



Before and After School & Summer  
Child Care Programs

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# 2021-2022 Registration Packet

**\*Space is limited\***

**DEADLINE**

**MONDAY, AUGUST 16**

**(to start on the first day of school - if space is available)**



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Before and After School Child Care on Location, Inc.  
4610 Wetzel Road ♦ Liverpool, NY ♦ 13090  
Phone: 315-622-4815 Fax: 315-622-4885  
[www.bascol.org](http://www.bascol.org)

# OUR MISSION

To provide convenient, quality NYS licensed Before & After School Childcare On Location with engaging activities for children in Grades K through 6<sup>th</sup>.

## Goals

- BASCOL is a fun and recreational based program.
- BASCOL creates a safe and nurturing environment.
- BASCOL's caring staff encourage each child to grow to their fullest potential.

### First Day of School

Central Square – Tuesday, September 7, 2021

Onondaga Central – Tuesday, September 7, 2021

Westhill District – Tuesday, September 7, 2021

West Genesee District – Tuesday, September 7, 2021

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Lyncourt School – Wednesday, September 8, 2021

Holy Cross School – Wednesday, September 8, 2021

Solvay District – Wednesday, September 8, 2021

St. Mary's Academy – Wednesday, September 8, 2021

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Liverpool District – Thursday, September 9, 2021

# BASCOL 2021-2022 FALL REGISTRATION PACKET

\*\*\*Submission of this form is not a guarantee of enrollment. Registration cannot be processed until all paperwork is complete & returned to the BASCOL Office. There is a minimum 5-10 business day processing period before your child may begin.\*\*\*

## 1st Child Information

CHILD'S NAME \_\_\_\_\_ Nickname (If any) \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender: M or F

School \_\_\_\_\_ Child's Grade as of Sept. 2021: \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

Schedule—Check one: AM PM BOTH or SHO PLUS\*

Days—Check all that apply: M T W H F Desired Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

In order to provide your child with the best services possible please let us know, along with a brief description, if your child has any of the following conditions: (Please circle yes or no for each)

Yes or No Asthma\* \_\_\_\_\_

Yes or No Diagnosed Allergies\* \_\_\_\_\_

Yes or No Sensitivities/Intolerances \_\_\_\_\_

Yes or No Diabetes \_\_\_\_\_

Yes or No Epilepsy or Seizures \_\_\_\_\_

Yes or No Takes Regular Medication \_\_\_\_\_

Yes or No Allergic to Medications \_\_\_\_\_

Yes or No ADD/ADHD \_\_\_\_\_

Yes or No Court/Custody Issues (if yes please attach a copy of court/custody papers)

\*\*Court Orders must be provided to the BASCOL Office to legally prevent a parent from having access and/or picking up a child\*\*

Yes or No Receives services at school (speech, OT, PT, etc.) has IEP, 504 plan, or behavior plan.

Please explain and attach copy of plan. \_\_\_\_\_

Yes or No Is your child able to successfully participate in a program with 1 adult per group of 10 children?

Yes No or Other (Please explain) \_\_\_\_\_

\*No medication needed while at BASCOL. I understand that in the event of an emergency 911 will be contacted. (Dr. note may be required)

\_\_\_\_\_  
Parent Signature

## 2nd Child Information

CHILD'S NAME \_\_\_\_\_ Nickname (If any) \_\_\_\_\_

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Gender: M or F

School \_\_\_\_\_ Child's Grade as of Sept. 2021: \_\_\_\_\_ Classroom Teacher \_\_\_\_\_

Schedule—Check one: AM PM BOTH or SHO PLUS\*

Days—Check all that apply: M T W H F Desired Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

In order to provide your child with the best services possible please let us know, along with a brief description, if your child has any of the following conditions: (Please circle yes or no for each)

Yes or No Asthma\* \_\_\_\_\_

Yes or No Diagnosed Allergies\* \_\_\_\_\_

Yes or No Sensitivities/Intolerances \_\_\_\_\_

Yes or No Diabetes \_\_\_\_\_

Yes or No Epilepsy or Seizures \_\_\_\_\_

Yes or No Takes Regular Medication \_\_\_\_\_

Yes or No Allergic to Medications \_\_\_\_\_

Yes or No ADD/ADHD \_\_\_\_\_

Yes or No Court/Custody Issues (if yes please attach a copy of court/custody papers)

\*\*Court Orders must be provided to the BASCOL Office to legally prevent a parent from having access to and/or picking up a child\*\*

Yes or No Receives services at school (speech, OT, PT, etc.) has IEP, 504 plan, or behavior plan.

