## UPDATED REVISED FOR COVID-19

## “VIRTUAL LEARNING”

## SHEKINAH GLORY TABERNACLE

## CHRISTIAN ACADEMY

## 

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## “Helping Kids Learn For Life”

## NOW ENROLLING

## Preschool 3 & 4 Year Olds

## K5 – 6th Grade Students

## Package Includes:

## Application, Tuition Information, School Calendar,

## Payment Schedule, School Supply List and etc…

## 

## Shekinah Glory Tabernacle

## 6087 Covington Highway | Stonecrest, GA | 30035

## 770-808-4647

## Dr. Glenda Sherman, Overseer

## Elder Christal Cole, Principal

## REVISED August 7, 2020

## SHEKINAH GLORY TABERNACLE

## CHRISTIAN ACADEMY

## SGT ACADEMY NEWS!!!

## To: All Parents

We are pleased to announce that we are NOW Enrolling students in our Christian Academy Preschool Program (3 - 5yr olds), and 1st – 4th Grade for the 2020-2021 school year. We are excited and welcome the opportunity to have your child as a part of our Christian Academy.

**ENROLLMENT**

**Enroll Online @ www.shekinahglorytabernacle.org!!!**

**Registration FEE**

**$75.00**

**$45 Weekly**

**ACADEMY**

**VIRTUAL OPENING DATE**

**August 17, 2020**

**\_\_\_\_\_\_\_**

**ACADEMY**

**SCHOOL DAYS:**

**Monday - Thursdays**

**and Virtual Classes on Fridays**



**MANDATORY**

**Virtual Open House and Parent Orientation**

**Saturday, August 15, 2020 @ 11:00 AM on ZOOM**

For more information or to enroll your child, call the office at **770-808-4647.** For more information visit our website at [www.sgtchristianacademy.org](about:blank).

We look forward to a great new year.

Sincerely,

Dr. Glenda Sherman, Overseer

## SHEKINAH GLORY TABERNACLE

## CHRISTIAN ACADEMY

## INFORMATION SHEET

## The cost for enrolling a student at Shekinah Glory Tabernacle Christian Academy for the 2020-2021 academic school year is as follows:

## ENROLLMENT & ACTIVITY FEE – (Non-Refundable)

## $75 ---- Enrollment Fee (Non-Refundable After August 15th)

## Note: Enrollment Fee Includes: Books, Materials & Meals (Breakfast, Lunch, Snack & Supper)

## SGT COMMUNITY CHRISTIAN ACADEMY TUITION

## Pre-K3 – 4th Grade

## $45 Per Week

## Please make all payments on Mondays on our website sgtchristianacademy.org or through Cashapp - $sgtabernacle.

## Please include your child’s name on the payment.

## 

## APPLICATION PACKAGE

## In order to complete the enrollment process the following forms must be completed and turned in w/ your enrollment application package.

## \_\_\_Complete Academy Application

## \_\_\_Copy of Child’s Up Dated Immunization Record\*

## \_\_\_Copy of Child’s Birth Certificate\*

## \_\_\_Emergency Contact Form

## \_\_\_Emergency Medical Authorization

## \_\_\_Parents Notice of No Liability Insurance

## \_\_\_Parental Agreements with Child Care Facility

## \_\_\_Parent Income Eligibility Form *(This Form Is Available At The School)*

## \_\_\_Guide For Authorization For Medication *(If your child is on*

## *prescription medication)*

## \_\_\_Copy of Transcript from previous school must accompany Application

## \_\_\_CDC Guideline Acknowledgement Form

## Note: Please complete application package and email it to [sgtchristianacademy@gmail.com](mailto:sgtchristianacademy@gmail.com) or call for a time to drop off at the school.

