



Little Cube Montessori

Preschool & Kindergarten

Dear parents and families,

The Public Health Agency of Canada and Provincial Health Officer of BC support the use of preschools and daycares. We are absolutely committed to keeping your children and families as safe as possible.

To this end, **when returning**, we are requesting that you fill out the following form. Please bring it with you to class at drop off on your child's first day back.

This is for ANY absence longer than 5 days, for ANY reason; each time that a 5 day absence occurs.

Without this form, entry may not be permitted as we do need to think of everyone in our preschool; students and their immediate and **extended families as well as teachers and their immediate** and extended families.

We are continuing our vigilance with hand washing, adhering to our sickness policy and our heightened cleaning regime. Please see our Covid-19 Protocols on our website.

Thank you for your understanding and support through this time.

Kim & Natasa

COVID 19 Return to Preschool



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PLEASE CHECK ALL BOXES THAT APPLY

I and/or my immediate family **HAVE NOT traveled outside of British Columbia/Canada in the past 14 days.**

I and/or my immediate or extended family **HAVE traveled outside of BC/Canada in the last 14 days**

The date of our arrival **BACK into Canada** :

If we traveled outside of Canada, we have **self isolated for 14 days** . Isolation ended:

We have NOT been in contact in the last 14 days with anyone including immediate or extended family that has traveled anywhere outside of Canada.

No one in our ***immediate or extended family***, that we have been in contact with in the past 14 days, **have shown flu like symptoms** (fever, cough, chest pain).

We have NOT been in contact in the last 14 days with anyone; including immediate or extended family, that has shown symptoms or been diagnosed with Covid-19.

I and/or my immediate family have traveled outside of the Fraser Health Region. We arrived back on:

To the best of my knowledge, I believe the above information to be correct and true.

Date: _____

Child's name: _____

My name: _____

Signature: _____