



Red Caboose fosters a sense of community among children, their families, and staff, with a commitment to diversity and inclusion. We provide excellent education, nutrition, and play-based learning for children in a nurturing, safe environment emphasizing healthy social-emotional development.

Full Day Enrollment Packet 2020-2021

Program Eligibility

Due to health and safety concerns, at this time, only families who are enrolled with MMSD to attend Lapham or Marquette Elementary schools are eligible to enroll in Full Day Program with Red Caboose. Full Day Program will be offered for full-time enrollment at this time (i.e. no part time or drop in care).

Program Overview

Full Day Program will be available at Lapham Elementary School starting September 8th through October 30th (until there is additional information from MMSD). Our program will be closed when MMSD elementary schools are closed (October 23rd). There will be no "Days of Play" care at this time.

Full Day Program begins at 7:30am and ends at 4:30pm each day, Monday through Friday.

Upon arrival at program, children's health will be screened for symptoms of COVID-19. Throughout the day while indoors, all children and staff will wear masks, and social distancing practices will be employed, including limiting group size and eliminating the mixing of staff and/or children. Thorough cleaning and sanitization will take place to protect the health of the Red Caboose community. More information about health and safety policies related to COVID-19 is covered on Pages 9-11.

In order to provide high quality care, we maintain a ratio of at least 1 teacher to 10-12 children. Red Caboose will offer nourishing snacks, while families can choose MMSD breakfast and lunch, or pack items from home each day. Full Day Program will involve a variety of play and learning opportunities for your child, including quiet play and reading, as well as active and outdoor play. Activities are offered in the areas of arts and crafts, construction, games, dramatic play, science and technology, and cooking. Virtual learning will be supported during Full Day Program, and children will have time and access each day to participate in virtual learning in a supported environment.

MMSD Bus Transportation

Families that enroll in Red Caboose Full Day Program have the opportunity to request MMSD bus transportation to and from Program. Interested families should indicate on Page 3 transportation needs and provide addresses for drop off and/or pick up. Red Caboose will provide MMSD Transportation with this information and they will reach out to interested families. We cannot guarantee all requests can be accommodated. Requests must be made by August 21st in order to have bus transportation by Tuesday, September 8th. More information about MMSD transportation can be found at transportation.madison.k12.wi.us.

Enrollment Information

Priority Policies

The following enrollment priorities are used to determine the order of enrollment for each school year. The School Age Program Director will resolve any priority issues or conflicts and all decisions of the School Age Program Director are final. A waitlist is maintained when requests for enrollment exceed capacity.

1. First priority is given to children already enrolled in the Red Caboose After School Program for the 2020-2021 school year and children currently enrolled in the child care center who will attend Kindergarten at Lapham Elementary. These children will be enrolled in the order that enrollment packets are received until the priority deadline—August 14, 2020.
2. After the priority deadline of August 14, if space remains available, children in grades K-5 who attend Lapham or Marquette will be enrolled, in the order in which enrollment packets are received.

Once capacity is reached, a waitlist will be maintained. Families will be contacted when/if an opening arises.

Weekly Rate (per child)

Full Week: \$240.00

Required Materials

After School Enrollment Packet 2020-2021

- ◆ Enrollment form, parent permission/payment agreement, emergency contact card, health history and emergency care plan, day care immunization record

Payments

- ◆ \$40 one-time registration fee (per family)
- ◆ \$25 annual parent dues (per family)
- ◆ 1st week tuition (per child), or an authorization from city/county

PLEASE NOTE: If you already submitted a deposit for After School 2020-2021, this can be applied towards your Full Day Program payment. However, we will not process the enrollment until we receive the complete payment.

Please submit materials in person or by mail to the following address:

Red Caboose School Age
654 Williamson St.
Madison, WI 53703

Notice

- ◆ All fees are non-refundable.
- ◆ Enrollment is on a full time (Monday-Friday) basis.
- ◆ A two-week notice is required in order to withdraw from Full Day Program.
- ◆ Tuition is required regardless of attendance.
- ◆ Any outstanding balances accrued through any Red Caboose Child Care Center, Inc programming must be resolved with the Billing Coordinator prior to enrolling.
- ◆ New families can turn in their new registration forms prior to the priority deadline for returning families, which is August 14, 2020, but these forms will not be processed and new children will not be enrolled until after this date. New registration forms will be kept in the order that they are received until this date.

