



Family Mask Choice

I _____ want my child _____
parent/guardian's printed name child's name

To: (please choose 1)

_____ to wear a mask during all portions of the day, excluding eating, drinking, napping (if applicable) or playing outside

_____ not wear a mask at the EVJCC.

We acknowledge that the EVJCC Management adheres to CDC guidelines. If these change at any time, the EVJCC will follow CDC policies which might supersede this choice.

Parent signature

Date