## Note: Please complete the entire application incase we return to physical school.

**SHEKINAH GLORY TABERNACLE**

**CHRISTIAN ACADEMY / AFTER SCHOOL APPLICATION**

**Application Date**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Program Applying For: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**How Did You Here About Us? \_\_\_ Referral \_\_\_ Sign \_\_\_ Online \_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_**

Child’s Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_\_

Birth Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_\_\_ Sex \_\_\_\_\_\_\_ Upcoming Grade \_\_\_\_\_\_

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Mother / Guardian

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Father / Guardian

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MI \_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MARITAL STATUS:**  Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_

If parents are divorced are there any custody issues? \_\_\_\_\_\_\_ Yes \_\_\_\_\_\_\_ No

If yes, please indicate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PARENT / GUARDIAN ENROLLING CHILD**:

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** Person enrolling child will be responsible for making sure payments are received on time.

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**FOOD ALLEGIES**

Please list any foods or liquids your child is allergic to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PRESCRIPTION MEDICINE:**

Please list and prescription medicine your child may be presently taking. *(Please note that we will only administer prescription medicine no over the corner medicine).*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**SIGNING YOUR CHILD IN AND OUT:**

**Children must be sign in and out daily by an adult 18 years or older.** *(Please note that persons picking up your child will have to provide the proper ID to the receptionist).*

**Name and Address of Authorized Persons to Pick Up Your Child:**

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**PLEASE PROVIDE THE FOLLOWING:**

1. **School Records**: A copy of child’s school records including recent report card and standardize test scores, if applicable.
2. **Immunization Record: A** copy of your child’s immunization record with enrollment application.
3. **Birth Certificate:** A copy of child’s birth certificate should be on file.
4. **Additional Forms**: Pick-Up and complete additional forms from Academy office.
   1. Medical Emergency Forms
   2. ~~Transportation Forms~~
   3. ~~Free After School Form~~
   4. Income Eligibility Form
5. **Parent Handbook**: A copy of parent handbook will be issue at the Parent Orientation Meeting

**SPECIAL NEEDS CHILDREN**

IF YOUR CHILD IS A SPECIAL NEEDS CHILD, PLEASE NOTE THAT OUR STAFF IS **NOT EQUIPPED** WITH THE KNOWLEDGE AND ABILITY TO PROVIDE THE SPECIAL SERVICES AND ATTENTION THAT YOUR CHILD MAY NEED. THEREFORE, FOR THE SAKE OF YOU AND YOUR CHILD WE MAY NOT BE ABLE TO ACCEPT YOUR CHILD IN THE PROGRAM.

**EMERGENCY CONTACT INFORMATION**

Please complete this sheet for persons to contact in the case of emergency when a parent or guardian cannot be reached:

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City / State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City / State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

1. Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City / State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s doctor or clinic name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child is currently on medication (s) prescribed for long-term continuous use and /or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION**

Should \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ suffer an injury or illness while

Child’s Name Date of Birth

in the care of **SHEKINAH GLORY TABERNACLE** and the facility is unable to contact me/us immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I/We agree to keep the facility informed of changes in telephone numbers, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

**Child’s primary source of health care is:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician / Clinic Name Telephone Number

Know medical conditions (i.e.) diabetic, asthmatic, drug allergies

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature of Parent/Guardian Date Telephone #

**SHEKINAH GLORY TABERNACLE**

**CHRISTIAN ACADEMY / BEFORE & AFTER SCHOOL**

**PARENTS OR GUARDIAN’S NOTICE**

**NO LIABILITY INSURANCE AND ACKNOWLEDGEMENTS**

I understand that I am being informed in writing by signing this acknowledgement that this facility does not carry liability insurance sufficient to protect my child / children in the event of any injury etc.

Parents’ or Guardian Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**IMPORTANT**

**SGT CHRISTIAN ACADEMY**

**WILL NOT OFFER**

**THE AFTER SCHOOL PROGRAM**

**THIS FALL**

**SGT CHRISTIAN ACADEMY**

**CDC Guideline Acknowledgement for Physical School Attendance**

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instruction:** Please initial each item below and sign and date form at the bottom.

