**Hyde-Addison PTA Before Care Program 2017-18**

The Before Care program is managed by the A.J. Hyde PTA. Our staff includes: Before Care Coordinator Curtis Alexander (Mr. C.) and Joshua Vasquez.

**The Before Care Program operates from 7:00-8:40am on school days.**

* No Before Care on holidays, professional development and parent teacher conferences.
* When District of Columbia Public Schools (DCPS) start late due to weather conditions, Before Care program will be closed.

The PTA rents the cafeteria and the playground from DCPS. If the weather permits, we participate in outdoor activities. On rainy and snow days, we utilize a wide variety of board games and arts & craft projects and activities. DCPS provides free breakfast daily in the cafeteria for all enrolled Hyde children.

**TIMES OF OPERATION:** The program runs from 7:00-8:40am on school days.

**SIGN-IN PROCEDURE**

Mandatory: Students must be signed in daily by the parent, guardian or authorized adult over the age of 18.

**TUITION**

Tuition is due and payable on the first of each month. After a 7-day grace period, a late fee of $25.00 will be assessed to the total tuition payment. If tuition is not paid by the 15th, your child will not be allowed to attend the program. If the tuition payment is late 3 or more times, your child may be removed from the program. Drop in fee is due the same day of enrollment. Tuition is not prorated for vacation days or any closed school days, or any days when student is absent.

|  |  |  |
| --- | --- | --- |
| Days | Monthly 1 child | Additional child |
| 5 days a week | $130 /month | $120 / month |
| 3 days a week | $100 / month | $90 / month |
| Drop in daily rate | $10 per day | $10 per day |

**PAYMENT METHODS**

We are switching to an online system. Please fill out attached payment form. We will be accepting credit cards and check payments online. See attached form.

**TAX BENEFIT CLAIMS**

Your payments are not deductible as charitable contributions. They may be used for dependent care expenses. Please consult a tax advisor. Tax ID #52-1844971

**HYDE-ADDISON BEFORE CARE APPLICATION FORM 2017-18**

1. Student’s Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender M\_\_\_F\_\_\_ Date of birth\_\_\_/\_\_\_/\_\_\_ Grade\_\_\_\_\_\_\_\_

1. Student’s Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender M\_\_\_F\_\_\_ Date of birth\_\_\_/\_\_\_/\_\_\_ Grade\_\_\_\_\_\_\_\_

1. Student’s Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Gender M\_\_\_F\_\_\_ Date of birth\_\_\_/\_\_\_/\_\_\_ Grade\_\_\_\_\_\_\_\_

Student’s Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Gender M\_\_\_F\_\_\_ Date of birth\_\_\_/\_\_\_/\_\_\_ Grade\_\_\_\_\_\_\_\_

Student lives with: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_APT#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Work phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_APT#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
City/State/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Home phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Work phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please share any legal restrictions regarding custody, guardianship, restraining orders etc. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please include pertinent information-are there any concerns we should be aware of?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Numbers**

\*Please provide us with the names of two people who may be notified in the case of an emergency or illness when a parent or guardian cannot be reached.

1) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_
Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_
Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Emergency Medical Information:** If emergency medical care is deemed necessary and I (the parent/guardian) cannot be reached, I authorize the above individuals and Before Care to act on my behalf in seeking emergency treatment for my child. I will assume all financial responsibility in such emergency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent /Guardian Signature

**HEALTH INSURANCE INFORMATION**

Insurance Provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member Id\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor Information**

1. **Primary Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone(\_\_\_)\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Family Dentist\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_phone( )\_\_\_\_\_\_\_\_\_**

**Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*Hospital Preference (if available)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To help ensure your child’s safety,**

Are there any **MEDICAL CONDITIONS** we should know about? For example, asthma, allergies, diabetes, heart condition etc. Please let us know what we should do in the event of a medical emergency.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Snacks and sometimes juice along with fresh fruit (seasonal fruits) will be provided every day. Please let us know if your child has any FOOD ALLERGIES. Please let us know what we should do in the event of a **FOOD ALLERGY**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Monthly Tuition and One Time Fee**

**One Time Before Care / After Care / Enrichment Program Fee**One time program fee is due at signing per school year per child. The fee includes access to all programs -- after care, before care and enrichment.

$100– First child attending

$50– Each additional child attending

**Tuition (*please x*)**

1st child 5-day $130 per month ( )

2nd child 5-day $120 per month ( )

3rd child 5-day $120 per month ( )

1st child 3-day $100 per month ( ) (Select days) MON TUE WED THUR FRI

2nd child 3-day $90 per month ( )

3rd child 3-day $90 per month ( )

Drop In Fee: $10.00 per day

**Total Payment (Program Fees + Tuition) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Main Email Address for Invoice and Billing \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Monthly tuition is due and payable on the first of each month. After a 10-day graceperiod, a late fee of $25.00 shall be assessed to the total tuition payment. If tuition is not paid bythe 15th of that month, your child will not be permitted to attend the Before Care Program. If thetuition payment is late 3 times, your child will be removed from the Program. Drop in tuition is due same day of enrollment.

