



CARE Covid-19 Related Absence Report

To request a credit for a Covid-related CARE absence, please fill out the following form & email to bmayerle@sgparks.org **Form to be completed once child quarantine has lifted and has returned to school.**

Parent Name: _____ Phone Number: _____

CARE Participant's Name: _____ CARE Participant's Name: _____

CARE Participant's Name: _____ CARE Participant's Name: _____

I am requesting a CARE credit because:

- My child tested positive for Covid-19 and has quarantined.
- My child had been exposed to a positive case Covid-19 and has quarantined.

1. My child attends CARE at:

- McDole Elementary School
- John Shields Elementary School
- Blackberry Creek Elementary School
- John Stewart Elementary School

2. My child attends CARE: (check all that apply)

- 5 Days/Week AM
- 5 Days/Week PM
- 1-3 Days/Week AM
- 1-3 Days/Week PM

3. Start date of quarantine: _____

4. End date of quarantine: _____

Questions About Program credit? Please contact our office at 630-466-7436 or email bmayerle@sgparks.org

I certify that the information I have provided in this form, including the reason for the credit request and information is truthful and accurate.

Parent Signature: _____ Date: _____

Office Use:

Program Fee: _____

Service Charge: _____

Amount of Refund: _____

Approved By: _____