Please explain and attach copy of plan. \_\_\_\_\_

Yes or No Is your child able to successfully participate in a program with 1 adult per group of 10 children?

Yes or No Other (Please explain) \_\_\_\_\_

No medication needed while at BASCOL. I understand that in the event of an emergency 911 will be contacted. (Dr. note may be required)

\_\_\_\_\_  
Parent Signature

# BASCOL FALL 2021-2022 REQUIRED EMERGENCY INFORMATION



Copied

Emergency Notify

	Home Site	Password	Full Day Site
	Child's Full Name	Grade	Allergies, Special Information, etc.
Gender <input type="checkbox"/> M <input type="checkbox"/> F	1st Child		*No Medication needed while at BASCOL Initial _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	2nd Child		*No Medication needed while at BASCOL Initial _____
Gender <input type="checkbox"/> M <input type="checkbox"/> F	3rd Child		*No Medication needed while at BASCOL Initial _____
Please list primary emergency contact first & where child resides first.			Telephone
Primary Contact: Check One Mother Father Guardian Step Mother Step Father	Name Home Address of Child  Employer Occupation	Does child reside w/ you? Yes No (H) _____ (W) _____ (C) _____	
Secondary Contact: Check One Mother Father Guardian Step Mother Step Father	Name Home Address  Employer Occupation	Does child reside w/ you? Yes No (H) _____ (W) _____ (C) _____	
Emergency Contact/ Additional Release Persons ** (Other than above) Who to call in the event we cannot reach you	Name Home Address  Relationship to child	(H) _____ (W) _____ (C) _____	
	Name Home Address  Relationship to child	(H) _____ (W) _____ (C) _____	
Physician	Name	Address	Phone

\* I understand that in the event of an emergency 911 will be contacted.  
 \*\* Note: Contact person needs to be available to be reached by phone during program hours. **(Two are required)**  
**MUST BE 18 YEARS OLD TO PICK UP CHILD.**

### ADDITIONAL AUTHORIZED RELEASE PERSONS (IF NEEDED)

Name	Relationship	Address	Primary Phone #	Secondary #

**Agreements**

I consent to the enrollment of the child listed above in this program & have been advised of the policies and regarding administration of medication, fees, transportation and the services provided by the program, and the Office of Children and Family Services regulations under which it operates. I agree to update this information whenever a change occurs.

I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information to the provider, to assist the provider in caring for my child.

I agree that in the case of accident or injury emergency medical care may be given in the event I or the person(s) designated above cannot be reached. I understand transportation to the nearest hospital will be determined by the paramedics.

Hospital of choice if possible: \_\_\_\_\_  
 There is information regarding Child Health Plus in parent handbook.

Health Insurance Company

ID or Contract Number

**Topical Over-the-Counter Medication Parent Permission**

Name of Topical Medication	Directions For Administration	Valid Dates For Administration
Sunscreen (from home)	Per Product Labels	9/7/21-6/24/22
Hand Sanitizer	Per Product Labels	9/7/21-6/24/22

\*\* \_\_\_\_\_  
 Parent/Guardian Signature Date  
 \*\* This Signature applies to all emergency information. \*\*

**For Office Use Only**

No Verifications: \_\_\_\_\_

If your child needs medical, dental, health or hospital services, you as parent must give permission. It's the law.

What about times when you cannot be reached for permission? A child may be treated without parental consent when a physician determines a true emergency exists. That means the doctor determines the child needs immediate medical care and that an attempt to obtain parental consent would result in a delay which would increase the risk to child's life or health.

