



Infectious Disease/COVID-19 Agreement

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

I/We _____, _____
Parent/Guardian Name(s) Relationship to above Child/ren

agree to be aware of my child/ren's health. If my/our child/ren or any other person within my household shows any of the following symptoms, I/we agree to keep them home.

- Fever over 100.4 degrees
- New Cough of any kind
- Shortness of breath
- Lethargic, overly tired, unusually calm or quiet
- Mild respiratory illness/issues

I/we agree to only have my/our child/ren in attendance if they are symptom free. If my/our child/ren or anyone living within my household has any of these symptoms, I/we understand that they WILL NOT be allowed to attend Rosewood Learning Center until they are cleared by a Doctor. I/we agree to inform Rosewood Learning Center if my child tests positive for COVID-19 so that Rosewood Learning Center can take the necessary mandated steps. I/we also understand as stated in the Rosewood Learning Center Parent Handbook and acknowledgment of policies that I am still responsible to pay my/our child/ren's tuition at Rosewood Learning Center since the position is reserved solely for my/our child/ren whether they are in attendance or not. If my/our wages are not affected by COVID-19, I/we agree to pay my child/ren's tuition should I choose to keep my child/ren home. I/we agree to indemnify and hold Rosewood Learning Center LLC harmless against any damages, loss and claims that occur due to my child/ren's attendance.

Rosewood Learning Center agrees to keep you child/ren's identity confidential. Rosewood Learning Center management regrets the need to enforce this policy, but we are trying to ensure the financial sustainability of our center at this time. If you family is facing a layoff or financial hardship due to COVID-19, we do have an application you can fill out to waive/discount tuition charges. Rosewood Learning Center has created an Infectious Disease Strategic Plan in order to keep your child/ren and out staff safe from COVID-19. This plan is available upon request. Thank you!

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date