

As a parent of Faith Christian School, I commit to the following:

1. I agree to sign a Notice and Release Form provided by FCS. This form has been drafted by a Christian School attorney and recommended by our school insurance company.
2. I agree that it is my responsibility to monitor my child’s/children’s health and exposure to known COVID-19 cases. I affirm that I will complete the daily health screening on myTempTracker before bringing my child to campus. I also acknowledge that I will be diligent to honestly answer the questions each day, even though it may inconvenience my schedule to keep my child home. As a part of the Faith Christian community, I am committed to do my part for the good of the entire community.
3. I agree to read the FCS Reopening Plan published on the school website and to support the school’s effort to keep my child and the rest of the Faith Christian community healthy and safe.
4. In the event my child becomes ill while on campus, I agree to make every effort possible to pick them up as soon as contacted.

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_

Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_