



Dear Parent / Guardian,

Your child's health is very important to us! The attached chart is a helpful tool to inform you about Children's Discovery Center's Exclusion Policies which will help minimize your child's exposure to illness at Children's Discovery Center. Please read the chart, fill out the bottom portion of this letter and return only the letter to the office. Please keep the chart for your records.

Sincerely,

Children's Discovery Center Staff

I, _____, have read and understand Children's Discovery Center's Exclusion of Illness chart and agree to the follow the exclusion policies as they apply to my child.

Parent / Guardian Signature Date