Except in a true emergency, care may be ordinarily rendered to a child only with the consent of the parent or legal guardian. Sometimes a child may need unexpected care which is not, however, a true emergency. In such cases, making an effort to contact a parent for permission can delay treatment and create unnecessary anxious moments for the child.

You can prepare for unexpected care your children might need when you are away from home. To do this, make sure baby-sitters know how to reach you at all times. And when you know you will

be hard to reach, you can give permission to other adults. They can then act for you by permitting your child to be treated if unexpected care is needed.

This is a legal document. With it you may appoint relatives, friends, teachers, clergy, neighbors - anyone who is over 18 years of age - to be responsible for your children when you are away from them. It is especially important to prepare this form for the occasions when it will be hard to contact you.

Fill out this form carefully. Have your signature witnessed by an adult different from the person you are making responsible for your children.

After you complete this form, give it to the adult(s) you have named to act on your behalf. If your child needs unexpected medical treatment, the responsible adult(s) should present this document to the appropriate person - physician, dentist or hospital representative.

# authorization

## for medical treatment of minors

NAMES OF MINORS	BIRTHDATES	IDENTIFY ALLERGIES OR SPECIAL CONDITIONS

I/We, being the parent (s) or legal guardian (s) of the above named minor (s), do hereby appoint:

NAME BASCOL	ADDRESS 4610 Wetzel Road Liverpool, NY 13090	PHONE 315-622-4815
NAME	ADDRESS	PHONE

To act in my/our behalf in authorizing unexpected medical, dental, surgical care and hospitalization for the above named minor (s) during the period of my/our absence, from:

MONTH	DAY	YEAR 2021	through	MONTH	DAY	YEAR 2022
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This document shall be presented to a physician, dentist or appropriate hospital representative at such time as unexpected medical, dental, surgical care or hospitalization may be required.

PARENT/GUARDIAN		PARENT GUARDIAN	
SIGNATURE		SIGNATURE	
ADDRESS	DATE	ADDRESS	DATE
WITNESS		WITNESS	
SIGNATURE		SIGNATURE	
ADDRESS 4610 Wetzel Road. Liverpool, NY 13090	DATE	ADDRESS	DATE

### HOSPITALIZATION COVERAGE FOR ABOVE NAMED MINOR(S):

INSURANCE COMPANY OR GOVERNMENT PROGRAM	I.D. OR CONTRACT NUMBER
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### FAMILY PHYSICIANS:

NAME AND PHONE NUMBER	NAME AND PHONE NUMBER
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# FALL 2021-2022 BASCOL VERIFICATION FORM

Having enrolled my child/ren \_\_\_\_\_  
Names of child(ren)

In BASCOL, I verify, understand and give permission for the following:  
(Please Initial All)