Any questions? Please contact Laura Rogers at (608) 251-5432 or at school.age@redcaboose daycare.org or Savannah Stutzman at (608) 256-1566 or at sapenroll@redcaboose daycare.org.

Enrollment Form 2020-2021

NAME OF CHILD: _____

Date of Birth: _____ Grade in 20/21: _____ Gender: _____

NAME OF CHILD: _____

Date of Birth: _____ Grade in 20/21: _____ Gender: _____

FAMILY STATUS: ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Partnered

RESIDENCE: child lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Split Residence ☐ Other/Guardian: _____

LEGAL CUSTODY: ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian: _____

NAME OF PARENT (mother/father/guardian): _____

Home Address: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Employer/School: _____

Primary E-Mail Address: _____

NAME OF PARENT (mother/father/guardian): _____

Home Address: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Employer/School: _____

Primary E-Mail Address: _____

PARTNER or OTHER INVOLVED PERSON: _____

Home Address: _____ Zip: _____

Cell Phone: _____ Work Phone: _____ Home Phone: _____

Employer/School: _____

Primary E-Mail Address: _____

Do you receive child care tuition assistance? ☐ City Day Care ☐ County ☐ CCTAP ☐ Other: _____

Name of case worker, if any: _____ Phone: _____

ENROLLMENT SCHEDULE: ☐ Full Time (Monday-Friday)

BUS TRANSPORTATION: ☐ AM Pick Up Address: _____

☐ PM Drop Off Address: _____

PLEASE NOTE: Bus requests must be made by August 21st in order to have transportation for September 8th. Bus Requests are not guaranteed. Red Caboose will provide this information to MMSD Transportation.

Parent Permissions and Payment Agreement

EMERGENCY MEDICAL CARE: I give my consent for emergency medical care or treatment to be used only if I cannot be reached immediately. In case of emergency (accident or illness) and I cannot be reached, I give full permission to Red Caboose to transport my child to the nearest available health care facility. I will assume full responsibility (including financial responsibility) for services rendered.

FIELD TRIPS: I understand that field trips (including swimming) by bus, van, or on foot, are integral parts of the Red Caboose School-Age Program. I agree to let my child go on all field trips during their time enrolled.

PHOTOGRAPHS & VIDEO: The following permission statements are only valid when a parent/guardian has marked his or her initials on the "yes" space next to the statement. If you wish to deny permission for any statement, simply mark your initials in the "no" space next to the statement. Any statement without a mark will be assumed to be a "no."

_____ I agree and consent to having my child(ren) photographed or filmed while in the care of Red Caboose for classroom or program use.
YES NO

_____ I agree and consent to the use of any photographs or videos taken of my child(en) by Red Caboose for educational, advertising, and publicity purposes (fliers, enrollment packets, and fund-raising materials). I understand these may be posted on the website, Facebook, and other social media.
YES NO

Note: No Child will be identified by name.

BUS TO RED CABOOSE TRANSFER: By signing this form, I give my child permission to walk from their MMSD bus to the Red Caboose rooms.

TEACHER COMMUNICATION: By enrolling my child in Red Caboose, I give permission to Red Caboose staff to speak with Lapham and/or Marquette MMSD school staff to discuss matters related to my child. This permission is in effect until my child no longer attends Red Caboose.

CITY ACCREDITATION COMMUNICATION: I understand that this program is Madison Accredited. Madison Accreditation staff may be used for consultation in a confidential manner. I authorize this center to release information for the purpose of improving the quality of the program and supporting staff to best meet the needs of children in the program.

PAYMENT OF FEES:

- ♦ I agree to pay my tuition/copay **IN ADVANCE:** ☐ Weekly ☐ Bi-Weekly ☐ Monthly
- ♦ I would prefer my invoices to be emailed to me. ☐ Yes ☐ No
- ♦ I agree to pay for the days my child is enrolled, whether or not my child is in attendance on those days, including days that Red Caboose is not in session and parents are still billed.
- ♦ I understand that if a balance remains from previous care at Red Caboose Child Care Center, either Red Caboose After-School location, or Camp Caboose, my enrollment will be placed on hold until this balance is paid in full. I understand that I am risking my child's spot by leaving an unpaid balance unattended.
- ♦ I agree to give Red Caboose a two-week written notice before changing my child's schedule or withdrawing my child. If I do not give notice, I agree to pay two weeks of fees upon withdrawal.

ENROLLMENT AGREEMENT: Both custodial parents and guardians must sign the Enrollment Form. All persons signing this Child Enrollment Form agree that they are jointly and severally liable for any services provided by Red Caboose as set forth on this agreement.

