



Space Family Education, Inc.

2101 NASA Parkway, Bldg 211/AHD • Houston, Texas 77058
Phone: (281) 483-4734 • Front Desk spacefamilyjsc@gmail.com
SFEI Board of Directors sfei.board@gmail.com

COVID-19 PUBLIC HEALTH EMERGENCY

SPECIAL PROGRAM ATTENDANCE ACKNOWLEDGMENT AND DISCLOSURE 9/16/2022

SFEI Family Version: Both parents should read, initial and sign.

1. _____ I understand that to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center. I will be contacted, and my child **MUST** be picked up from the facility within 30 minutes of being notified.

Symptoms include fever of 100.4 or higher, chills, cough, shortness of breath or difficulty breathing, sore throat, body aches, headache, new loss of taste or smell, diarrhea, fatigue, congestion or runny nose, nausea, vomiting

While we understand that many of these symptoms can also be related to non-COVID-19 related issues, we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously.

2. _____ I will notify the SFEI Director or Assistant Director if my child should test positive or is presumed positive for COVID-19. If after hours, leave a voice message on the SFEI Emergency phone: 832-727-4252
3. _____ I will notify the SFEI Director or Assistant Director if I become aware of any person with whom my child has had close contact with has tested positive or is presumed positive for COVID-19. If after hours, leave a voice message on the SFEI Emergency phone: 832-727-4252
4. _____ I understand that during this COVID-19 Public Health Emergency, if a child or staff member tests positive for COVID-19, all persons in the class the ill person visited **may** be required to Quarantine and monitor for symptoms for 5-10 days.
5. _____ I understand that when visiting SFEI, all adults and school age children must sanitize their hands and **may** be asked to wear a face mask before entering. While in the facility I **may** be asked to practice social distancing and remain 6ft from all other people, except for my own child.
6. _____ I understand that Children, Staff and Parents with COVID-19 symptoms who want to return to the CCC can be only be determined eligible to return to the CCC using the methodology and return criteria found in the JSC Child Care Center COVID-19 Plan found at www.spacefamily.info
7. _____ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
8. _____ I understand that outside of care, to control my child's exposure in the community, I will comply with any and all state, county or local stay-at-home orders and social distancing orders.



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9. _____ 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 pre-symptomatic 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.

10. _____ I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the JSC Child Care Center ("Claims") arising out of any Respiratory Virus or related illness.

11. _____ On my behalf, and on behalf of my child(ren), I hereby release, covenant not to sue, discharge, and hold harmless NASA and its Related Entities, Space Family Education Inc., its employees, agents, and representatives, of and from any Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of any Respiratory Virus or related illness.

12. _____ I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of NASA and its Related Entities, Space Family Education Inc., its employees, agents, and representatives, whether a Respiratory Virus infection occurs before, during, or after attendance at the JSC Child Care Center

I certify below that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure outlined by SFEI 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.

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Child's Name: _____ DOB: _____

Parent Name: _____ Signature: _____ Date: _____

Parent Name: _____ Signature: _____ Date: _____

SFEI Director: _____ Signature: _____ Date: _____