



# WELLSPRING CHURCH

## COVID 19 and Illness Policy Acknowledgment Form

Please fill out this form. Sign and date acknowledging receipt of the Wellspring Preschool COVID 19 and Illness Policy. Return original and keep a copy for your files.

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I/We the Parent/Guardian of (Child's name) \_\_\_\_\_  
have received a copy of the Wellspring Preschool COVID 19 and Illness Policy. We have read and agreed to abide by its terms and conditions.

Acknowledged by:

Name of Parent/Guardian \_\_\_\_\_  
Print full legal name

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_  
Print full legal name

Legal Signature \_\_\_\_\_ Date \_\_\_\_\_