_____	_____	_____
Signature	Date	Print Name
_____	_____	_____
Signature	Date	Print Name

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint or discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call toll free (800)632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339; or (800)845-6136 (Spanish). USDA is an equal opportunity provider and employer."

Received by _____ on _____ SAPD _____ BC _____ Check # _____ Amount _____

Emergency Contact Card

CHILD(REN)

Name (last, first): _____ Date of Birth: _____ Enrolled (date): _____

Name (last, first): _____ Date of Birth: _____ Enrolled (date): _____

PARENTS / GUARDIANS

Name: _____ Address: _____

Phone—Cell: _____ Work: _____ Home: _____

Email: _____

Name: _____ Address: _____

Phone—Cell: _____ Work: _____ Home: _____

Email: _____

RESIDENCE: child(ren) lives with: ☐ Both Parents ☐ Mother ☐ Father ☐ Split Residence ☐ Other: _____

LEGAL CUSTODY: ☐ Mother ☐ Father ☐ Guardian (name): _____

NOTE: If parents have joint legal custody, either parent may pick up the child(ren) at any time. If an individual has sole legal custody, his/her written permission is needed for anyone, including noncustodial parent, to pick up the child(ren).

PICK UP AUTHORIZATION—I give permission to the following people to pick up my child(ren) anytime, without additional specific authorization: _____

EMERGENCY CONTACT—The following people may be called in an emergency when parent(s) or guardian(s) cannot be reached and have permission to remove my child(ren) from program if necessary.

Name: _____ Relationship to Child(ren): _____

Phone—Cell: _____ Work: _____ Home: _____

Name: _____ Relationship to Child(ren): _____

Phone—Cell: _____ Work: _____ Home: _____

PHYSICIAN: Red Caboose has my permission to call my child(ren)'s physician:

Name: _____ Phone: _____

EMERGENCY RELEASE: I give consent for emergency medical care or treatment to be used only if I cannot be reached immediately. HOSPITAL OF CHOICE: _____

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

HEALTH HISTORY AND EMERGENCY CARE PLAN

Use of form: This form is required for family and group child care centers and day camps to comply with DCF 250.04(6)(a)1. and 250.07(6)(L)5., DCF 251.04(6)(a)6. and 251.07(6)(k)5., and DCF 252.44(6)(g) of the Wisconsin Administrative Codes. Failure to comply may result in issuance of a noncompliance statement. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

Instructions: The parent / guardian should complete this form for placement in the child's file prior to the child's first day of attendance. Information contained on the form shall be shared with any person caring for the child. The department recommends that parents / guardians and center staff periodically review and update the information provided on this form.

CHILD INFORMATION

Name (Last, First, MI)	Address – Home (Street, City, State, Zip Code)		Birthdate (mm/dd/yyyy)
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PARENT / GUARDIAN INFORMATION Provide information where the parent(s) / guardian(s) may be reached while the child is in care.

Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular
Name	Telephone Number – Home	Telephone Number – Work	Telephone Number – Cellular

SUNSCREEN / INSECT REPELLENT AUTHORIZATION If provided by the parent, the sunscreen or insect repellent shall be labeled with the child's name. Per DCF 251.07(6)(f)2., authorizations shall be reviewed every 6 months and updated as necessary. Per DCF 250.07(6)(f)2.a., Authorizations shall be reviewed periodically and updated as necessary.

<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply sunscreen to my child.	Brand Name Walgreens Kids SPF50 Lotion AND Banana Boat Kids Lotion/ Sport SPF 50	Ingredient Strength SPF 50
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply sunscreen.		
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to apply repellent to my child.	Brand Name OFF! Unscented	Ingredient Strength
<input type="checkbox"/> Yes <input type="checkbox"/> No I authorize the center to allow my child to self-apply repellent.		

HEALTH HISTORY AND EMERGENCY CARE PLAN If available, attach any health care plan information from the child's physician, therapist, etc.

1. Check any special medical condition that your child may have.

- ☐ No specific medical condition
- ☐ Asthma
- ☐ Cerebral Palsy / motor disorder
- ☐ Other condition(s) requiring special care -- Specify.
- ☐ Diabetes
- ☐ Epilepsy / seizure disorder

☐ Gastrointestinal or feeding concerns including special diet and supplements☐ Any disorder including Cognitively Disabled, LD, ADD, ADHD, or Autism

- ☐ Milk allergy. If a child is allergic to milk, attach a statement from the medical professional indicating the acceptable alternative.
- ☐ Food allergies -- Specify food(s).