1.  I have received a 2021-2022 Parent Handbook describing program hours, policies, program fees and parent responsibilities and agree to abide by them. I am responsible for its contents. If I am unclear on any material enclosed, it is my responsibility to contact the BASCOL office at 315-622-4815 for clarification.
2.  I consent to the enrollment of the child/ren listed above in BASCOL, Inc., and I have been advised of and agree to the policies regarding fees, the transportation plan, and services provided by BASCOL, Inc. and the New York State Office of Children and Family Services regulations under which it operates.
3.  I understand for each medication my child needs to receive while at BASCOL, the parent and physician **MUST** complete the NYS approved Written Medical Consent Form. I also understand the Medication Consent forms are only valid for 12 months. In addition, Health Care Action Plans must be completed for Asthma, Allergies & other state required conditions. These are NYS regulations for childcare centers.
4.  I give permission to school officials and school personnel to release any and all information about my child/ren to BASCOL. I give permission to BASCOL to release any and all information about my child/ren to school officials and personnel.
5.  I give the school nurse permission to release my child/ren's medical and immunizations records to BASCOL.
6.  I will provide special information to BASCOL to assist BASCOL in caring for my child/ren (diet, habits, etc.) I understand that if my child requires an Individual Health Care Plan for medical reasons, I will be required to review the plan with BASCOL staff as needed.
7.  I have received a summary of BASCOL's evacuation plan including the primary and secondary evacuation sites. (Will receive at time of registration.)
8.  I give the school officials and school personnel permission to keep my child/ren either before or after the school day, or take my child/ren from BASCOL site for school-related purposes. I consent to have BASCOL release my child/ren to school officials or school personnel whenever such school representatives request his/her release from BASCOL. I understand and agree that BASCOL has no responsibility for my child/ren when he/she is released to school representatives. This consent shall remain in effect until revoked by me in writing to BASCOL's Executive Director. **I will inform the Site Director, in writing, of my child's extra-curricular activities.**
9.  I understand and agree that I am obligated for payment of my weekly contracted rate regardless of attendance. This includes school holidays and vacations.
10.  I understand that for scheduled school days off (full and half days) it is my responsibility to **COMPLETELY** fill out the **brightly colored sign up sheets** (these will be located near the sign in and sign out binder.) I understand that I will be committed to pay the additional charge if I indicate YES, and deadline has past. If I indicate NO that I do not need care on these scheduled days off or I fail to sign up by the deadline I understand that my child may not be able to participate in the program those days depending upon staffing. **I understand there will be a \$10.00 late sign up fee per child.**
11.  I give consent for my child/ren to take part in field trips or excursions away from BASCOL that I have registered them for, understanding that advance notice will be given. I understand that my child will be transported by either School District Buses, or Golden Sun Bussing.
12.  I understand that there may be occasions when my child/ren is photographed or videotaped while attending BASCOL. I hereby permit my child/ren to be photographed and or videotaped while in attendance at BASCOL. I acknowledge that any photographs or videotapes are the property of BASCOL and for use of BASCOL and/or the photographer or videographer. Photos and videos taken at BASCOL may be used for promotional purposes on the BASCOL website and BASCOL Facebook page.  
**Or-**  I DO NOT give permission for my child/ren to be photographed and/or videotaped.

How did you originally hear about us?

- Google Ad       Facebook       Family Times Magazine Ad       Syracuse Parent Magazine Ad  
 Clipper Card Coupon    School    Previously Attended & Where \_\_\_\_\_    Other \_\_\_\_\_

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

# Fall 2021-2022 BASCOL Parent Orientation Checklist

Copy Forwarded

On \_\_\_\_/\_\_\_\_/\_\_\_\_, I was advised of the following policies and procedures as described in the  
(date)

BASCOL Parent Handbook. I have received the Parent Handbook and understand that I am responsible for its contents. If I am unclear on any BASCOL policies and procedures, it is my responsibility to contact the BASCOL office for clarification.

