

Parent Name: _____

Child Name: _____

ASLC Covenant of Care During COVID-19

Tippecanoe Presbyterian Church invites all who enter this building to join in a Covenant of Care for one another. These are the core practices we affirm to reduce known risks of COVID-19 virus transmission as we gather. (Find protocols and best practice below.) We ask for your commitment as an ASLC family to join in this effort. Please sign below if you agree.

I covenant to help reduce disease transmission by:

Compassionate Distancing

- Staying at home if my child, anyone in my family, or I am sick (or have been with someone who has symptoms of sickness).
- Wearing a mask at all times when gathering indoors or outdoors at the church building if not distancing.
- Keeping three feet between my child, my family, and/or myself and others.

Parent/Guardian Initials: _____

Doing Things Differently

- **Checking in at the 1st Street door without entering the building each time I drop off or pick up my child.** I will follow protocols for each drop off or pick up. (I will wear a mask, distance 3 feet, answer simple health questions, and know my child will have a no-touch thermometer reading and do hand sanitizing upon entry as well as wear provided child's mask.)
- Greeting others without touching them.
- Agreeing not to share drink or food. Snacks will be provided.
- Agreeing not to share school supplies. (Each child will be supplied with all items needed that will be stored for their use only.)

Parent/Guardian Initials: _____

ASLC will clean and disinfect bathroom and classroom areas daily.

**In the case that a teacher or a child tests positive,
we ask to be notified so we can communicate
possible exposure with others for testing.**

**A 3-day quarantine at home is asked and a negative test to return.
A deep cleaning will take place of the camp area.**

Parent/Guardian Initials: _____

Parent Name: _____

Child Name: _____

I covenant to be patient and respectful of requests made by ASLC teachers and staff as well as Pastor and church staff for the safety of all. I recognize that some members of this community are at an increased risk of contracting COVID-19 and I want to contribute to a positive environment of care and concern for each other. I further understand and accept the risks to my child or family in participating in ASLC. I understand that if I do not follow this covenant, I may be asked to withdraw from the program.

I agree to the Covenant of Care:

_____ **Date:** _____