



Parent COVID-19 Policy Agreement

Program Site: St. Paul Lutheran YKT Child Care Center (DBA: The Learning Garden)

Child's Name: _____ Male Female Date of Birth: _____

Child's Name: _____ Male Female Date of Birth: _____

Child's Name: _____ Male Female Date of Birth: _____

Acknowledgement: Please read and initial each statement below:

_____ I have received, read, and understand the information contained in the COVID-19 Policies and Procedures.

_____ I understand that it is my responsibility to be informed of the policies and procedures outlined in the COVID-19 Policies and Procedures.

_____ I understand that these policies have gone into effect and will be enforced until we are out of the treat from COVID-19.

_____ If I have any questions, I will contact the Director, Tracie Fielding.

X _____ X _____
Signature of Parent/Legal Guardian Printed Name Date

X _____ X _____
Signature of Center Director Printed Name Date

X _____ X _____
Signature of Assistant Director Printed Name Date