**HOLY FAMILY PRESCHOOL PROGRAM**

**2023 - 2024**

*Fully Accredited by the Florida Catholic Conference*

*14650 NE 12 Avenue, North Miami, Florida 33161*

*Office # 305-947-6535 Fax: 305-947-1826*

**PHILOSOPHY**

Parents are the primary educators of their children. The role of our program is to assist the parents in the care of their children. Every child is special and unique; therefore, all children need to feel safe and know that they are loved. Each child is special and Unique. At Holy Family Catholic School feelings count, their sadness is comforted, their joy is shared, and their accomplishments are praised.

Holy Family Catholic School is committed to provide a year around program starting this year. We provide many opportunities for your child to learn letters, sounds, rhyming words, numbers, and develop problem solving skills. Children are encouraged to develop their pre-writing skills by having the opportunity to journal, illustrate their work, write their name, and start putting letters together to make words. Lessons include both teacher-led instruction and time for children to interact with one another by learning through play. We limit our Pre-K 5 class to 20 students.

On behalf of the teachers and staff of Holy Family preschool Program, we thank you for your interest in Holy Family catholic School program and look forward to working with you. We are affiliated with Holy family Catholic Church and licensed by the department of Children and families. The Following documents are Required before your Child can begin at our center.

**REQUIRED DOCUMENTS**

1.-Completed Registration and Emergency contacts forms

2.-Completed tuition agreement

3.-Birth Certificate

4.-Physical Exam and Immunization Forms

5.-Baptism Certificate

**AGES**

The Toddler Program is for children turning 2 by September 1.

 The Preschool Program is for children turning 3 by September 1 and must be toilet trained.

**TUITION**

Tuition is due on the first of each month and will be considered late by the 6th business day; we only accept monthly tuition; weekly tuition is no longer available. Tuition not paid on time will incur a $20.00 late fee for each month it is late. Tuition is not prorated, and this amount is due whether your child is present or absent. If you do not pay tuition on time, you may be asked to withdraw your child from the program.

**DAY CARE HOURS AND FEES**

Registration fee: $ 275 (non-refundable).

Regular Program Hours: 7:30 AM – 3:00 PM $450 /month

Extended Program Hours: 7:30 AM – 4:30 PM $550/ month

Children not enrolled in the extended program must be picked up by 3:00 pm. Children enrolled until 4:30 pm must be picked up by 4:30 pm. Children not picked up on time will be charged an additional $20.00 late fee for each 15 minutes or part of it.

**SCHOOL READINESS SERVICES**

 Holy Family Preschool Program is a provider for school readiness services (SR). We do not have any say as to who receives services or not, but we do provide chilcare services once you are approved. If your child stays until 3:00 pm every SR covers the weekly tuition. If your child will be staying past 3:00 pm there will be an additional charge to make up the difference between what the ELC pays and what the Preschool charges. Please see the office for more information.

**UNIFORM**

The Uniform for the Holy Family Preschool is a t-Shirt designed for the Holy family Preschool program. The bottoms should be dark blue Pants or skorts with an elastic waist. These are very young children, and they should be comfortable. Shoes should be closed toes shoes or sneakers, NO SANDALS.

**SUPPLY LIST**

1.- Each child’s family is required to provide the following:

2.- Complete change of clothes, socks

3.- 1 box of wipes, diapers (specially for the 2 years old that is not potty trained)

4.- A naptime blankets no larger than a beach towel

5.- A sheet will be supplied, replacement is $15.00

**CURRICULUM**

Holy Family Preschool uses the Frog Street Toddler and Preschool curriculum. This curriculum provides the children with a range of age-appropriate activities which help build a foundation for long time learning. The Frog Street curriculum allows children to be active learners by teaching through the use of learning Centers and Manipulatives.

Learning Centers are activity areas set up in the classroom which facilitate learning. Several activities are offered at the same time and children are allowed and encouraged to choose the area which interests them. Teachers work with small groups of children or one on one through learning centers. Children are provided art activities, block activities, dramatic play activities, music/movement activities, and outdoor activities. The curriculum used at Early learning Center addresses the whole child and his/her individual needs.

**ILLNESS AND MEDICATION POLICY**

If your child has fever, vomiting, or diarrhea, he/she may not come to school. If your child gets sick while at school, you will be notified to pick up your child immediately. Please make sure that the emergency form is always kept up to date.

