



CONTACT INFORMATION

Child's Name _____

Date of Birth _____

Parent's Name(s) _____

Email _____

Primary Phone Number _____

Secondary Phone Number _____

PLEASE ANSWER THE FOLLOWING QUESTIONS

Has child/immediate family member traveled to any other state within the last two weeks? YES NO
If yes, indicate which state(s)? _____

Has child/immediate family member traveled on a plane, ship, or mass public transportation over the last two weeks? YES NO

Has child been in a group setting with over 10 people within the last two weeks? YES NO
If so, please provide more details: _____

Has child/family member experienced a fever within the last two weeks? YES NO

Has child/family member experienced any type of illness: fever, cough, congestion, intestinal virus, etc., within the last two weeks? YES NO

Has child/family member been exposed to anyone; family, friend, coworker, etc. who has experienced fever, cough, congestion, intestinal virus, etc. or anyone who has tested positive for COVID-19 within the last two weeks? YES NO

I will inform the office/director of any changes regarding any of the above information.
I attest that the above information is true, to the best of my knowledge.

Parent/Guardian Signature _____

Date _____