



## **Child's World Nursery School**

**35 Middle Neck Road; Port Washington, NY 11050**

**516 883-4141 / Fax 516 883-4702**

**[cwns@childsworldns.org](mailto:cwns@childsworldns.org)**

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### **CHILD'S WORLD COVID-19 POLICY ACKNOWLEDGMENT AND ASSUMPTION OF RISK**

We, the undersigned parent(s)/guardian(s), acknowledge and agree that, as parent(s)/guardian(s) of \_\_\_\_\_ ("student"), a student at Child's World Nursery School, that student, entering the school or being on or at the School's premises, and/or having contact and/or interaction with teachers, aides, staff, faculty, classmates, and other School staff, involves a certain degree of risk, namely of student, student's parent(s)/guardian(s) and/or other family members, and/or other persons, acquiring a communicable disease, including COVID-19, and then potentially passing it on to others, including his/her/their family members. Due to the highly contagious nature of COVID-19, the characteristics of the virus, and the proximity of students, teachers, aides, staff, faculty, classmates, and other School staff, there is an elevated risk of student contracting the disease simply by being in the building, on or at the premises of the School, or at any School activity or function. The same is true for parent(s)/guardian(s) of a student enrolled at the School. By signing below, we acknowledge and agree that after carefully considering the risks involved, and having the opportunity to discuss these risks with any other persons that we deem necessary or appropriate, including any healthcare professional or professionals of our choosing, we voluntarily, knowingly and willingly accept and assume those risks and acknowledge that returning to in-person classes and other in-person School activities/functions at the School is the choice of each family, including ours. If student or parent(s)/guardian(s) who visit or otherwise appear on or at the School or its premises have underlying health concerns which may place them at greater risk of contracting any communicable disease, including COVID-19, we acknowledge and agree that we will consult with a health care professional or professionals before student or parent(s)/guardian(s) return to the School, attend any School function, or visit or appear on or at the School or its premises for any purpose or reason. Moreover, we acknowledge that while adherence to safety and precautionary measures (which may include social distancing guidelines, facemasks, handwashing, etc.) may reduce possible exposure to the risk of contracting a communicable disease, the possibility of serious illness and/or death remains despite all efforts to reduce that risk. We do hereby accept and assume sole responsibility for any illness acquired by student or parent(s)/guardian(s) while at the School or on or at its premises for any purpose of reason or otherwise as a result of any School activity/function, including possible infection with COVID-19, as well as the potential of passing it on to others, including his/her/their family members. We further acknowledge, understand, and agree that we have obligations to the School, its faculty, teachers, aides, staff, students, and others, to take certain precautions and make certain disclosures to prevent the spread of communicable diseases such as COVID-19. More specifically, but without limitation, we agree to comply with the School's policy regarding Covid-19, the receipt of which policy is hereby acknowledged, and all other School rules and requirements relating to communicable diseases such as COVID-19.

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of parent/guardian

\_\_\_\_\_  
Date