



4200 Alder Avenue
Fremont CA 94536-9454
Phone: (510) 793 8531
Email: info@fpns.org

COVID Waiver and Information

Hello Parents/ Guardians,

This Covid Waiver document has been created to keep our students, teachers and parents safe. Please read and initial each line and provide your full signature at the end of the document.

1. _____ I understand that to enter the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear, my child will be separated from the rest of the people in the school. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include: Fever of 100.4 degrees Fahrenheit or higher Dry cough Shortness of breath Chills Loss of taste or smell Sore Throat Muscle aches Headache Congestion Runny nose

2. _____ If my child or the participating parent exhibit any COVID-19 symptoms referenced above, I will consult the current [CDC](#) and [Alameda County](#) Guidelines to determine when I can return to school. If these guidelines differ from each other, I will defer to whichever is the most conservative.

3. _____ If any other members of my household exhibit any COVID-19 symptoms referenced above, I will consult the current [CDC](#) and [Alameda County](#) Guidelines to determine when I can return to school. If these guidelines differ from each other, I will defer to whichever is the most conservative.

4. _____ I understand that my child's temperature will be taken upon entry to the school each day. I further understand that the participating parent for that day will also have his or her temperature taken. Children above the ages of 2 years and adults will wear masks daily and washing hands will be encouraged regularly throughout the day.

5. _____ I understand that while present in the facility, my child will be in contact with children, families and teachers 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 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.

6. _____ In the event of a closure, due to a Covid situation, the fees and dues to the school will remain the responsibility of the parents/guardians as rent, salaries, and other school expenses remain unchanged.

I, the participating parent, _____ certify that I have read, understand, and agree to comply with the provisions listed herein to remain in good standing with FPNS

Child's Name _____

DOB _____

Parent 1 Name _____

Parent 1 Signature _____

Parent 2 Name _____

Parent 2 Signature _____

Date _____

**The information in this document may change as the pandemic goes on and we learn more about COVID-19 based on guidance from district, county, state and CDC officials.

Fremont Parents Nursery School.