- \_\_\_\_\_ Confirm First Day BASCOL Attendance \_\_\_\_\_ (Date) (If all paperwork is complete)
- \_\_\_\_\_ Parent to notify school in writing of your child's BASCOL schedule.
- \_\_\_\_\_ Please check your e-mail for communications and the parent table for flyers/newsletters.
- \_\_\_\_\_ BASCOL provides morning and afternoon snacks each day.
- \_\_\_\_\_ The BASCOL Site Cell Phone Number is \_\_\_\_\_.
- \_\_\_\_\_ Extra Curricular Activity Permission Form (ex: dance, art club, running club etc.) to be completed.
- \_\_\_\_\_ Hours of Operation (p. 3) (Please sign in & sign out and write arrival & pick up times)
- \_\_\_\_\_ Sign-Up Sheets for Full Days and Half Days (p. 5-7) I understand there are additional fees if I sign up my child to attend half days, full days and snow days. This is in addition to my weekly contracted rate. There is a one week deadline to cancel or add these scheduled days (Late Sign up fee—\$10.00 less than a week away if there is room); Please pack a lunch on half days and full days. Your full day site is \_\_\_\_\_. (DSS Absentee Policy-DSS participants who sign up for a full day and fail to cancel a week ahead will be charged BASCOL's regular stated fees if child does not attend. p.9) Show fee schedule p. 11
- \_\_\_\_\_ Delays & Early Dismissals (p. 5-7) You must call to see if there is space before bringing your child on a delay or early dismissal, if they are not normally scheduled to attend. (If Liverpool schools go from a delay to a closing your child will be bussed by the district to their designated full day site.)
- \_\_\_\_\_ Release of Children (p. 13) (Must be over 18, know password and have photo ID)
- \_\_\_\_\_ Medication Administration required paperwork (if applicable) (p. 19) Please Note: All medications required at BASCOL Home Site are also required at the BASCOL Full Day Site. If child takes medicine at home but not at BASCOL please fill out an Allergy or Asthma Action Plan Form & a doctor's note may be required.
- \_\_\_\_\_ Individual Health Care Plan (if applicable) —Please allow 10-15min on the first day your child attends to review w/ staff.
- \_\_\_\_\_ Please provide BASCOL with a copy of the following if your child has one: Individual Education Plan, 504 Plan, or any special education services.
- \_\_\_\_\_ Required Medication Notification—Please let the site staff know if your child received medication or treatments prior to arrival at BASCOL.
- \_\_\_\_\_ I have been informed of the OCFS Exclusion Criteria for ill children that defines when children can and cannot attend the program.
- \_\_\_\_\_ Absences (p. 18) Please call 315-622-4815 whenever your child will not attend.
- \_\_\_\_\_ Change of Enrollment/Withdrawal (p. 9) Two week notice in writing is required.
- \_\_\_\_\_ Behavior Expectations are what is expected at school. (p. 4, 16)
- \_\_\_\_\_ Weekly Contracted Rate is due every Thursday by 6:00pm regardless of attendance (p. 11) (For the upcoming week, even during vacation weeks.) Checks or money orders only accepted at sites. We can set up automatic credit card payments or pay with credit card by phone. There is a click to pay link in e-mail statements to pay online. Cash accepted at the BASCOL office only.
- \_\_\_\_\_ Email Statements—Billing statements are e-mailed each week.
- \_\_\_\_\_ Late Tuition Payments—\$10.00 late payment fee (p. 8)
- \_\_\_\_\_ Late Pick-up—\$15.00 for the 1st 5 min, \$30 for next 15 min, \$2.00/min after (per child) p.10
- \_\_\_\_\_ Concern Procedure (p. 20) Please call 315-622-4815 with any questions or concerns.
- \_\_\_\_\_ OCFS required pamphlets for parents- "Say No!" and "Together We Can Raise Healthy Children".
- \_\_\_\_\_ Received a copy of BASCOL's OCFS Evacuation Plan Summary (will get @ time of registration).

Child's Name: \_\_\_\_\_ Site: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FALL 2021-2022  
BASCOL FEE AND SERVICE CONTRACT**

Copy Forwarded

Child/ren Names \_\_\_\_\_

**Fees Due at Time of Registration**

Registration Fee: \$30.00 per child Regular Enrollment (Non-Refundable) \_\_\_\_\_  
 \$35.00 per child SHO+ Enrollment (Non-Refundable) \_\_\_\_\_  
 First Week Deposit \_\_\_\_\_  
 Last Week Deposit \_\_\_\_\_  
 Additional Deposit (optional) \_\_\_\_\_  
 TOTAL Due at Registration \_\_\_\_\_

Date Paid \_\_\_\_\_ Credit Card/Check/Cash Receipt Number \_\_\_\_\_

Would you like to sign up for automatic payment? YES NO Next payment is due on \_\_\_/\_\_\_/\_\_\_

E-mail Address for billing statements and communications: \_\_\_\_\_

Please review the following and check the program box for which you are contracting (2 day minimum). Any change in your scheduling needs will require a 2 week advance written notice. BASCOL will automatically charge your account for 2 weeks, if less than 2 weeks notice is given. Any change in scheduled contracted hours are subject to staffing availability.

