



Owner: Judy Feinstein

Director: Kathy Gaughan

SUMMER 2019 ENROLLMENT ATTENDANCE INFORMATION

INSTRUCTIONS: All accounts must be current for your enrollment forms to be accepted. Summer Supply Fee is due when you turn in your Summer Enrollment Forms. The Twos thru PreK (4) students must have been that age on **9-1-2018** in order to enroll in the corresponding program.

CHILD INFORMATION

| | | | | |
|---------------|-----|-------------------------------|--|---------------------|
| First Name | | Middle Name | Last Name | Ethnicity |
| Date of Birth | Age | GENDER: Female Male | Child Lives With: Both Parents Dad | Mom Guardian |

NUMBER OF DAYS ATTENDING

2 Days T/R _____ 3 Days M/W/F _____ 5 Days _____

PROGRAM

(Kindergarten Summer Campers must be entering 1st Grade in Fall of 2019. Kinder-6th please enter T shirt size)

Infant _____ Toddler _____ Twos _____ Threes _____ Pre-K (4's) _____ Summer Camp (K-6th) _____ T-Shirt Size _____

If your child attended school in 2018/2019, please provide school name, address, phone and Grade attended.

School Name: _____ Address: _____ Phone: _____ Grade: _____

DAILY PICKUP

Half Day (by 12:00 PM) (Toddler thru PreK only) _____ Extended Day (by 2:30) _____ Full Day (After 2:30) _____

LUNCH HOME LUNCH SCHOOL LUNCH VEGGIE YES NO

**Please fill in the approximate daily arrival and departure times of your child so we may staff appropriately.
Normally, my child will attend Towne Creek School from _____ AM to _____ PM*

***TOWNE CREEK & FBISD START AUGUST 14TH. TOWNE CREEK WILL BE CLOSED ON AUG 12 AND 13 FOR MAKE READY DAYS**

Please choose the Monthly or Weekly plan for the Summer 2018

| | |
|---|---|
| I choose to enroll my child for the entire summer and pay the monthly rate. (Infants-PreK only) | Monthly Rate: \$ _____ Lunch (if applicable): \$ _____ |
|---|---|

| | |
|---|--|
| I choose to enroll my child on a weekly basis (Twos – 6 th Grade) I have indicated the weeks my child will attend in the section below | Weekly Rate \$ _____ + Lunch \$ _____ X Number of Wks: _____ Total: \$ _____ |
|---|--|

Please indicate the weeks your child will attend (if you chose Weekly Rate):

| | | | | | |
|--|--------------------------|--|---|--|--|
| | Wk 1: June 3 to June 7 | | Towne Creek closed July 4 & 5 Wk 5: July 1 to July 3 | | Week 9: July 29 to August 2 |
| | Wk 2: June 10 to June 14 | | Wk 6: July 8 to July 12 | | Week 10: August 5 to August 9 |
| | Wk 3: June 17 to June 21 | | Wk 7: July 15 to July 19 | | Make Ready Days Aug 12 & 13 – TC Closed |
| | Wk 4: June 24 to June 28 | | Wk 8: July 22 to July 26 | | |

2018/2019 Afterschool students only: Please indicate which days your child will attend and whether lunch will be needed. Towne Creek is closed May 27th in observance of Memorial Day and May 31st for Summer Make Ready Day.

| | | | |
|-----------------------|--------|--------|----------------------------------|
| May 28 (K- 6th ONLY): | May 29 | May 30 | Lunch Yes No |
|-----------------------|--------|--------|----------------------------------|

SUMMER ENROLLMENT 2019

PARENT/GUARDIAN INFORMATION

Child's Name: _____

| PARENT/GUARDIAN CONTACT INFORMATION | | | |
|--|---|----------------|------------|
| Parent/Guardian completing the form: | Relationship to child | Home Phone | Cell Phone |
| Home Address (please include city and zip code) | Preferred email address (to be used for school contact) | | |
| Employer and Address | | Work Phone/Ext | |
| Driver's License Number | | | |
| Secondary Parent/Guardian | Relationship to child | Home Phone | Cell Phone |
| Home Address (please include city and zip code) | Preferred email address (to be used for school contact) | | |
| Employer and Address | | Work Phone/Ext | |
| Driver's License Number | | | |
| Identification Information: What is the first name of your best friend in elementary school? | | | |

