

Brooklyn Child Care Incorporated (BCCI)
800 Poly Place, Brooklyn, NY 11209
Building #16 (Behind the VA Hospital)
(718) 630-2831 or (718) 608-7318

Covid Daily Health Check and Waiver

I am aware that my child _____ will require a "Daily Health Screening". This includes:

- Temperature check in the morning and throughout the day
- Adult must fill out form at "Drop off" that child is well
- Staff will look at my child for any signs of illness before entering the school.

Covid Waiver. I will release Brooklyn Child Care Inc. staff from liability and agree not to sue, indemnification, hold harmless, limitation of warranty.

Our new guidelines are based on recommendations set forth by our local licensing agency and Health Care Consultant. These practices are subject to change. We all know these are uncertain times. The risks of Covid 19 are new and not well understood. We continue to clean the school each morning and night.

Please sign and acknowledge this and you are willing to take the risk.

By signing below, you agree to accept all responsibility for the risk on contracting Covid-19. You agree that if you do take steps to make claims against Brooklyn Child Care Incorporated regarding Covid that you will pay all attorney and court/ cost fees incurred because of the claim.

I am aware and will take the risk.

Parent name _____ Parent Signature _____

Date _____

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Parent Involvement

At Brooklyn Child Care, Inc. we believe that parents and families have an integral role in the success of the early education experience. We offer an array of meetings and workshops at our school and welcome parents to assist us on trips and in various school events. With social distance we can record a video or do a zoom.

Please fill out and let us know how you can be involved in your child's education.

Check one of more of your skill contribution

- ☐ Accounting skills (to support administration)
- ☐ Special Family Recipe
- ☐ Computer technical assistance to administration
- ☐ Carpenter
- ☐ Handyman/ maintenance
- ☐ Translator
- ☐ Artist/ painter
- ☐ Read a favorite story
- ☐ No Thank you.

Print name _____ Date _____

Phone number to reach you to set up a commitment _____