

TRINITY PRESBYTERIAN PRESCHOOL
CO-OP ADULT PARTICIPATION REQUIREMENTS

In compliance with operational guidance, Licensing and state law, **ALL** co-oping adults are required to have on file:

1. **Volunteer Release Form** (available on Admissions page)
This form must be on file for all co-oping adults.
2. **Covid Vaccine Status**
Vaccination status may affect quarantine guidance, should an exposure occur. Should additional guidance criteria arise in the fall, we will be prepared to swiftly adapt to avoid interruption to our school programs.
 - **Unvaccinated:** For non-vaccinated adults, proof of a negative Covid test within 24 hours of your assigned co-op date is required for you to fulfil your co-op duty. Proof of the negative Covid test must be emailed to info@trinitypreschoolsc.org AND your class teachers by midnight the night before your co-op day.
 - For at-home tests, please include a clear image of the test results with the adult's name clearly visible with the results.
 - For clinic/lab/pharmacy results, please forward results showing:
 1. Co-Op Adult's full name
 2. Name of administering clinic, doctor, lab, or pharmacy
 3. Date(s) of test **and** result
3. **Pertussis** (Whooping Cough) vaccination
Commonly administered with tetanus via a combo vaccine called Tdap
4. **Measles** vaccination
Most commonly administered via the combo vaccine MMR but may have been administered independently. For our co-oping grandparents, please be advised that those born prior to 1957 are exempt from the Measles vaccine requirement.
5. **Negative TB (Tuberculosis) Test**
*The results of a skin or blood test may be submitted. In the event the result is positive, a negative chest x-ray is necessary to meet the requirement. Results must be obtained within the 12 months prior to the start of the school year. **Current or alum families must obtain a new TB test for a newly enrolled child.***
6. **Influenza** Vaccination or Declination Form
Must be submitted annually. The vaccination must be obtained between August 1 and December 1.

Pertussis, Measles, and TB results need to be submitted once, when a child starts at Trinity. The Influenza requirement is annual. **If not already on file, Pertussis, Measles and TB requirements must be met by August 1 and returned with your enrollment paperwork. Proof of the Influenza vaccination or the Declination Form (attached) must be returned to the school office no later than December 1.**

Compliance with the above medical requirements can be secured by submitting **hardcopies only** of:

1. An immunization record documenting Pertussis and Measles vaccines**;
A signed letter from a licensed physician documenting your immunity to Pertussis and Measles;
A signed letter from a licensed physician declaring that immunization is unsafe for you due to a physical condition or medical circumstance.
2. A copy of your TB test results (test must be within 12 months of the start of the school year).
3. A copy of your Influenza vaccination obtained between August 1 and December 1 of the current school year, or submission of the Influenza Vaccination Declination Form.

**** Proof of immunity is often obtained during pregnancy. Please check with your Physician / OB.**

Please proceed to cover form on next page.

TRINITY PRESBYTERIAN PRESCHOOL
CO-OP ADULT PARTICIPATION COVER SHEET

1. Please complete one form per co-oping adult.
2. Attach all required documentation. **Incomplete sets, or emailed results will be returned.**

Date: _____

Child(ren)'s Last Name: _____

Class(es): ☐ AM TWOs ☐ TTH/TTH Flex ☐ MWF3s ☐ MWF Pre-K ☐ PM Pre-K

Name: _____ **Relationship:** _____
Please print.

☐ I have submitted the Volunteer Release form with my child's enrollment paperwork.

☐ I am a non-parent/ guardian family member and have attached the Volunteer form.

☐ My child attended last year and I have Pertussis, Measles and TB records on file.

☐ I have attached proof of Pertussis and Measles** immunity and a negative TB test results .

☐ ** I was born prior to 1957 and am exempt from the Measles vaccine requirement.

☐ I have attached a letter from my physician detailing a medical exemption.

☐ I am intending to obtain an Influenza vaccine between August 1 and December 1 and will forward the results by December 2.

☐ I have attached the Influenza Vaccination Declination Form.

COVID Vaccination Status:

☐ My Covid Vaccination records are on file.

☐ I have received a vaccination(s) for Covid-19 (proof attached)

☐ I intend to receive a vaccination before school starts and will submit proof after (date): _____

☐ I do not intend to receive a vaccination for Covid-19.