EMERGENCY CONTACT AND RELEASE INFORMATION (Do not include Parent information)

| If possible, please notify the school in an Emergency Contact will be picking up your child on any given day. | | | | |
|---|--------------|---------|-------|------|
| Name #1 | Relationship | Address | Phone | Cell |
| Name #2 | Relationship | Address | Phone | Cell |
| Name #3 | Relationship | Address | Phone | Cell |
| Name #4 | Relationship | Address | Phone | Cell |

The Towne Creek School Staff will release your child to leave Towne Creek only to the persons listed above. **For the safety of your child, we will request all Emergency Contacts with whom the staff is not familiar, to provide a photo ID at time of pickup. Your child will not be released without prior authorization.** In the event you call into the school to authorize someone different to pick up your child, The Identification information you listed above will be used to verify your identity and to authorize the release of your child.

Child's Name: _____ TUITION PLAN AND POLICIES 2019

We offer the following payment plans for your convenience. Please select and initial your choice.

_____ **PLAN I (Only if you are registering for four weeks or less for the summer)**
 I have registered my child for four weeks or less for the summer and will pay my entire tuition by June 3, 2019.

_____ **PLAN II (Only available to students registered for the entire summer)**
 I would like to make monthly payments. This payment is due on the 1st of every month and past due on the 4th of the month regardless of which day the 1st or 3rd falls on (including weekends and/or holidays). There is a \$45.00 late fee applied on the 4th to past due accounts.

_____ **PLAN III (Available to students registered for the entire summer or weekly attendance over 4 weeks)**
 I would like to make two (2) equal monthly payments. The first payment is due on the 1st of every month and past due on the 4th of the month regardless of which day the 1st or 3rd falls on (including weekends and/or holidays). The second payment is due on the 15th of the month regardless of which day the 15th falls on. There is a \$45.00 late fee applied to past due payments on the 4th and/or the 16th of the month.

PLEASE INITIAL ALL OF THE POLICIES LISTED BELOW

I HAVE READ, HAD THE OPPORTUNITY TO ASK QUESTIONS, AND UNDERSTAND THAT:

_____ my enrollment paperwork will not be accepted if I have an outstanding balance on my account.

_____ If my child has a diagnosed food allergy, I must provide a Food Allergy Emergency Plan prior to my child's first day at school.

_____ Discounts of any kind will be withdrawn if timely payments are not made.

_____ Towne Creek accepts checks or money orders as forms of payment, or you may set up automatic payments with ACH or credit card through the SmartCare App. There is a convenience fee associated with using a credit card. No cash payment over \$30 will be accepted.

SUPPLY FEES

_____ there is a Supply Fee for the 2019 Summer Session*. Supply Fees differ based on age. Supply fees hold a place in the program for my child/children and are NON-REFUNDABLE if my child/children do not attend. All supply fees are due upon registration. *There is no supply fee for infants or Toddlers as theirs is an annual fee.

SUMMER CAMPERS (Kindergarten thru 6th grade ONLY)

_____ field trip fees will be included in my tuition unless I schedule a drop-in on the day of the field trip.

_____ field trips are part of the curriculum and if my child does not wish to attend, I will need to make other childcare arrangements for that day.

_____ If my child goes on a field trip, he/she **must wear** their Towne Creek summer camp T-Shirt. This shirt is included with my summer supply fee for Kindergarten thru 6th grade.

_____ students must ride the Towne Creek van both to and from the field trip. Parents **are not allowed** to drop their child off at, or pick their child up from, the field trip site.



Child's Name: _____ TUITION PLAN AND POLICIES (continued)

SCHEDULE CHANGES

_____ should I need to reduce the number of days or hours my child attends The Towne Creek School, at any point after May 15, 2019, I will be charged a \$75.00 change fee. There is no change fee if I increase my child's days/hours

_____ my child attends only on his/her registered days. There is no exchanging one day for another. I will be charged a drop in fee if my child attends on an unscheduled day.

_____ should I choose a 2 day or a 3-day monthly schedule for my child, these days must stay the same throughout the entire summer. Any change will result in a \$75.00 change fee.

