

# WATCH THEM GROW CHILD CARE CENTER

36 Oxbow Drive Bradford, VT 05033

Bradford (802) 222-4912~Newbury (802)866-5040



## **STAY SAFE, STAY HOME: COVID-19 ILLNESS POLICY ADDENDUM**

Please take your temperature, as well as your child's before bringing your child to school in the morning. If temperatures are 100.4 or above, **STAY SAFE, STAY HOME.**

If your child or anyone of his immediate close contacts (live in family members, etc.) is exhibiting any of these listed symptoms or feeling unwell in any other way **PLEASE KEEP THEM HOME FROM SCHOOL.**

If a child exhibits any of these symptoms while at school, they will be sent home and need to remain out of school for at least 2 full days after the day they are sent home. They may not return until they are symptom-free, without the use of medication. Doctor's notes may be required before they return to care.

In an effort to keep everyone safe and healthy, please review the following list.

Watch for symptoms

People with COVID-19 have had a wide range of symptoms reported – ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- A Temperature of 100.4 or higher
- Chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

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Parent/Guardian Signature

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Date

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**IN THE CASE OF CLOSURE**

**WATCH THEM GROW TUITION POLICY ADDENDUM (9/2020)**

As a non-profit childcare center, Watch Them Grow operates within thin financial margins. In the event of an unplanned, prolonged closure, Watch Them Grow will not be in a position to refund partial month's tuition. Going forward, a 10% monthly tuition will be required to hold children's spots for the length of the closure. Tuition is due on the first of each month. If reduced tuition is not paid by the seventh calendar day after it is due, your child's spot will be forfeited.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date