

**COVID Policy Agreement--Effective 10/27/2020**

I acknowledge that this binding agreement is for the safety of my child, my family, and the WEXP.

I understand that it is my responsibility to monitor my child for any symptoms that may be displayed as an illness during the COVID-19 outbreak. I am responsible for accurately completing a daily pre-screen upon entry to WEXP. This information will be provided for WEXP only and filed into each student's personal file.

(These symptoms include loss of taste/smell, temperature above 100.4, cough, shortness of breath, rash (covering the entire body), chills, vomiting, diarrhea, fatigue/body aches, sore throat, congestion/running nose, headache)

I understand that my child must wear a mask while indoors while using social distancing measures to keep everyone safe.

I understand that I must wear a mask upon entering WEXP for any reason (signing in/out).

I agree to WEXP sign in/out procedures. (temperature checks for students & sign-in/out from outside/at door)

I understand that my child's personal belongings are to be stored in a basket/locker only.

If for any reason my child does not pass the pre-screen, I understand that WEXP will not admit my child into the program for that day.

I acknowledge that I have reviewed and agree with WEXP's Safety Protocol.

Parent signature: \_\_\_\_\_

Child's name: \_\_\_\_\_

Date: \_\_\_\_\_