



## Snell's Prek

9371 N. LOWER SACRAMENTO RD STOCKTON CA 95210

209-478-6161

Email: snellspreschool@gmail.com

www.snellssprek.com

7:30am-530pm Monday-Friday

## Health Criteria

**Please use health criteria as a guideline for making the decision of whether to or not to send you child.**

### Ill Child Policy

It is very important that sick children do not come to the program. The children use the same washroom and they often "mouth" the same toys. They are often very affectionate with each other and it is very difficult to keep a sick child from infecting everyone else. Kids Place 2 Explore and Learn /DBA Snell's PreK will not accept the child if any of the following symptoms are present or have been present within the last 24 hours.

- fever over 100° within the last 72 hrs
- runny nose that is green or yellow (this usually indicated an infection).
- conjunctivitis (pink eye)
- flu
- unusual rash any open sores or wounds that have are not bandaged or covered with a scab.
- severe cough
- rapid or labored breathing
- severe cold
- vomiting
- yellowish skin or eyes
- diarrhea
- head lice
- contagious illness of any sort that results in child being too ill to participate in daily activities.

**The child may return to school 72 hours after his or her temperature has returned to normal, 24 hours after the child is no longer vomiting, or 24 to 48 hours (depending on the illness) after the first dose of an antibiotic. If a child receives an antibiotic for an ear infection he or she may return to school immediately if he has been free of other symptoms mentioned for at least 24 hours.**

**The supervising teacher may exclude any child who appears ill. Billing credit will be given only in cases of long-term illness. We would appreciate your calling when your child must stay home due to illness and advise us of any contagious condition. The direct number is (209) 478-6161 Or send a message using Procure app.**

**It is parent's responsibility to find alternate care for your child when he/she is sick.**  
**Parent will be contacted to take your child home if he/she shows any signs of illness.**

First-aid will be administered for all minor injuries. If necessary, parents will be notified.

Keep top portion for reference. Detach & return Signature portion

**Kids Place 2 Explore and Learn LLC/DBA Snell's PreK**  
**9371 N. LOWER SACRAMENTO RD STOCKTON CA 95210**  
**209-478-6161**

By signing I acknowledge that I received a notice on the Health Criteria and that I will keep my sick child home.

**Parent signature** \_\_\_\_\_ **Date** \_\_\_\_\_