



McCLOSKEY Elementary School

11531 - 80th Avenue
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SEPTEMBER KN GRADUAL ENTRY 2020

Dear Kindergarten Families,

We are excited to welcome your child to McCloskey this year. There have been changes to the schedule since June and below is the revised gradual entry schedule. If you are unsure if your child is in Group A or B, please call the office.

	GROUP A	GROUP B
September 10	8:55-9:40am	10:00-10:45am
September 11	10:00-10:45am	8:55-9:40am
September 14	8:55-9:55am	10:30-11:30am
September 15	8:55-9:55am	1:00-2:30pm
September 16	8:55-11:30am All Students (bring a snack)	
September 17	8:55am-1:00pm All Students (Bring a snack & lunch)	
September 18	8:55am-1:30pm All Students (Bring a snack & lunch)	
September 21	8:55am-3:00pm Full Day Attendance All Students (Bring a snack and lunch from now on)	

Daily Health Check must be completed before your child comes to school. There is a form to approve in Parent Connect - copy attached.

When you arrive, please wait with your child at the front of the school, standing apart from other families. The Kindergarten teacher will call your child's name. Parents can return to pick up their child when their session is over. Parents and siblings are not to enter the building.

Driveway and Parking lot is for staff only. Please park away from the school and walk in, if you need to drive.

Please do not hesitate to contact the school if you have any questions.

Thank you.

Mrs. Nelmes
Principal



As part of the Ministry of Education’s expectations for school re-start, all parents and guardians are expected to complete this daily health check before sending a child to school.

Daily Health Check			
1. Symptoms of illness*	Does your child have any of the following symptoms?	CIRCLE ONE	
	Fever	YES	NO
	Chills	YES	NO
	Cough or worsening of chronic cough	YES	NO
	Shortness of breath	YES	NO
	Sore throat	YES	NO
	Runny nose / stuffy nose	YES	NO
	Loss of sense of smell or taste	YES	NO
	Headache	YES	NO
	Fatigue	YES	NO
	Diarrhea	YES	NO
	Loss of appetite	YES	NO
	Nausea and vomiting	YES	NO
	Muscle aches	YES	NO
	Conjunctivitis (pink eye)	YES	NO
	Dizziness, confusion	YES	NO
Abdominal pain	YES	NO	
Skin rashes or discoloration of fingers or toes	YES	NO	
2. International Travel	Have you or anyone in your household returned from travel outside Canada in the last 14 days?	YES	NO
3. Confirmed Contact	Are you or is anyone in your household a confirmed contact of a person confirmed to have COVID-19?	YES	NO

(*This Health Checklist is for parent use daily and not to be sent to the school each day)

If you answered “YES” to any of the questions and the symptoms are not related to a pre-existing condition (e.g. allergies) **your child should NOT come to school.**

If you are experiencing any symptoms of illness, contact a health-care provider for further assessment. This includes 8- 1-1, or a primary care provider like a physician or nurse practitioner. If you answered “YES” to questions 2 or 3, use the COVID-19 Self-Assessment Tool to determine if you should be tested for COVID-19.

By signing this form, you acknowledge you have received the daily health check form, understand your responsibilities and how to use the daily health check, and agree to conduct a daily health check with your child.

Parent/Guardian Signature