



Parent Acknowledgement of ERCDC COVID-19 Policy

Student Name _____
(Please Print)

Address: _____

City: _____ State: _____ Zip: _____

Your Home Phone: _____ Work: _____ Cell: _____

This COVID-19 policy was created to promote the health and safety of everyone at Embassy Row Child Development Center, Inc.

The information in this policy applies to all Embassy Row Child Development Center families. It is important that parents and/or guardians are familiar with this policy. Your signature means that you have received this policy and understand the policy of Embassy Row Child Development Centers, Inc.

I have read and understand the policies and procedures in the **Embassy Row Child Development Center's COVID-19 Policy**. I agree to abide by them as well as my child(ren).

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

This page must be submitted along with your child's Enrollment Agreement form. A new page must be signed for each child enrolled.