DAILY DROP-IN RATES

_____ there is a Daily Drop-In Rate available if I need The Towne Creek School services for an additional day on an occasional basis. Drop-Ins must be approved by the front office and are approved based on space availability. There is a rate sheet available at the front office.

EXTENDED TIME RATE

_____ when a child is registered to leave at 12:00 or 2:30 and needs to stay longer on a specific day, or when a child is not picked up at his/her designated pick-up time, there is an hourly charge of \$12 for any hour, or portion thereof, that my child is here past his/her designated pick up time. (THIS RATE DOES NOT APPLY TO THE 6:30 PM PICK UP TIME).

AFTER HOURS (6:30 PM) PICK-UP RATE

_____ that if I pick up my child after the Towne Creek closing time of 6:30 PM, or after the early closing time, I will be charged per child, as follows:

- a) 6:30 – 6:35 \$10.00
- b) 6:36 – 6:40 \$20.00
- c) 6:41 – 6:45 \$30.00
- d) After 6:46 an additional \$2.00 per minute

NSF Fees

_____ there is a \$35.00 NSF fee for any returned check. After two returned checks, I must pay tuition by cashier check or money order.

MISCELLANEOUS FEES

_____ there are additional fees which may occur during the school year. These may include school lunches (if not included in tuition payments), t-shirt purchases, field trips and any other expenses that directly pertain to my child. These expenses will only occur with my permission.

_____ that there will be no fee deductions due to absences of any kind during the summer. This includes illness, vacation, holidays, or weather conditions. The Towne Creek School reserves the right to close when there are possible hazardous weather conditions and will notify parents of closures via text, Facebook, website and/or email.

_____ failure to make timely tuition payments may result in a withdrawal requested by **The Towne Creek School**.

ACKNOWLEDGEMENTS

Please find my supply fee payment of \$_____ attached to the registration form. I understand that supply fees are **NON-REFUNDABLE**.

I understand that there will be a **\$75.00 change fee** if I reduce the number of days or hours that my child attends after May 15, 2019. Any reduction in schedule will result in a recalculation of the tuition rate. There is no reduction in tuition due to absences of any kind or holiday or school closures.

Parent Signature

Date

Parent Signature

Date

FOR OFFICE USE ONLY:

Account Clear for Enrollment: _____
Registration Paid: _____

Supply Fee Paid _____
Classroom Assigned: _____

Information Entered: _____
First Day of Attendance: _____

**ENROLLMENT INFORMATION SUMMER 2019
PARENT AGREEMENT**



Child's Name: _____

PARENT AGREEMENT

Please initial each item below indicating that you have been made aware of **The Towne Creek School's** policies and procedures.

I HAVE READ, HAD THE OPPORTUNITY TO ASK QUESTIONS AND UNDERSTAND...

- _____ all policies contained within **The Towne Creek School** Parent Handbook, found on the website (www.thetownecreekschool.com/admissions . I agree to abide by all policies including but not limited to code of conduct, immunizations, procedures to visit Towne Creek, illness and exclusion criteria, dispensing medication, appropriate dress, toys to be left at home, meals and food service practices, release of children, suspension and expulsion, emergency plans, safe sleep, procedures to discuss concerns with director, discipline and guidance, field trips, etc.
- _____ the philosophy of **The Towne Creek School**.
- _____ that Child Care Licensing regulations are on file at the school are available to review upon request. I may also visit their website at www.dfps.state.tx.us/Child_Care/ and click on standards and regulations.
- _____ that arriving five to ten minutes before the opening activity may be helpful in smoothing the transition from home to school and will ensure that my child is in attendance for the opening activity.
- _____ that children enrolled in the preschool programs for ages three and up must be fully toilet trained.
- _____ that field trips are part of the curriculum and if my child does not wish to attend, I will need to make other childcare arrangements that day.
- _____ that students must ride the Towne Creek van both to and from the field trip. Parents are not allowed to drop their child off or pick their child up from the field trip site.

Schedule Changes/Withdrawing a Student

- _____ that my child attends only on his/her registered days. There is no exchanging one day for another.
- _____ a two-week written notice is required when changing to fewer days of attendance and a \$75 administration fee is incurred.
- _____ a two-week written notice is required when withdrawing my child for any reason. I will be responsible for paying tuition two weeks from the day a withdrawal notice is given.
- _____ that there will be no fee reduction due to absences of any kind. This includes illness, vacation, holidays, or weather conditions. The Towne Creek School reserves the right to close when there are possible hazardous weather conditions.
- _____ failure to make timely tuition payments may result in a withdrawal requested by **The Towne Creek School**.

