

February 2022

Happy Lunar New Year to You!!

Fremont Christian Preschool

Let's Celebrate!!

This year we will be celebrating Lunar New Year and Valentines Day in the classroom. Your child may bring valentines to share with their classmates. All candy, treats , etc. must be individually wrapped. The teachers will be offering fun and creative alternatives to make sure the holidays are celebrated in a safe way.

Stay tuned for more information in your This Week At School from your child's teacher.

"So now faith, hope, and love abide, these three; but the greatest of these is love.."

1 Corinthians 13:3

Save the Date: February 21st

February 21-NO SCHOOL



ATTENDANCE REPORTING

If your child will be absent, please send an email to ljow@fremontchristian.com and your child's teachers. Be sure to include the reason why your child is absent,






*Smile! Picture Day
is Coming
February 15*


IMPORTANT COVID SCREENING

As we are sure you are aware COVID-19 is prevalent in our area at this time. Please screen your children with the Daily COVID-19 Health Screening Form below before you bring them to school each day. This will help in stopping the spread at our school. If your child has any symptoms below while at school you will be contacted and asked to pick up your child immediately.



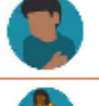


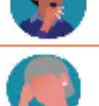

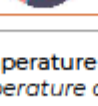
Daily COVID-19 Health Screening


To be asked daily for every child prior to in-person program participation.

Exposure Check		Within the past 10 days, has the child had close contact with anyone in the household who was diagnosed with COVID-19 or who had a test confirming they have the virus?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Does the child live in the same home with someone who has been in isolation or who had a positive test for COVID-19 within the past 14 days ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Within the last 14 days, has the child had close contact with someone outside the household who was diagnosed with COVID-19 or who had a test confirming they have the virus?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	In the past 10 days was the child diagnosed with or have a test confirming they have COVID-19?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Symptom and Visual Check	Since the child was last at school (or in the last 10 days if the child has been out of school longer than 10 days), has the child had any of these symptoms, new or different from what they usually have, or not explained by another reason?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	*If child has any of these listed symptoms or history of COVID-19 within the last 10 days, please send them home with requirements for returning to school.		

	Shortness of breath or difficulty breathing		Sore throat	<p>DO NOT print or bring this form, just check for symptoms.</p> <p>If a child or family member is exhibiting any of the symptoms please stay home.</p>
	Fever or chills		New loss of taste or smell	
	Runny nose		Cough	
	Nausea or vomiting		Headache	

Temp Check		Did you do a temperature check with a thermometer? A fever is a temperature of 100°F (37.8°C) or higher	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you answered yes to ANY question, please do not report to school and contact your health professional.

Close contact means that the child was within 6 feet of a COVID+ person for 15 minutes or longer (including multiple shorter periods that add up to 15 minutes) EVEN IF both the child and the other person were wearing masks. Close contact can also mean that the child had a major exposure to the COVID+ person's respiratory droplets – for example, the sick person coughed directly on the child. [COVID-19 Flowchart for Parents](#)