, causes of action, damages, costs, and fees (including attorneys' fees), both present or future and anticipated or unanticipated, which may arise if Child contracts COVID-19.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

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Emergency Care COVID19 Wellness Questionnaire

Name of Child: _____

Please answer the following questions to determine whether your child is virus free to the best of your knowledge. Please answer questions 1 & 2 and follow as directed.

1. *Has anyone in your household traveled from out of state in the last 14 days?*
Yes / No
2. *If yes, please provide negative COVID test results and/or self-quarantine for 10-14 days as recommended by the CDC. Please also answer question #2.*
3. *If NO, please answer Question #2.*
4. *Has someone in our household or family or in close contact with your family that has shown any symptoms and/or been diagnosed with COVID19?*
Yes / No
5. *If **NO**, sign below. Your child may attend.*
6. *If **YES**, is that person is still ill?*
Yes / No
7. *If **YES**, your child must stay home at least for the 10-14 days voluntary quarantine.*
8. *If **NO**, has it been over 10-14 days and no one else has any symptoms and/or has all persons exposed has had a negative COVID -19 test result?*
Yes / No
9. *If **YES**, your child may attend.*
10. *If **NO**, please keep your child at home at least 10-14 days OR provide a negative COVID-19 test result before attending.*

I, the undersigned, have answered the questions above and attest that my child is virus free to the best of my knowledge.

Signed: _____

Date: _____

Print name: _____