School Closures/Holidays throughout the Summer

- _____ **The Towne Creek School** will be closed Memorial Day, May 27th, for Summer Make Ready day, May 31st, July 4th and July 5th, and Aug 12th and Aug 13th (for Fall Make Ready Days)
- _____ Parents will be notified of closures due weather via group text, email, the Towne Creek website home page and Facebook (Text TCParent to 41411 to sign up for group text). No refunds will be made for closures due to weather.

Gang Free Zone

- _____ Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity is subject to harsher penalties.

**ENROLLMENT INFORMATION SUMMER 2019
PARENT AGREEMENT (continued)**



Child's Name: _____

Illness/Medication

- _____ if my child is exhibiting signs of an unhealthy condition; I will be called to pick up my child immediately. **I understand that Licensing requires the parent, (or other authorized person) to pick up the sick child from the school within one hour of being notified.**
- _____ if my child is sent home due to fever, vomiting or diarrhea, they will not be allowed to return until they are **symptom free** for at least 24 hours without the aid of fever reducing or other medications. **NO EXCEPTIONS WILL BE MADE. If your child has been diagnosed with a communicable disease, he/she will not be allowed back to school without a doctor's note stating they are no longer contagious.**
- _____ **The Towne Creek School** will only administer medication prescribed for my child by a physician. (Over-the-counter medications will only be given if deemed medically necessary by a physician and are accompanied by a doctor's note.) Medication will be dispensed at 11:30 a.m. and 3:30 p.m. **ONLY.**
- _____ All students with a diagnosed food allergy must have a Food Allergy Emergency Plan signed by the parent and health care professional, prior to their first day of enrollment. **They may not attend school until we receive the Food Allergy Plan.**

Lunch Program

- _____ I may enroll my child in the lunch program monthly (or weekly if my child attends weekly) during the summer and I am responsible for payment for the entire month (OR weeks my child attends in the summer). Any notification to enroll or withdraw from the lunch program must be made in writing, no later than the last Monday of the month before the enrollment or withdrawal is to take place.
- _____ I may purchase a school lunch in the event a home lunch is forgotten only if food is available. If I wish to purchase a school lunch, I must notify the front office the week before I wish to add the lunch.
- _____ If I choose to provide a home lunch, Towne Creek will not be held responsible for its nutritional value or for meeting your child's daily food needs. Please note: We are unable to warm anything brought from home.
- _____ I understand that an AM and PM snack are included in my tuition.

Suspension/Expulsion

When a child exhibits a pattern of consistent aggression, we will use our knowledge and resources to guide those aggressive tendencies into positive behaviors. Knowing that behaviors cannot change overnight, we must also set a time frame within which we will allow these inappropriate behaviors to continue.

- _____ a child who, because of inappropriate behavior, requires the teacher's attention and time to an extent where other children's needs are not being met, will be refused continued attendance.
- _____ a child who causes disturbance and bodily harm to other children, adults, or to school property, may be refused continued attendance at Towne Creek.
- _____ a child who is deemed unable to learn in the school environment may be refused continued attendance at Towne Creek.
- _____ tuition is NON-REFUNDABLE in the event a child is asked to withdraw from the school or is suspended for any length of time.

I certify that I have read, understand and accept all of the terms and conditions described in the Parent Handbook and Parent Agreement

Signature of Parent or Guardian _____ **Date** _____

ENROLLMENT INFORMATION 2019 AUTHORIZATION FORM



Child's Name: _____

Please read through the items below and check the appropriate consent boxes.

Walking Trips

I give consent for my child to leave the school for outdoor exercise and educational purposes, with the understanding that my child will be accompanied by Towne Creek Staff and under proper staff supervision always. If my child is leaving school campus, I will be given a specific permission slip to sign for each field trip.

