



**Montessori School at Five Canyons**  
22781 Canyon Court, Castro Valley, CA94552  
Phone: 510-581-3729, [montessoricastrovalley.com](http://montessoricastrovalley.com)

## **HEALTHY FAMILY AGREEMENT re COVID-19**

Montessori School at Five Canyons follows **state, local and federal guidelines** for schools/child care centers. We are privileged to partner with you to keep the M5C community healthy. By signing this agreement you are agreeing to also follow healthy habits to slow the spread of COVID-19. **Below are highlights taken from the latest recommendations from the agencies listed above.**

Children with COVID-19 may only have mild symptoms, but they can still pass this virus onto others who may be at higher risk, including older adults and people who have serious underlying medical conditions. Therefore it is important to our staff and other M5C families that you agree to the following:

- If my child develops any of the following cold/flu symptoms we will keep them home and consult their physician:
  - Fever, cough, sore throat, fast breathing, diarrhea, chills, rash, stomach ache or other illness symptoms.
- I agree that if called by a school representative to pick my child up from school that I will make arrangements to do so within 1 hour.
- I agree to keep my child home for the required period of time instructed by a physician, if anyone in my household is showing symptoms of COVID-19 or has tested positive for the virus.
- Staff are required to wear face covers, and children in childcare are strongly encouraged to wear face coverings. Children under 2 years of age should never wear a face covering.
- I agree that I will drop-off and pick-up my child to a school representative in the patio area and not enter the school.
- I agree to social distance while drop-off/picking up and while signing my child in/out.
- I agree to wear a face mask during drop-off and pick-up.
- I agree to take home and wash all bedding at least once per week.
- I understand that state, local and federal guidelines may change, therefore this agreement may change and you will be notified accordingly.

**Thank you for placing your trust in us; likewise, we put our trust in you in that your family will follow public health practices during this pandemic in order to stop the spread of COVID-19 and keep our M5C community healthy.**

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

\_\_\_\_\_   
Print Parent or Guardian Name

Child(ren) s Name(s): \_\_\_\_\_

\_\_\_\_\_   
Please print first and last name(s)