Start Date: \_\_\_/\_\_\_/\_\_\_ End Date: \_\_\_/\_\_\_/\_\_\_

<b>BEFORE AND AFTER SCHOOL CARE WEEKLY CONTRACT</b>					
<input type="checkbox"/> I require <b>A.M.</b> and <b>P.M.</b> care on (please check):					
Monday	Tuesday	Wednesday	Thursday	Friday	
<b>BEFORE SCHOOL CARE WEEKLY CONTRACT</b>					
<input type="checkbox"/> I require <b>A.M.</b> care on (please check):					
Monday	Tuesday	Wednesday	Thursday	Friday	
<b>AFTER SCHOOL CARE WEEKLY CONTRACT</b>					
<input type="checkbox"/> I require <b>P.M.</b> care on (please check):					
Monday	Tuesday	Wednesday	Thursday	Friday	
<b>SHO (School Holidays Only) PLUS</b>					
<input type="checkbox"/> I require care on school holidays only, plus an OCCASIONAL day.					

The fee for the services selected will be \$\_\_\_\_\_ per WEEK. All payments are due one week prior to actual attendance. I understand that no portion of this fee will be refunded for days absent from the BASCOL program, including weeks and days during the school year when either school or BASCOL is closed. I agree to make all payments on time and will pay an additional \$10.00 late charge per week for any fee not paid in full by the Thursday of each week for the following week. I am also financially responsible for any additional attendance my child attends or I request. I understand that failure to pay tuition and fees in a timely fashion will result in termination of services. In the event that I fail to make payment, I will be responsible for any and all collection costs incurred by BASCOL, including attorney's fees, as detailed on page 10 of the parent handbook.

I understand that regardless of my child/ren's attendance at the BASCOL program, my weekly contracted rate is ALWAYS due on Thursday by 6:00pm for the upcoming week. The weekly contracted rate is due during vacation breaks and holidays throughout the year regardless of attendance. (Thanksgiving, December Break, February Break and April Break). I understand there are additional fees if I sign up my child to attend half days, full days and snow days. This is in addition to the weekly contracted rate.

I understand that I will be charged a late pick up fee of \$15.00 per child for the first 5 minutes, an additional \$30.00 per child for the next 15 minutes and then an additional \$2.00 per minute per child after that.

BASCOL is under no obligation to provide non-contracted services, or to make additions upon this contract at any time. All persons signing this contract are both individually and jointly liable for all fees and charges.

Parent/Guardian Signature \_\_\_\_\_ Last 4 digits of SS# \_\_\_\_\_ Date \_\_\_\_\_





## Revised Billing Policies for Covid-19 Related Issues for School Year 2021-2022

During these challenging times BASCOL has been committed to our mission of providing convenient, quality NYS licensed Before & After School Childcare On Location with engaging activities for children in grades K through 6th. For the 2021-2022 school year, the following billing policies will be in effect so that BASCOL can continue to provide a fun, recreational based program in a safe and nurturing environment.

Families must choose a set weekly schedule and will be contracted for payment regardless of attendance.

1. If a parent has to intermittently work from home for a period of time - still responsible for weekly contracted rate unless a 2 week notice is given to modify schedule. **If you need to return to the program, you will need to call to verify availability.**
2. If a family chooses to go out of town and must quarantine upon return - still responsible for weekly contracted rate.
3. If a child is out sick for any reason without a Covid-19 positive test - still responsible for weekly contracted rate
4. **If a child has a positive Covid-19 test and must quarantine as a result - BASCOL will credit the days missed**

We appreciate your understanding regarding these billing policies.

Home School \_\_\_\_\_

Child/ren's Name(s) \_\_\_\_\_

Parent Name (Please Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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NEW YORK STATE  
OFFICE OF CHILDREN AND FAMILY SERVICES

**CHILD CARE EMPLOYEE, VOLUNTEER, PARENT, CHILD AND ESSENTIAL VISITORS  
HEALTH SCREENING ONE-TIME ATTESTATION**

Before entering a child care program, employees, volunteers, parents, children and essential visitors **must complete a health screening questionnaire daily. In addition, each employee, volunteer, parent, child and essential visitor must sign and submit this form to the program one time.** Employees, volunteers, parents, children and essential visitors must answer all questions and take their temperature daily to confirm a body temperature lower than 100.0 degrees Fahrenheit. If anyone answers "Yes" to any of the questions below, they cannot enter the child care program. A parent or guardian is responsible for completing daily screening on behalf of their child(ren).