_____ Yes _____ No

Transportation

I give consent for my child to be transported by The Towne Creek School via school vans (unless otherwise authorized by me) and supervised by the Towne Creek Staff:

_____ on field trips (a specific permission slip will be given for each field trip) _____ in case of emergency evacuation

Water Activities

I give consent for my child to participate in the following water activities while at **The Towne Creek School**:

_____ water table play _____ sprinkler play _____ splashing/wading pools (age 3 & up) _____ swimming pool (PreK & up)

Emergency Medical Attention

If I cannot be reached to make arrangements for emergency care, I authorize **The Towne Creek School** to give consent for all necessary emergency medical treatment for my child while in the custody of **The Towne Creek School**. In addition, the person in charge may accompany my child to the medical facility should the need arise.

Yes _____ No _____

Photographs/Videotape

I give permission for my child to be photographed and videotaped at the school and during program functions and field trips. I understand that photographs/videos may be taken by Towne Creek School staff or by other parents.

Yes _____ No _____

Public Relations

I give permission for photographs or video of my child to be used by **The Towne Creek School** and/or others with The Towne Creek School consent, for the purpose of illustration, advertising, publication or promotion. I also give consent to their use of my name in the newsletter, website, Facebook, newspaper, or as described above.

Yes _____ No _____

I certify that I have read, understand and accept all of the terms and conditions described in this Enrollment Packet.

Signature of Parent or Guardian _____ subscribed and sworn to before me, on this _____ day of _____, 20____. Fort Bend County, State of Texas.

Notary Public _____ My commission expires on _____



ENROLLMENT INFORMATION 2019 FIRST AID/ALLERGIES

Child's Name: _____

FIRST AID

I hereby authorize the Towne Creek School to administer the following medications(s) and/or first aid treatment(s) in the event of an incident that may occur at school. This consent will also include any off-campus situation (i.e. field trips) while a child is in the custody of the Towne Creek School. There is an understanding that every effort to contact the parent will be made; however, in the event that the parent/guardian cannot be reached, treatment is always documented and placed in the child's file folder to be retrieved by the parent at their convenience.

PRESCRIPTION MEDICATION: I understand that all prescribed medications must be signed in at the front office and an Authorization for Dispensing Medication form filled out. Medication must be in its original container with the child's name on it, the dosage and date and expiration to be administered by The Towne Creek School. Over-the-counter medications will only be administered if prescribed by a physician and accompanied by a doctor's note stating why the medication is necessary. Medication times are 11:30 a.m. and 3:30 p.m. ONLY.

FIRST AID: Please indicate the items that may be administered to your child if the need arises while at school.

___ Antiseptic Wipes ___ Cotton Balls ___ Bandages ___ Thermometer

___ Vinyl gloves ___ Sunscreen (non-aerosol) ___ Mosquito Repellent (non-aerosol)

***Please Note:** Splinters cannot be removed by Towne Creek Staff. We will clean the area and contact the parent to notify them of the presence and location of the splinter.

Items such as lotions, ointments, teething medication, powders, baby wipes, and insect repellent (non-aerosol spray only) are not provided by The Towne Creek School. If you bring them for your child, please let their teacher know as these must go home weekly. By supplying these items, you are giving consent for Towne Creek to apply them to your child.

ALLERGIES and or SPECIAL NEEDS: List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, injuries and hospitalizations during the past 12 months and any other information which caregivers should be aware of:

| | | | | | | |
|--|-----------|---|----------|----------------------------|------------------|----------|
| Does your child have diagnosed food allergies? Yes | | No | | If yes, plan submitted on: | | |
| Medication/Food Allergies | N/A _____ | MILD | MODERATE | SEVERE | LIFE THREATENING | REACTION |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Special Needs: | N/A _____ | If yes, please describe any special care or accommodations that must be provided: | | | | |
| | | | | | | |

For any special needs or diagnosed allergies that are either severe or life threatening, you must provide specific instructions as to the actions to be taken. A Food Allergy Emergency Care Plan signed by physician and parents must be on file for any child diagnosed with a food allergy prior to the child's first day of attendance. **PLEASE NOTE: Medication cannot be administered without a physician's note AND a signed Authorization for Dispensing Medication form on file.**

CHILD'S MEDICAL CARE PROVIDER

| | | | |
|---|--|----------------------|--|
| Primary Care Physician (PCP) name | | Practice/Clinic Name | |
| PCP Address: | | Phone: | |
| Preferred hospital/Clinic for emergency care: | | | |
| Health Insurance Provider and Policy Number: | | | |

I understand that if my child has a severe allergy of which I am aware, an epinephrine pen and/or any other medication deemed medically necessary will be provided and left at the front office of the school. In case of a medical emergency, I give The Towne Creek School my permission to use the prescribed medications

Emergency Medical Attention In the event that I cannot be reached, I authorize **The Towne Creek School** to give consent for all necessary emergency medical treatment for my child while in the custody of **The Towne Creek School**. In addition, the person in charge may accompany my child to the medical facility should the need arise.