☐ Non-food allergies -- Specify.

2. Check any dietary restriction that your child may have.

- ☐ Vegetarian
- ☐ Vegan
- ☐ Other -- Specify.

2. Triggers that may cause problems – Specify.

3. Signs or symptoms to watch for – Specify.

4. Steps the child care provider should follow. If prescription or non-prescription medications are necessary, a copy of the form *Authorization to Administer Medication* should be attached to this form. Note: group child care centers and day camps may use their own form.

5. Identify any child care staff to whom you have given specialized training / instructions to help treat symptoms.

- a.
- b.
- c.

6. When to call parents regarding symptoms or failure to respond to treatment.

7. When to consider that the condition requires emergency medical care or reassessment.

8. Additional information that may be helpful to the child care provider.

SIGNATURE – Parent or Guardian

Date Signed (mm/dd/yyyy)

Review dates:

DAY CARE IMMUNIZATION RECORD

COMPLETE AND RETURN TO DAY CARE CENTER. State law requires all children in day care centers to present evidence of immunization against certain diseases within **30 school days (6 calendar weeks) of admission to the day care center**. These requirements can be waived only if a properly signed health, religious, or personal conviction waiver is filed with the day care center. See "Waivers" below. If you have any questions on immunizations or how to complete this form, please contact your child's day care provider or your local health department.

PERSONAL DATA

PLEASE PRINT

STEP 1	Child's Name(Last, First, Middle Initial)	Date of Birth (Month/Day/Year)	Area Code/Telephone Number
	Name of Parent/Guardian/Legal Custodian (Last, First, Middle Initial)	Address (Street, Apartment number, City, State, Zip)	

IMMUNIZATION HISTORY

STEP 2 List the MONTH, DAY AND YEAR the child received each of the following immunizations. DO NOT USE A (4) OR (X) except to indicate whether the child has had chickenpox. If you do not have an immunization record for this child, contact your doctor or local public health department to obtain the records.

TYPE OF VACCINE	First Dose Month/Day/Year	Second Dose Month/Day/Year	Third Dose Month/Day/Year	Fourth Dose Month/Day/Year	Fifth Dose Month/Day/Year
Diphtheria-Tetanus-Pertussis (Specify DTP, DTaP, or DT)					
Polio					
Hib (Haemophilus <i>Influenzae</i> Type B)					
Pneumococcal Conjugate Vaccine (PCV)					
Hepatitis B					
Measles-Mumps-Rubella (MMR)					
Varicella (chickenpox) vaccine Vaccine is required only if the child has not had chickenpox disease.					

Has the child had Varicella (chickenpox) disease? Check the appropriate box and provide the year if known.

Yes year _____ (Vaccine is not required)
No or Unsure (Vaccine is required)

REQUIREMENTS

STEP 3 The following are the minimum **required** immunizations for the child's age/grade at entry. All children within the range must meet these requirements at day care entrance. Children who reach a new age/grade level while attending this day care must have their records updated with dates of additional required doses.

AGE LEVELS	NUMBER OF DOSES						
5 months through 15 months	2 DTP/DTaP/DT	2 Polio	2 Hib	2 PCV	2 Hep B		
16 months through 23 months	3 DTP/DTaP/DT	2 Polio	3 Hib ₁	3 PCV ₂	2 Hep B	1 MMR ₃	
2 years through 4 years	4 DTP/DTaP/DT	3 Polio	3 Hib ₁	3 PCV ₂	3 Hep B	1 MMR ₃	1 Varicella
At Kindergarten entrance	4 DTP/DTaP/DT ₄	4 Polio			3 Hep B	2 MMR ₃	2 Varicella

¹If the child began the Hib series at 12-14 months of age, only 2 doses are required. If the child received one dose of Hib at 15 months of age or after, no additional doses are required. Minimum of one dose must be received after 12 months of age (Note: a dose 4 days or less before the first birthday is also acceptable).

²If the child began the PCV series at 12-23 months of age, only 2 doses are required. If the child received the first dose of PCV at 24 months of age or after, no additional doses are required.

³MMR vaccine must have been received on or after the first birthday (Note: a dose 4 days or less before the 1st birthday is also acceptable).

⁴Children entering kindergarten must have received one dose after the 4th birthday (either the 3rd, 4th or 5th) to be compliant (Note: a dose 4 days or less before the 4th birthday is also acceptable).

