

COVID-19
ACKNOWLEDGEMENT AND DISCLOSURE
BDSOPA STUDENT / FAMILY

This should be initialed and signed by BOTH parents.

Please read and initial each statement below:

1. _____ I agree that during this COVID-19 Public Health Emergency I will NOT be permitted to enter facility beyond the designated drop-off and pick -up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure.
2. _____ I agree that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST sanitize my hands before entering, remove my shoes and wear a mask. While in the facility I will practice social distancing and remain 6ft from all other people, except my own child.
3. _____ I agree that to enter the studio 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 studio. I will be contacted, and my child MUST be picked up from the studio within 15 minutes.

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

While many of these symptoms might not be COVID-19 symptoms we are proceeding with assuming they are COVID-19 during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. You will need to be symptom free for 72 hours before returning to the facility.

4. _____ I agree that my child must wear a mask while in the studio but on studio premises is optional. (Teacher will be wearing a mask)
5. _____ I agree that students will be required to bring their own hand sanitizer and use it according to CDC recommended hand washing procedures every time they touch a surface in the studio.
6. _____ I agree that each student MUST remove their shoes at the entrance of the facility. Those shoes can be put into a plastic bag and then into their dance bag.
7. _____ I represent that outside BDSOPA my students will comply with all state, county or local stay-at-home orders. Students will not go out to stores unless it is absolutely necessary and then only stop for essential items like food, medicines, toiletries and my student will follow any recommendations from the CDC that limits student's risk for exposure including wearing a mask in all public areas and remaining 6ft from all other people.

8. _____ I will immediately notify The Betsy Daily School of Performing Arts management if I become aware of any person with whom my child or I have contact exhibits any symptoms listed in Number 3 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19. Further, I will immediately notify Betsy Daily School of Performing Arts management if anyone from my place of employment is presumed positive or tests positive for COVID-19 whether or not I have had direct contact with that person.

9. _____ I understand that Students entering our studio will be in contact with children, families 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.

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by The Betsy Daily School of Performing Arts will result in disciplinary action up to and including termination. I acknowledge that my employment will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or family member to COVID-19.

Child's Name _____ DOB _____

Parent's Name _____

Parent's Signature

Date

Parent's Name _____

Parent's Signature

Date

Management Team Witness

Date