

Cornerspring Cares



Application form

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of child: _____ Age: _____

Name of Parent/Guardian(s): _____

Address: _____

Phone (h): _____ Phone (c): _____

e-mail: _____

Place of work: _____

Name of Parent/Guardian(s): _____

Address: _____

Phone (h): _____ Phone (c): _____

e-mail: _____

Place of work: _____

Scheduling:

We need care for the following days (please circle):

MON

TUE

WED

THU

FRI

Please tell us the hours of care you need between 7:30 am and 5:30 pm:

Individual Needs:

Does your child(ren) have any health, educational or behavioral needs or concerns?

Are there any allergies we need to be aware of?

Please tell us about family concerns or extenuating circumstances.

Health Care Protocol:

Cornerspring Cares protocol for health includes that each child's health will be assessed daily. Should the child exhibit symptoms upon arrival, they will not be admitted. Should a child exhibit symptom during care, they will be isolated and sent home immediately

- Fever free for last 24 hours
- No cough or shortness of breath
- No diarrhea or vomiting for last 24 hours
- No family member exhibiting symptom of Covid-19 including:
 - Fever
 - Cough
 - Shortness of breath
 - Positive or presumed positive test result for Covid-19

Protocol may change without notice as situations arise or regulatory environment changes. We will make best efforts to keep you informed in a timely manner.

- I agree to the Cornerspring Cares Health Care Protocol and accept liability for including my child in group care at Cornerspring during the 2020 Covid-19 Pandemic.
- All of the information I have provided above is true and accurate.

Parent / Guardian Signature

Date