Signature of Parent or Guardian _____ subscribed and sworn to before me, on this _____ day of _____, 20____. Fort Bend County, State of Texas.

Notary Public _____ My commission expires on _____.



ENROLLMENT INFORMATION 2019
MEDICAL INFORMATION

Child's Name: _____

Date of Birth: _____

THIS FORM MUST BE SIGNED BY YOUR CHILD'S PEDIATRICIAN PRIOR TO ENROLLMENT IN THE TOWNE CREEK SCHOOL

Table with 6 columns: Required, 1st, 2nd, 3rd, 4th, 5th. Rows include immunizations: DTP/DtaP, Polio IPV or OPV, MMR, PNEUMOCOCCAL, HEPATITIS A, HEPATITIS B, *VA RICELLA, INFLUENZA, MENINGOCOCCAL, HAEMOPHILUS INFLUENZAE TYPE b, TB TEST (if required).

For additional info regarding immunizations, visit TX Dept. of State Health Services at www.dshs.state.tx.us/immunize/pulic.shtm

NOTE: A vision and hearing screening must be completed within 30 days of a child turning 4 years old. VISION: Right 20/____, Left 20/____. HEARING: 1000 Hz, 20000 Hz, 4000 Hz. Includes SIGNATURE and DATE fields.

HEALTH CARE PROFESSIONAL STATEMENT

I have examined the above-named child and find that he/she is physically able to be in attendance at the Towne Creek School.

Health Care Professional's Signature

Date

PARENT OR GUARDIAN STATEMENT

*My child had varicella disease (chicken pox) on or about _____ and does not need the varicella vaccine. Date

PARENT OR GUARDIAN OF AFTERSCHOOLERS

My child has a current immunization record on file at _____ (Name, Address and Phone of Public School)

**If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs or may be injurious to your child or family, you must sign an affidavit to that effect or obtain a certificate by health care professional and attach it to this form.

Parent/Guardian Signature

Date



All About Me (Infants thru PreK Only)

Dear Parents:

Please take a few minutes to tell us about your child. This information will aid in a smoother adjustment period and help ensure that we provide the best quality education and care for your child.

My name is: _____ Boy____/ Girl____

Date of Birth: _____ Hair Color: _____ Eye Color: _____

My Parents are:

Mother: _____ Father: _____

My Stepparents are: _____

Siblings: Please list all siblings' names and ages:

My Pet(s) is/are:

Other schools and/or childcare facilities attended: Please list name(s) and reason for leaving.

Please list any special needs or allergies that your child's teacher should be aware of. Note any specific care needed:

In the space below, please tell us about your child's interests, hobbies and any fears they might have:

Please Share any information about your child that you believe would help us in working with him/her: (i.e.; personality, character traits, when upset I.., favorite/least favorite foods)



THE TOWNE CREEK SCHOOL PARENT HANDBOOK

PARENT/GUARDIAN ACKNOWLEDGEMENT PAGE

We feel that it is very important that both parents, if applicable, are familiar with the policies and procedures of the school. Thus, we ask that both parents, if applicable, sign this Parent Acknowledgement Form. Please sign below. We truly appreciate your participation in understanding the organization of our school.

I acknowledge that I have read, understand and had the opportunity to ask questions about The Parent Handbook provided by The Towne Creek School on their website.

www.thetownecreekschool.com/admission/

I understand the philosophy of education and the policies involved in planning the curriculum and the organization of the school. I agree to abide by all policies stated in the Parent Handbook as well as updated policies that I receive from The Towne Creek School via email or hard copy. I will keep a copy of all updated policies and consider them part of this Handbook.

Parent Signature _____ Date _____

Parent Signature _____ Date _____