Attestation

I, _____ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in according to the provisions listed herein, or with any other policy or procedure outlined by This is The Way Learning Center. will result in termination of services. I acknowledge that care for my child will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

I understand that while present in the facility each day my child will be in contact with children, families and other 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.

Name:_____ DOB:_____

Signature:_____ Date:_____