

**ICCD** International Center for Community Development  
Student Information for **Early Learner Program** 4-5y/o

Student Name \_\_\_\_\_ Date \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ **Age** \_\_\_\_\_ **Place of Birth** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Name of the school attending \_\_\_\_\_ **Grade** \_\_\_\_\_

Does the student read and write in  Spanish  English  French  Other \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_ Guardian \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

How many brothers/ sisters? Brother(s) \_\_\_\_\_ Ages \_\_\_\_\_ Sister(s) \_\_\_\_\_ Ages \_\_\_\_\_

Does the student have any kind of allergies? Yes  (list) \_\_\_\_\_ None

Does the student have any specific illness/disability?  If yes, what is it? \_\_\_\_\_

Who is bringing the student to the Center? Parents  Friends  Name \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Parent's educational level (**Grade Completed**) mother \_\_\_\_\_ father \_\_\_\_\_ College \_\_\_\_\_


How many people live in your household? Adult \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_

**A \$100 Application fee required:**  Cash/C-App  Check  Only ED can waive fee Other \_\_\_\_\_

Is there any disabled member in the family? Yes  NO

What is the family total income? Less than \$10,000  \$10,000--\$20,000  Over \$20,000

How did you hear about us? Family  Friends  Sign in the front  School  Other

**COVID19 Agreement Signature:** The Parent Agreement Letter of Compliance with COVID-19 Guidelines 

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**Does anyone in your family need help with the following? (Please check all that apply)**

- Finances  Legal Matters  Work/Job  Immigration  Grief/Loss  Housing/Utilities  Food  Parenting  Health/Illness  
 Family Member  Surgery/Injury  Translation  ABE/ESL  Education  College Access  OTHER \_\_\_\_\_

**Note:**



International Center for Community Development-ICCD  
Office: 66 Union Street South Suite 9, Concord, NC 28025-5010  
Mailing: P.O. Box 1265, Concord, North Carolina 28026-1265  
Phone: 704-991-6055 ~ Email: [info@iccdconcord.org](mailto:info@iccdconcord.org) ~ Website: <https://www.iccdconcord.org>

**TEACH LEARN LEAD and SERVE**

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## Parent Agreement and Acknowledgement of Compliance with COVID-19 Guidelines

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_  
will follow the ICCD requirements for in-person attendance at any activity directed, controlled, or supervised by ICCD.

- My child will always wear a mask or fabric face covering, practice handwashing, and maintain social distancing to the extent possible when participating in any ICCD Activity, as per North Carolina Department of Education and State *Health Department*: Cabarrus Health Alliance (CHA) guidelines.
- I will only send my student to ICCD Activity if they are not exhibiting any signs/symptoms of COVID-19 or have not been exposed to someone with COVID-19 (or presumed to have COVID-19) in the past 14 days.
- I will review symptoms with my student and actively monitor my student's temperature every day that my student attends any in-person ICCD Activity.
- Students must be free of fever without the use of fever reducing medications for the time period directed by the Cabarrus Health Alliance (CHA) guidelines' current guidelines. Please consult your health care provider or the County Health Department with specific questions about COVID-19.
- If my student becomes ill during an ICCD Activity, I will ensure they are picked up from the center. I will follow-up with an authorized health care provider/health department and comply with isolation as directed. If my student is ill, I understand that a release to return to in-person activity from a health care provider will be required.
- If my student is in close contact (within 6 feet for a cumulative 15 minutes with or without a mask) with a person who develops COVID-like illness within 48 hours of being at school, I understand that my student will need to quarantine, and that ICCD will require your child to be picked up from our center.
- I am aware that by participating in any ICCD Activity that there is a risk of being exposed to COVID-19. I am also aware that such an exposure can occur either directly or indirectly whether or not a mask or fabric face covering is worn and notwithstanding reasonable efforts by ICCD to mitigate exposure based on current State and Local public health guidelines.
- I have considered my student's and family's personal health risk in the decision to attend the ICCD Activity. I have considered the rates of community spread and understand that COVID-19 can be widespread in Cabarrus County. I have independently evaluated and reviewed the risks of being exposed to or infected by COVID-19 and have determined to allow my student to participate in an ICCD Activity with full knowledge and acceptance of the above risks.
- I understand that the scale of ICCD operations may impact the extent to which ICCD may implement social distancing guidelines and that as ICCD increases the scope of in person learning opportunities it will work with the CHA regarding any changes to any COVID protocols including social distancing guidelines.
- I will notify the center as soon as I am aware that my student has tested positive for the virus that causes COVID19 or that they have been exposed to a person who is confirmed to have COVID-19.
- I will ensure that my student follows all North Carolina state travel advisories, if any, as it relates to quarantine, testing, and coming to any ICCD activity in-person.

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**Signs and Symptoms of COVID-19:** *Fever (100°F or greater) or chills; Cough; Shortness of breath or difficulty breathing; Fatigue; Muscle or body aches; Headache; New loss of taste or smell; Sore throat; Congestion or runny nose; Nausea or vomiting; Diarrhea.*

If you need health information, contact local *Health Department*: Cabarrus Health Alliance (CHA) at 300 Mooresville Road Kannapolis, NC 28081 website: <https://www.cabarrushealth.org> or call 704-920-1000 \* 704-933-3345 Fax

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Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



**International Center  
for Community Development**  
Student Information Sheet

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