

**World Bank Group Children’s Center - Operated by KinderCare for WBG Families
COVID-19 Vaccination - Parent Attestation Form (applicable to non WBG Staff only)**

[for WBG Staff –as [announced](#), submit your attestation through intranet FURL: WBGVax/]

Enrolled Child(ren)’s Names _____

WBG Staff Name _____

You have recently enrolled your child(ren) with KinderCare at the WBCC. With the Delta variant of Covid-19 sweeping the country and impacting children in a more significant way, we have a responsibility to come together and truly protect the most vulnerable people in our centers. To that end, this form helps us ensure that only fully vaccinated individuals may enter our premises.

A parent who has been fully vaccinated against COVID-19 is defined as a parent who received two doses of Pfizer or Moderna, or one dose of Johnson & Johnson, or a vaccine that is approved by WHO, at least 14 days ago.

Unvaccinated, partially vaccinated, or those not willing to share their vaccination status will not be able to enter the WBG premises.

In order to verify whether or not you have received the vaccine as defined above, please complete the following attestation.

I, _____, attest and confirm, that:

1. _____ I have received the full dose of the COVID-19 vaccine as defined above and have provided my vaccination card for confirmation by the WBCC Site Supervisor.

OR

_____ I have **not** received the full dose of the COVID-19 vaccine as defined above.

2. I understand that if I am not fully vaccinated, I will not be able to enter the World Bank Group Buildings to drop off or pick up my child.

3. I understand that I am not being asked or required to provide or disclose to KinderCare any personal medical information; and

4. I attest that if I am **fully vaccinated** (as defined above) I still need to wear a mask indoors in WBG’s premises until further direction is given by WBCC’s center management.

I acknowledge that the above information is true, and falsification of any information may result in this being reported to the WBG for further action. Individuals requiring accommodation regarding the above requirements are encouraged to speak to the WBCC Center Director, Kate Zieleniewski.

Non-WBG Staff Parent’s Name: _____ WBG UPI# _____

Signature: _____ Date: _____

For Center Management Only

This parent has indicated that they have received the COVID-19 vaccination and I have reviewed their attestation and vaccination card. I **have not** kept a copy of the vaccination card.

- **Do not** keep a copy of the vaccination card.
- This document will be kept in each child’s confidential file.

WBCC Management Signature and Date