Acknowledgement of Receipt of Bright Beginnings Pre School Addendum to Operational Policies concerning Covid-19 Pandemic Please Sign Below That you understand and have received a copy.

PARENTS Please initial and sign below

_____1. I will immediately notify Bright Beginnings Pre School management if I become aware of any person with whom my child or I have had contact exhibits any of the symptoms listed above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.

_____2. I understand that while present in the facility each day my child will be in contact with children, and employees 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.

_____3. I agree to follow the COVID-19 Operational Policy Addendum. I understand that a failure to follow these policies may result in my child not being able to attend school.

_____4. I agree to wear a mask when in the BBPS facility.

_____ _____ _____ Child's Name Parent Signature Date