* 1. \_\_\_\_\_\_ I certify that I have read the CDC Guideline, and to the best of my ability I will follow and acknowledge these guidelines to help prevent the spread of the coronavirus disease.
  2. \_\_\_\_\_\_ I also agree to be in compliance with the CDC Guideline, by not bringing my child to school if he or she is sick or has a temperature.
  3. \_\_\_\_\_\_ I also agree to abide by the SGT Christian Academy code in making sure that my child has a Full Face Shield Mask (PreK3-4) or a Cloth Face Mask (School Age) that they can wear each day while in school.

A close up of a hat

Description automatically generated**PRE-SCHOOL MASK - $15 EA**.

![A close up of a logo

Description automatically generated]()**SCHOOL AGE MASK - $20** (Incl. 5 Mask)

* 1. \_\_\_\_\_\_I also understand that allowing my child to come to school he/she will be around other children and staff workers which could put them at risk of being expose to the Covid-19 Virus, and I assume any such risk that may arise there from. I accept full responsibility for all medical expenses that might occur to my child by reason of his/her attendance. By signing this form, however, I hereby release SGT Christian Academy members, administrators, directors, officers, teachers, employees, agents, and volunteers (“released parties”) from and against any and all claims, demands, actions, complaints, suits or other forms of liability that may arise. I also agree to indemnify and hold harmless the released parties from the released claims, including any and all related costs, attorney fees, liabilities, settlements, and/or judgments.

**Parent Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

CENTER FOR DISEASE CONTROL (CDC)

GUIDELINES

**Know how it spreads**

* There is currently no vaccine to prevent coronavirus disease 2019 (COVID-19).
* **The best way to prevent illness is to avoid being exposed to this virus.**
* The virus is thought to [spread mainly from person-to-person](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-covid-spreads.html).
  + Between people who are in close contact with one another (within about 6 feet).
  + Through respiratory droplets produced when an infected person coughs, sneezes or talks.
  + These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
  + Some recent studies have suggested that COVID-19 may be spread by people who are not showing symptoms.

**Everyone Should**

* [Wash your hands](https://www.cdc.gov/handwashing/when-how-handwashing.html) often with soap and water for at least 20 seconds especially after you have been in a public place, or after blowing your nose, coughing, or sneezing.
* If soap and water are not readily available, **use a hand sanitizer that contains at least 60% alcohol**.
* **Avoid touching** **your eyes, nose, and mouth** with unwashed hands.
* **Avoid close contact with people who are sick, even inside your home.** If possible, maintain 6 feet between the person who is sick and other household members.
* **Put distance between yourself and other people outside of your home**.
  + Remember that some people without symptoms may be able to spread virus.
  + [Stay at least 6 feet (about 2 arms’ length) from other people](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html).
  + Do not gather in groups.
  + Stay out of crowded places and avoid mass gatherings.
  + Keeping distance from others is especially important for [people who are at higher risk of getting very sick](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html).

Cover your mouth and nose with a cloth face cover when around others

* Everyone should wear a [cloth face cover](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) when they have to go out in public, for example to the grocery store or to pick up other necessities.
* The cloth face cover is meant to protect other people in case you are infected.
* Continue to keep about 6 feet between yourself and others. The cloth face cover is not a substitute for social distancing.
* **If you are in a private setting and do not have on your cloth face covering, remember to always cover your mouth and nose** with a tissue when you cough or sneeze or use the inside of your elbow.
* **Throw used tissues** in the trash.
* Immediately **wash your hands** with soap and water for at least 20 seconds. If soap and water are not readily available, clean your hands with a hand sanitizer that contains at least 60% alcohol.
* **Clean AND disinfect**[**frequently touched surfaces**](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html)**daily**. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks.
* **If surfaces are dirty, clean them.** Use detergent or soap and water prior to disinfection. **Then, use a household disinfectant.**