

# GREAT BRIDGE CHRISTIAN ACADEMY

700 MT. PLEASANT RD. CHESAPEAKE, VIRGINIA 23322 757.482.4688

## NEW ENROLLMENT COVID-19 CLEARANCE QUESTIONNAIRE

In an effort to provide the safest environment possible to students, parents and staff, each new student and family must be approved before admittance. Thank you for your cooperation and understanding.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

1. Have you traveled out of the country or out of the state in the last 14 days?

YES NO If yes, explain: \_\_\_\_\_

2. Have you been in contact with any person infected with COVID-19 or any person showing symptoms of COVID-19 in the last 14 days?

YES NO If yes, administration will explain to you what must be done next. Thank you!

3. Have you or your child been on mandatory quarantine within the last 14 days?

YES NO If yes, administration will explain to you what must be done next. Thank you!

4. Has your child attended a childcare facility in the last 14 days?

YES If yes, complete #5

5. Has the childcare facility recently closed due to a confirmed case of COVID-19 or someone showing symptoms of COVID-19?

YES NO If yes, administration will explain to you what must be done next. Thank you!

6. Care is offered to "WORKING PARENTS" provided your industry has been cleared to return to work or requires you to work from home. Are all adult household members considered Working Personnel?

YES NO If no, we cannot provide care for you at this time. If yes answer #7

7. List each Parent/Guardians Employer and Occupation:

1. \_\_\_\_\_

2. \_\_\_\_\_

I hereby give my word that the answers I have provided above are accurate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_