**Emmanuel Lutheran Preschool 2023-2024 Academic Year**

**Infectious Disease Waiver & Financial Commitment Form**

In consideration of being permitted to participate in the Emmanuel Lutheran Preschool, the undersigned understands and recognizes that participation in the program by my child and myself involves the possible exposure to and illness from infectious and/or communicable diseases including, but not limited to, COVID-19. I recognize that efforts will be made to reduce risk including, but not limited to, hand washing, frequent cleaning and disinfecting, the use of staggered arrivals and departures, increased use of outdoor spaces, and other items per the Covid parent handbook addendum provided.

On behalf of my child and myself, I agree to comply with all rules, regulations or conditions established by Emmanuel Lutheran Preschool, the Center for Disease Control, Lorain County Public Health, the State of Ohio or the Ohio Department of Jobs & Family Services for participation in the program.

On behalf of my child and myself, I hereby release and hold harmless Emmanuel Lutheran Church & Preschool, its employees and other students against any and all claims of whatever type.

In recognition of the financial commitment that Emmanuel Lutheran Preschool is making for the school year to begin, and that many costs for overhead, PPE, cleaning supplies, additional educational supplies for individuals etc. will be upfront expenses, I understand that I’m making a financial commitment for the tuition costs from September through May, unless a waiver is granted by the preschool.

I understand that Covid vaccines are recommended by the CDC, Ohio Department of Health and Lorain County Public Health Department. I further acknowledge that masks are recommended indoors in areas where community spread is determined to be high. I further understand that the preschool will support parent choice for their child with regard to masking. I understand that if I wish to change this request during the school year that I must do so in writing.

Wear a Mask Wear as Tolerated Will Not Mask

Inside preschool my child: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

Outdoors at preschool my child: \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_

\*Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Parent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_