



## ST. JOSEPH ON CARROLLTON MANOR CATHOLIC CHURCH

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5843 MANOR WOODS ROAD, FREDERICK, MD 21703  
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### Parent Acknowledgement and Agreement Regarding COVID-19 Protocols

I \_\_\_\_\_ the parent/guardian of \_\_\_\_\_ will follow **St. Joseph on Carrollton Manor K-12 Faith Formation and Sacrament Prep Program** requirements for in-person attendance for the program schedule for Sept 12, 2021, to May 8, 2022. **Please initial next to each statement below acknowledging your agreement that you and your child will abide by these protocols.**

1. \_\_\_ 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. I understand and agree that my child and I will comply with any other policies, procedures, guidelines, and rules that **St. Joseph on Carrollton Manor K-12 Faith Formation and Sacrament Prep Program** may deem appropriate to prevent the spread of COVID-19 at its facility.
2. \_\_\_ I understand that during this COVID-19 Public Health Emergency, access to the facility where the program will be held may be restricted or otherwise limited. I agree to adhere to any all restrictions related to access including but not limited to any restrictions to enter the **St. Joseph on Carrollton Manor K-12 Faith Formation and Sacrament Prep Program** facility beyond the designated drop-off and pick-up area located at 5843 Manor Woods Road, Frederick, MD 21703 (except for emergency situations as contemplated below). I understand that this procedure change is for the safety of all persons present in the facility, and to limit, to the extent possible, everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein and that they cannot pick up my child unless they also have signed this form.
3. \_\_\_ I understand that IF there is an emergency requiring me to enter the **St. Joseph on Carrollton Manor K-12 Faith Formation and Sacrament Prep Program** facility beyond the designated drop-off and pick-up area I MUST wash/sanitize my hands before entering and wear a mask at all times. While in the facility, I must practice social distancing and remain at least six (6) feet away from all other people, except for my own child.
4. \_\_\_ I understand that in order 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 away from the rest of the students and people located in the facility. I will be contacted by **St. Joseph on Carrollton Manor K-12 Faith Formation and Sacrament Prep Program** staff as soon as possible, and my child MUST be picked up from the facility within thirty (30) minutes of being notified (or as soon as reasonably possible).

**Symptoms include: Cough, Shortness of Breath, Chills, Muscle aches, Headache, Sore Throat, Loss of taste or smell, Diarrhea, Fever of 100.4 degrees Fahrenheit or higher.**

Though many of these symptoms can also be related to non-COVID-19 issues, it is imperative that we proceed with an abundance of caution during this public health emergency. These symptoms typically appear two (2) to seven (7) days after being infected, so please take them seriously.

5. \_\_\_ I understand and agree that I am responsible for reporting to **St. Joseph on Carrollton Manor K-12 Faith Formation and Sacrament Prep Program** if my child, my Emergency Contacts, or I have been diagnosed with COVID-19, have symptoms of COVID-19, or otherwise have reason to believe they or I have contracted COVID-19. I further understand and agree that any child, emergency contact, or parent/guardian who wants to enter **St. Joseph on Carrollton Manor K-12 Faith Formation and Sacrament Prep Program** before completing a ten (10) day self-isolation period must present the designated administrator with a medical professional's certification of good health that clears the individual for return. The medical certificate will be forwarded to **Martina Rangel**, who will consult with **St. Joseph on Carrollton Manor K-12 Faith Formation and Sacrament Prep Program** administration regarding whether the individual is able to enter the facility prior to completion of the 10-day period.
6. \_\_\_ I agree to wear a mask at all times while dropping off and picking up my child(ren) or otherwise on the campus until notified otherwise by **St. Joseph on Carrollton Manor K-12 Faith Formation and Sacrament Prep Program**.
7. \_\_\_ I understand that I must complete a wellness screening process for my child(ren) prior to their entering the facility. I understand if I fail to complete this process, I will be required to complete the process prior to leaving the premises.
8. \_\_\_ I understand that my child will be required to wash their hands using Centers for Disease Control and Prevention-recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least twenty (20) seconds.
9. \_\_\_ I understand the importance of complying with state, county or local stay-at-home orders and social distancing orders, even when outside of care, in order to control my own and my child's exposure in the local community.
10. \_\_\_ I acknowledge and agree that if my child is diagnosed with COVID-19, **St. Joseph on Carrollton Manor K-12 Faith Formation and Sacrament Prep Program**, if required by law will notify the County Health Department and possibly the Maryland Department of Health.

**I certify below that I have read, understand, and voluntarily 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 St. Joseph on Carrollton Manor K-12 Faith Formation and Sacrament Prep Program may result in termination of all St. Joseph on Carrollton Manor K-12 Faith Formation and Sacrament Prep Program permitting my child(ren) to attend in-person activities and classes. I acknowledge that enrollment of my child(ren) may 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.**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_