



Dear Parent or Guardian,

Welcome to the Neighborhood Art House Fall term. We are holding a modified program that provides sufficient space for social distancing. We are keeping with guidelines issued by the Erie County Health Department and the CDC. Please read, sign, and return this agreement to the Art House.

1. Between 3:00 – 3:15 -- Please drive your child to Door #4. Wait in the car until the person taking temperatures and asking screening questions comes to your car. If the screening indicates that there is little danger of the student exposing others to Covid-19, he/she will be admitted. If their temperature is above 100⁰ or there is a likelihood that they have been exposed to Covid-19 they will be sent home. All students must wear masks; disposable masks will be available.
 - *If your child is a walker, they will go in through Door #4 and wait until the person taking temperatures and asking screening questions comes to them to be admitted.*
2. Your child will enter door # 4 and be directed to their classroom. They will need to use hand sanitizer before entering their art space. Students will practice social distancing (6 feet apart) therefore some classes will have 4-6 students. At 5:15, you will pick up your child from door #5. Please stay in the car to pick up your child. If your child is a walker, they will be dismissed from Studio #5 (door at end of building by garage).
3. Please take all health precautions for your child to protect other Art House students, our staff, and your child. If your child is sick or someone in your household is sick, please keep your child at home. If your child has traveled out of state, they must quarantine for 10 days before returning to the Art House.
4. If at any time PA or Erie County guidelines for after school programs change, we will immediately comply.

Keep the upper part of this letter; return the lower portion with your registration form.





Please initial each statement and sign below and return to the Art House

_____ I understand that my child must follow all the procedures outlined above.

_____ I understand that my child will be removed from Art House classes and sent home if he/she shows any symptoms of Covid-19. These symptoms include:

- Fever of 100 ° F or higher
- Shortness of breath
- Dry cough, sore throat, muscle aches

_____ I recognize that the Neighborhood Art House is following all CDC guidelines with regard to social distancing, wearing of masks, hand washing , use of hand sanitizer, screening children before they enter the building, and isolating persons who may have been exposed to the Covid-19 Virus. I accept full responsibility for the well-being of my child as I grant permission for him/her to attend classes.

Child/Children's Name _____ Date _____

Parent/Guardian Name (print) _____

Parent/Guardian Signature _____