**Self-Screening:**

Below are the self-screening questions that employees, volunteers, parents, children and essential visitors are required to answer **daily**. If any of the answers to the below questions are "Yes," individuals **cannot** enter the program. If the answers are "No" to all the following questions, individuals may enter the program. If employees, volunteers, parents, children and essential visitors cannot take their temperature at home, but answer "No" to all other questions, they may report to the program to have their temperature taken on site.

1. Is your temperature higher than or equal to 100.0 degrees Fahrenheit? \_\_\_\_\_
2. Have you had any known contact with a person confirmed or suspected to have COVID-19 in the past 14 days? \_\_\_\_\_
3. Are you currently experiencing **ANY** of the following symptoms?
  - Cough (new or worsening)
  - Shortness of breath (new or worsening)
  - Trouble breathing (new or worsening)
  - Fever
  - Chills
  - Muscle pain (new or worsening)
  - Headache (new or worsening)
  - Sore throat (new or worsening)
  - New loss of taste
  - New loss of smell
4. Have you tested positive for COVID-19 through a diagnostic test in the past 14 days? \_\_\_\_\_

If you have answered "NO" to all questions, you have passed and may enter the program.

If you have answered "YES" to any question, you will not be allowed to enter the program.

**Attestation:** By signing this document, I agree that I will self-monitor these symptoms each day and report the outcome per the instructions above and will not enter any child care program if any of the above symptoms or conditions are present.

Signature	/ / Date
Signature	/ / Date

**Note:** This document must be signed and returned to the program prior to entry. A signed copy needs to be provided only once. The child care program must retain a copy for their records.

Child/ren's Name(s) \_\_\_\_\_ Site \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_



## BASCOL Coronavirus Parent Information

Revised 4/16/21

Please find below some additional information regarding protocols in place regarding Covid-19.

- Children attending the BASCOL program are **REQUIRED** to wear a mask. There will be scheduled mask breaks for children. Children can also request a mask break with staff as needed.
- **Parents/Guardians are responsible for checking their child/ren's temperature at home prior to arrival at the program.**
- BASCOL will continue to do Daily Health Checks on the children and follow CDC and OCFS guidelines for sick children.
- Parents/Guardians and children over the age of two that are dropping off/picking up must wear a face covering into the building during drop off and pick up times.
- BASCOL staff must wear face coverings **at all times** when interacting with children/parents, regardless of distance.
- Covid-19 screening questions are posted at the door. If the answer to any of them is "Yes," please do not enter.
  - Within last 14 days, has your child traveled to a country that the federal Centers for Disease Control and Prevention said should be avoided for nonessential travel? (China, Iran, South Korea, Japan)
  - Has your child been in contact with any person with known COVID-19 symptoms?
  - Does your child have any respiratory infections (fever or chills, cough, sore throat, shortness of breath or difficulty breathing, fatigue, diarrhea, nausea or vomiting, congestion or runny nose, muscle or body aches, headache, new loss of taste or smell).
  - Are you or anyone in your home in active quarantine status?
- **If your child is SICK, please keep them home.** Please refer to Exclusion Criteria for children who are ill. The handout given to you at registration and specifically exclusion criteria for Covid-19 guidelines are:
  - If any of these symptoms are observed: fever or chills, cough, sore throat, shortness of breath or difficulty breathing, fatigue, diarrhea, nausea or vomiting, congestion or runny nose, muscle or body aches, headache, new loss of taste or smell then please seek medical diagnosis.
  - If Covid-19 test is positive, child cannot attend until the local health department has released them, which is typically:



- 10 days after symptom onset; **AND**
  - Child's symptoms are improving; **AND**
  - Child is fever-free for at least 72 hours without use of fever reducing medicines.
- **BASCOL will follow school policies regarding returning to school after illness. Please contact your school nurse to verify what your school district policy states.**
- Staff and children are required to practice hand hygiene in the following instances: • Upon arrival to the first program activity; • Between all program activities; • After using the restroom; • Before eating; and • Before departing the last program activity.
  - Programming activities are planned with social distancing in mind focusing on activities with little or no physical contact.

If you have questions regarding this information, please contact the BASCOL Administrative Office at 315-622-4815.