

Student/Employee Arrival Health Questionnaire (Covid-19)

The completion of this form is mandatory for everyone as it is our priority to minimize the spread for our children and employees.

We trust that families and employees will follow the honor code by providing accurate information regarding symptoms and/or Covid-19 exposure. If anyone in your household is in quarantine, you or your child, will not be allowed to attend Aspire Early Learning Academy during the quarantine period.

We reserve the right to refuse entry into the building if **any symptom(s)** listed on this form is present. If there are any changes during the current week, it is the families' responsibility to notify the Academy Director. **Initial:** _____

Child/employee's Name: _____ **Age:** _____ **Child's Name:** _____ **Age:** _____

Recent Exposure / Symptom Review

Week: _____

	Recent Travel to Highly Affected COVID-19 City/Country (Yes/No)	Close contact with person diagnosed with coronavirus (Yes/No)	Running Nose with color mucus (Yes/NO)	Prolonged/Continuous Coughing (Yes/No)	Sore throat (Yes/No)	Shortness of Breath (Yes/No)	Fever greater than 100.0 (Yes/No)
Child/Employee							
Child 2							

I understand that Aspire Early Learning Academy, LLC is a private, community-based childcare center in which my child will be in common areas with other children/employees within the community while attending. I understand that Aspire Early Learning Academy, LLC will take necessary precautions to prevent the spread of the coronavirus and that I am aware of the risk of a possible community spread within the childcare center.

Parent's Name: _____ **Parent/Employee Signature:** _____ **Date:** _____