



Çanşayapi Waqan̄yeza
Owayawa Oṭi

2020-2021 Preparedness Plan Signed Agreement

I _____ (Parent/Guardian Name), have read the CWOO Covid-19 preparedness plan. By signing this form I acknowledge that I understand what is presented in this document, and have agreed to abide by the standards set forth in this plan. By not abiding to the terms set forth in the conditions of this plan, this may directly result in a discussion with Enrollment Coordinator/Director regarding my child's enrollment within Lower Sioux Early Head Start/Head Start. This plan is deemed necessary for the safety and protection of CWOO staff and, children, and families.

Childs Name

Parent Name

Parent Signature

Date

Staff

Date