COMPLIANCE DATA AND WAIVERS

STEP 4 **IF THE CHILD MEETS ALL REQUIREMENTS (sign at STEP 5 and return this form to the day care center), OR**
IF THE CHILD **DOES NOT** MEET ALL REQUIREMENTS (check the appropriate box below, sign and return this form to day care center).

☐ Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received. I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child **WITHIN ONE YEAR** and to notify the day care center in writing as each dose is received.

NOTE: Failure to stay on schedule or report immunizations to the day care center may result in court action against the parents and a fine of up to \$25.00 per day of violation.

☐ For health reasons this child should not receive the following immunizations _____ (List in STEP 2 any immunizations already received)

Physician's Signature Required

☐ For religious reasons this child should not be immunized. (List in Step 2 any immunizations already received)

☐ For personal conviction reasons this child should not be immunized. (List in Step 2 any immunizations already received)

STEP 5 To the best of my knowledge this form is complete and accurate.

SIGNATURE - Parent, Guardian or Legal Custodian

Date Signed



Dear Red Caboose Families,

As you know, COVID-19 continues to present innumerable challenges for our community. In an effort to relieve some of the pressure that the pandemic has put on families, Red Caboose School Age Program is offering a full day program at Lapham beginning September 8. This program, working in conjunction with MMSD, will offer support for virtual learning in addition to all day and after school care. Red Caboose has created procedures based on our years of experience and in accordance with national, state, and local requirements and best practices to limit the exposure to and spread of COVID-19. Working together, following proper guidelines, and adapting to new information will help to keep children, families, and RC staff safe and healthy.

As we are preparing to begin our fall programs to support students and families, there is information in this enrollment packet that will help you understand new policies and procedures. Please carefully review and sign the attached **Sick Child Policy: COVID-19 Amendment** as well as the attached **Waiver of Liability** on behalf of your child which are both required before your child may participate in the fall program at Red Caboose Child Care Center, Inc.

We feel it is important to make you aware of the risk associated with group care at this time. The Centers for Disease Control and Prevention (CDC) warn that older adults and individuals, or members of the household, with compromised immune systems, respiratory problems, hypertension, diabetes, heart problems, chronic kidney disease, or cancer are at greater risk for developing more serious complications associated with COVID-19.

In order to operate as safely as possible, our program has had to establish new policies and procedures, in accordance with evolving guidance from state and local authorities. **These policies are effective beginning September 8, 2020 and will be in place until further notice.**

Please read and sign the following documents and turn them in with your enrollment forms.

Please address questions to School.Age@redcaboosedaycare.org or 608.251.5432.

Sick Child Policy: COVID-19 Amendment, 9/8/2020

The safety and wellbeing of all staff, children, and the families at Red Caboose continues to be of utmost importance to us. We always commit to taking all precautions toward keeping children and staff safe and healthy, including during the current global pandemic. By following this additional sick child policy you will help Red Caboose to do this.

Children (and staff) will be monitored for signs or symptoms of COVID-19 daily.

Children will be asked to stay home or return home if any of the following applies:

- Have or develop a fever of 100.4 or higher;
- Have had a fever of 100.4 or higher, or other potential symptoms of COVID-19, such as shortness of breath or persistent dry cough, within the last 24 hours. Children must be symptom free for at least 24 hours before returning to care;
- Have come in contact with someone diagnosed with COVID-19. We are asking families to monitor symptoms for 7 days before returning to care.
- Children who develop signs/symptoms of COVID-19 while at the program will be immediately separated from others and the program staff will contact the family member and/or emergency contact to pick the child up within 60 minutes.
- In all cases of illness or suspected illnesses, teachers will comfort the child and encourage the child to rest while parents are contacted. For symptoms not related to COVID-19, Red Caboose will follow already established procedures and guidelines appropriate to the identified symptoms.

