



"Our students believe, achieve and succeed"

God's Little Angels Learning Center

GLA Academy "School of Excellence"

6247 Kenwood Avenue * Rosedale, MD 21237-2020

Phone: 410-866-0018 or 1091 Fax: 410-772-3517

August 7,2020

Wellness Policy Acknowledgement

GLA Academy School of Excellence and all programs on GLA Campus has taken precautions to keep your child safe while still providing an excellent educational experience. GLA is working to implement and abide by the guidelines set by state and local agencies, neither the guidelines themselves nor the guidance from the CDC would allow GLA to guarantee an environment that is entirely free of COVID-19 related risks.

By allowing your child to return to GLA campus, you acknowledge and understand that your child's attendance will require him/her to interact with the school staff members.

Please acknowledge and agree to the following (please initial each blank):

I will not send my child to GLA with a fever of 99.7 degrees or after giving him/her medication to treat a fever. If my child is found to have a fever at school, I will take him/her home immediately.

I will not send my child to GLA if anyone in the household has been exposed to the coronavirus or is exhibiting symptoms of the virus, such as a cough, until cleared by a doctor.

I agree to pick up my child from GLA within an hour if he/she has a fever or is vomiting.

I will inform the GLA immediately if there has been a positive coronavirus test result and will not return to school for 21 days.

I understand that sending my child to GLA may expose him/her to unavoidable risks. As such, I assume the risk and release GLA Academy School of Excellence/ Gods Little Angels Learning & Academy/KSal Empire/Triple Threat Elite and its agents from all liability from injury, illness, or other issues resulting from my child's return or participation in any GLA Programs.

By signing below, you acknowledge having read and understood all of the above terms and conditions.

Child's Name _____

Child's Name _____

Parent's Printed Full Name _____ Date _____

Parent's Signature _____

God Bless, Management