By signing I agree to the terms specified in this PTA Dues Payment sheet and will abide by its terms.

All children enrolling in the Hyde-Addison PTA Before Care Program and their parents or guardians waive all claims against A. J. Hyde-Addison PTA, teachers, staff and parent committee members, for injury, accident, illness or death occurring during or by reason of the program. This agreement is subject to the rules of the District of Columbia. I have read and understand the foregoing statements and agree to assume the responsibility stated and waive all claims

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT SIGNATURE DATE



Hyde-Addison PTA
3219 O Street NW
Washington, DC

Dear Valued Customer:

Hyde-Addison PTA is excited to announce we have chosen a new, easy-to-use electronic payment processing system. Starting this school year, we will begin accepting your payments electronically. Getting started is easy and with our new automated system, your bills will be off your mind and paid on time!

With your written authorization, we can set up the system to deduct your payment from your credit card or checking account on a regular schedule. You’ll continue to receive a statement via email each month showing the amount due and the date on which the payment will be processed.

This is the most secure way to pay your bills. We will have absolutely no access to your account. This is a transaction from one financial institution – yours – to another – ours. You will always receive a receipt for your payment via email, and even receive notifications prior to payment being deducted in addition to being tracked on your monthly statement.

Simply complete and return the enclosed authorization form and we’ll take care of the rest. If you have any questions regarding our recurring billing plan, please don’t hesitate to email Mr. C at aftercarehydeaddisonpta@gmail.com or call at 202-420-8347.

Sincerely,

Kirk Clay
President
Hyde-Addison PTA

Curtis Alexander (Mr. C)

Before/After Care Manager

**Hyde-Addison Before Care Program**

**Recurring Payment Plan Authorization Form**

**Bank Account or Credit Card**

Schedule your payment to be automatically deducted from your checking account, or charged to your Visa, MasterCard, American Express or Discover Card.

**The Recurring Payment Plan will help you in several ways:**

* It’s convenient (saving you time and postage)
* Your payment is always on time (even if you’re out of town), eliminating late charges
* It’s easy to sign up

**Here’s how the Recurring Payment Plan works:**

You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged each billing period the total amount due for that period. A receipt of payment will be emailed to you and will appear on your statement.

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize A.J. Hyde PTA to charge/debit my account on the **1st** of each month for payment of my bill starting September 1, 2017 through June 1, 2018.

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Due: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Checking/ Savings Account Credit Card**

|  |  |  |
| --- | --- | --- |
| [ ]  Checking [ ]  SavingsName on Acct \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank Routing # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Bank City/State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ check_crop |  | [ ]  Visa [ ]  MasterCard [ ]  Amex [ ]  DiscoverCardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. Date \_\_\_\_\_\_\_\_\_\_\_\_ CVV (3 digit number on back of card) \_\_\_\_\_\_  |

SIGNATURE DATE

I agree to notify the business in writing of any changes in my account information or termination of this authorization 15 days prior to the next due date of the charges.  For ACH debits to my checking/savings account, I understand that because this is an electronic transaction, these funds may be withdrawn from my account each month as soon as the above noted transaction date.  I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.  I will not dispute the company’s recurring billing with my bank or credit card company; so long as the transaction corresponds to the terms indicated in this agreement.

**CHANGE REQUEST FORM**

(PLEASE FILL THIS OUT IF YOU WISH TO CANCEL OR MAKE CHANGES TO YOUR ACCOUNT)

|  |  |  |  |
| --- | --- | --- | --- |
| **Child Name**  |  | **Date Submitted**  |  |
| **Child Name 2** |  | **Date Received**  |  |
| **Child Name 3** |  |  |  |

**Please select one of the following:**

\_\_ DAYS CHANGE: I would like to change my days from 5 to 3. Please check days that apply:
 Monday Tuesday Wednesday Thursday Friday

\_\_ DAYS CHANGE: I would like to change my days from 3 days to 5 days.

\_\_ CANCELLATION: I would like to cancel enrollment.

\_\_ PAYMENT CHANGE: Changes to your credit card? (Please submit a new authorization form or go online and make changes to your account)

**Effective Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Must be at least 10 days from date of submission)

**Any comments or concerns:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent Information**

|  |  |  |
| --- | --- | --- |
| Signature | Name | Date |