



Emergency Alert Contact Form 2022-2023 School Year

Alcott School's Emergency Communication system uses OneCall Now, email, text, and voice mail to inform you of school closings, power outages, and emergency situations at the school.

Please return this form to school before your child's first day of class to ensure that you receive important messages.

CHILD'S NAME: _____ DATE: _____

SITE: Scarsdale Dobbs Ferry

Please clearly print the information for the methods by which you wish to be contacted. We must have at least one emergency contact person.

Person #1: Name _____

Contact by: Email Address _____

and/or Voice Mail # _____

and/or Text Msg # _____

Cannot be the same #

Person #2: Name _____

Contact by: Email Address _____

and/or Voice Mail # _____

and/or Text Msg # _____

Cannot be the same #

Person #3: Name _____

Contact by: Email Address _____

and/or Voice Mail # _____

and/or Text Msg # _____

Cannot be the same #

Person #4: Name _____

Contact by: Email Address _____

and/or Voice Mail # _____

and/or Text Msg # _____

Cannot be the same #

NOTES: The E-Mails will come from "The Alcott School."

 The Text Messages will come from "223-00"- please make note of this number.

 The Voice Mails will be a robocall stating that the call is from Alcott School.

Revised 04/2022



Class List Release

It is the policy of Alcott School to distribute class lists to the families in each classroom. These lists contain children's and parents' first and last names, phone numbers, and e-mail addresses. This list is useful for arranging play dates, socializing with other families in your child's class and planning birthday parties.

Please complete the form below and return it to our office. Thank you.

Child's Name: _____

Date of Birth: _____

- YES my child's name may be included on the class list as described above;
- NO, my child's name may NOT be included on the class list as described above.

Parent's/Guardian Signature: _____ Date: _____

Revised 04/2022



PHOTO POLICY & CONSENT FORM

The Alcott school often uses photographs of the children in our communication with our families. Photographs are taken by a head teacher or a designee who is provided with a list of children whose families have agreed that their child may have their picture taken. Pictures are taken with an authorized Alcott School camera.

We may use the children's pictures in any or all the following ways:

- on Google Classroom
- on bulletin boards and posters in the school buildings
- on child specific projects

Please indicate your preference for having your child's picture taken below:

I am the parent/guardian of _____, a student at the Alcott School.
I have read and understood the Alcott School Photo Policy above.

____ I, hereby do consent to the use of my child's photographs in the manners stated above.

____ I, hereby do not consent to the use of my child's photographs in the manners stated above.

Parent/Guardian name (please print): _____

Parent signature: _____

Date: _____

Revised 04/2022



Consent for the Application of Sunscreen

Full-Day Students ONLY

The Alcott School recognizes the importance of protecting children from too much sun exposure. A waterproof broad-spectrum, PABA-free sunscreen is one of the most effective measures in preventing exposure to the damaging rays from the sun. The staff at the Alcott School will re-apply sunscreen in the afternoon with signed parental consent. In order for your child to participate in this program, the parent should:

1. Sign and complete this consent form.
2. Supply an unopened, unexpired container of waterproof broad-spectrum, PABA-free sunscreen with at least 15 SPF (Sun Protection Factor) labeled with your child's first and last name. Sunscreen spray products are not acceptable.
3. Please bring the sunscreen container in a zipper-lock plastic bag with a photo of your child attached.
4. Identify any exposed areas of the body, if any, where you do not want sunscreen applied.

Child's Name: _____
D.O.B: _____

As the parent/guardian of the above named child, I give my consent to the staff at the Alcott School to apply sunscreen to my child. I understand that the sunscreen will be applied to all areas of exposed skin, including but not limited to the face (except eyelids), ears, nose, shoulders, arms, and legs unless I state otherwise.

Please indicate if there are any areas on your child where you do not want sunscreen applied:

Parent/Guardian's Name (Print): _____ Date: _____

Parent/Guardian's Signature: _____

04/2022

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
COVID-19 HEALTH SCREENING ATTESTATION

The New York State Department of Health Interim Guidance for Child Care Programs requires all individuals to complete a daily health screening questionnaire before arriving to a child care program or upon arrival to a child care program.

If an individual answers "Yes" to any of the screening questions, they cannot enter the child care program, except as otherwise indicated.

Screening Questions:

1. Is your temperature higher than or equal to 100.4 degrees Fahrenheit?
2. Have you had any known close or proximate contact with a person confirmed (by diagnostic test) or suspected (based on symptoms) to have COVID-19 in the past 10 days? Note: Close contact is defined by DOH as being within 6 feet of an individual for 10 minutes or more within a 24-hour period, starting from 2 days before symptom onset or, if asymptomatic, 2 days before the date the positive sample was collected through when they are isolated. Close contact does not include individuals who work in a health care setting wearing appropriate, required personal protective equipment.

Exception: Asymptomatic staff and children may attend if the staff/child is fully vaccinated or has recovered from laboratory confirmed COVID-19 in the previous 3 months and has not been placed on quarantine. Note: Fully vaccinated is defined as being 2 weeks or more after either receipt of the second dose in a 2 dose vaccine series, or 2 weeks or more after receipt of one dose of a single-dose vaccine.

3. Are you currently experiencing or have you recently, (within the past 10 days) experienced ANY COVID-19 symptoms?

Note: Symptoms may occur with pre-existing medical conditions, such as allergies or migraines. You should only answer "Yes" if your symptoms are new or worsening.

- Cough
- Shortness of breath
- Trouble breathing
- Fever (equal to or above 100.4 degrees Fahrenheit)
- Chills
- Muscle pain or body aches
- Headache
- Sore throat
- Loss of taste or smell
- Fatigue
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

4. Have you tested positive for COVID-19 through a diagnostic test within the past 10 days?
5. Have you traveled within the past 10 days and not complied with requirements of the New York State Travel Advisory?

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

X _____
Signature

_____/_____/_____
Date

X _____
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.