Red Caboose COVID-19 Health and Safety Guidelines:

- If I bring my child to Red Caboose's all day school age childcare program it is because everyone in our home is healthy and COVID-19 symptom-free for the last 24 hours. Nobody in my home is currently self-quarantined due to exposure to COVID-19 as defined by current CDC guidelines, and I must inform Red Caboose right away if anyone in our home becomes exposed.
- Fever reducers (acetaminophen or ibuprofen) will not be given to my child on any day of attendance, regardless of reason.
- Daily upon arrival my child will be screened for signs of illness and will not be admitted if displaying COVID-19 symptoms or a fever of 100.4 or higher.
- I agree that only one adult caregiver will be present during drop-off and pick-up, and that this person will not be experiencing any symptoms of COVID-19.
- Upon drop-off and pick-up, I will not enter the building or playground area, except for preauthorized circumstances as defined by the program director. If I enter the program, I agree to have my temperature taken and will verify that I am not experiencing any COVID-19 symptoms.
- I agree that if my child shows signs of illness during care, I, or another authorized person, will retrieve my child within 60 minutes of notification that my child is ill. I agree that I will keep my child home until they have been symptom-free for 24 hours.
- I understand this situation is fluid and subject to change per state, other local authority, and program needs. I understand that Red Caboose may experience future closures based on guidance from local public health officials.
- I understand failure to follow these new safety guidelines may result in being withdrawn from Red Caboose.

I have read and reviewed the Red Caboose Sick Child Policy: COVID-19 Amendment and agree to it and all related procedures outlined in this document:

Name of child(ren) _____

Parent/Guardian Signature _____ Date _____



Sick Child Policy: COVID-19 Amendment, 11/16/20

We are making changes to our health screening process, specifically our temperature check policy, in order to get a more accurate picture of student temperatures as the weather gets colder. This will go into effect on Monday, November 16th, 2020. Red Caboose is implementing our health screening process in collaboration with Lapham school nurses.

- The new daily Health Screening Form will ask parents to conduct a temperature check at home prior to arriving at Red Caboose. **Parents will be asked to indicate their child's temperature and the time that the temperature was taken that morning on this form.**
 - If your family does not have a thermometer and needs one, please let Red Caboose Staff know.
 - If your child has a temperature of 100.4 or higher when you conduct the at-home temperature check, please keep your child at home.
- Children will come into the building and settle into their classroom right away. The Lapham school nursing staff will take their temperature within the first 15 minutes of their arrival or as close to this as possible so a child with a fever can be isolated right away.
- The Health Screening Form still must be completed and submitted before the child can go to their classroom. Red Caboose staff will welcome students in and verify that their screening form has been received. **Please be sure the at-home temperature check is included when the form is submitted.**
- Parents will no longer have to wait outside for their child to pass the health screening and temperature check, but understand that if their child comes to Red Caboose with a fever they will be called within 15 minutes to pick up their sick child.
- We continue to have the school nursing staff on site to handle anything that arises during the school day. They are also available to answer parent questions about the Health Screening Form in the morning. The phone number for the **School Medical Office: (608) 204-4176.**
- We will continue regular temperature checks throughout the day and isolate anyone with a fever or symptoms as soon as they develop.
- I understand failure to follow these new health screening process may result in being withdrawn from Red Caboose.

I have read and reviewed this Red Caboose Sick Child Policy: COVID-19 Amendment and agree to it and all related procedures outlined in this document.

Name of child(ren) _____

Parent/Guardian Signature _____ Date _____

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Red Caboose Child Care Center Inc. has put in place preventative measures to reduce the spread of COVID-19; however, Red Caboose Child Care Center Inc. **cannot guarantee that you will not become infected with COVID-19.** Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING – INITIAL EACH PARAGRAPH

____ INITIALS By signing this agreement, I **acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death.** I understand that the risk of becoming exposed to or infected by COVID-19 at Red Caboose Child Care Center, Inc. may result from the actions, omissions, or negligence of myself and others, including, but not limited to, Red Caboose Child Care Center, Inc.'s employees, volunteers, and program participants and their families.

____ INITIALS I **voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at Red Caboose Child Care Center, Inc..** On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless Red Caboose Child Care Center, Inc., its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Red Caboose Child Care Center, Inc. its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at Red Caboose Child Care Center, Inc.

____ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.

____ INITIALS In the event that I file a lawsuit, I agree to do so in the state where Red Caboose Child Care Center, Inc. is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

____ INITIALS By signing this document, I agree that if I am exposed to or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

____ INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

____ INITIALS If I have signed a separate general waiver of liability connected to my participation at Red Caboose Child Care Center, Inc. I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

____ INITIALS I agree that I will practice safe social distancing and clean hygiene during my participation at Red Caboose Child Care Center, Inc.

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Date _____

PARENT OR GUARDIAN ADDITIONAL AGREEMENT (Must be completed for participants under the age of 18)

In consideration of _____ (PRINT minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless releases from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent/Guardian _____ Print Name _____ Date _____