A medication form must be completed and signed before any medication can be given to any child. **NO MEDICATION OF ANY KIND** is to be placed in book bags, cubbies, or lunch boxes. All medication must be in the original container with the original pharmacy labels showing the child’s name and directions. Please give the medication to your child teachers or director along with the sighed medication form.

***MISSION STATEMENT***

***The mission of Holy Family Catholic School is to provide a quality education rooted in the Gospel message and teachings of the Catholic Church. Holy Family Catholic School educates early childhood, elementary, and middle school students in a Holy, safe, and nurturing environment where they are encouraged to learn and succeed.***

**HOLY FAMILY CATHOLIC SCHOOL/DAYCARE CENTER**

Fully Accredited by the Florida Catholic Conference

14650 NE 12 Avenue, North Miami, Florida 33161

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**Parent and Provider Contract/Enrollment Application 2023-2024**

 **Date of application** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Start date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **First name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Middle**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Last name**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Age** \_\_\_\_**Sex** \_\_\_\_ **Birth date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Height:** \_\_\_\_\_**Weight:** \_\_\_\_\_\_\_\_\_

**Hair Color**\_\_\_\_\_\_\_\_\_\_**Eye Color**\_\_\_\_\_\_\_\_\_\_ **Social Security Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Home** **address**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **City/Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Race:** Asian: □ American**/**Indian: □ Native**/**Alaskan: □ Black □African American: □ Haitian □ Native Hawaiian/Other Pacific Islander: □ White Caucasian: □ Hispanic, Latino, Hispanic American: □

□ **Religious affiliation?** Catholic: □ **/** Non-Catholic: □ **Baptized:** Yes □No□.

**FAMILY INFORMATION**

Parent Name 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT**

 Person 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Person 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Person 3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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Persons other than parents and family member authorized to pick up your child from **HOLY FAMILY CATHOLIC SCHOOL**. **Note:** Written permission is necessary if you want someone other than one of the below listed to pick up your child.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fee Policy**

1. Daycare Payments can be made by cash or check made payable to **Holy Family Catholic School**.

1. **Registration fee $275.00 (non-refundable)**
2. **We are open Monday through Friday / Option 1 :(7:30 am to 3:00 pm) $450 a month**

 **Option 2: (7:30 am to 4:30 pm) $550 a month**

I/We will need childcare for our child normally beginning at \_\_\_\_\_\_\_\_\_\_\_\_o’clock and ending at \_\_\_\_\_\_\_\_\_\_o’clock.

* I agree that Monthly payment is due on the 1st of each month; pay. The 6th day of the month is considered late.
1. Our monthly selected tuition price is (refer to price sheet) $\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. Tuition is not subject to discounts for holidays, emergency closures (i.e., weather) or absence other than hospitalization, contagious illness, or absence at the request of a doctor (a written doctor’s note is required to receive credit.
3. (\_\_\_\_\_\_) (\_\_\_\_\_\_) I agree to pay the full tuition in advance of services rendered even if my child is absent for one or more days. A late fee of $20.00 is due if tuition is not received on time. A late pick up fee of $20.00 per 15 minutes or part of is due if my child is not picked up before closing. All returned check or ACH transactions (automatic debits) will be charged a fee of $ 30.00. Two or more returned checks or ACH transactions will result in my account being placed on ‘’money order or cash only ‘’status.

1. The following subjects are essential to us. **Both parents/custodians must initial each**. Your initials indicate each subject is read, understood, and agreed upon.
2. (\_\_\_\_\_\_) (\_\_\_\_\_\_) **DIAPERS/WIPES:** It is the parent's responsibility to provide diapers, wipes, and diaper cream for your child. **It is also the parent's responsibility to check periodically to see if or when your child needs more diapers, wipes, and cream, (not the providers).** Each child has his or her own labeled diaper bin, either in the infant/younger toddler room or older toddler/preschooler room, depending on the age of the child.
3. (\_\_\_\_\_\_) (\_\_\_\_\_\_) **SHOES:** Younger childrenlove to take off their shoes. It is for this reason that we prefer **children come to daycare in shoes that lace up and/or stay on their feet**. If your child has these types of shoes on, then we can control when and where they come on and off; therefore, we can assure that his/her shoes will be available for you at pickup. If your child comes to daycare in flip-flops, crocks, or other types of shoes that fall off or get taken off, we cannot guarantee their availability at pickup, as they will have most likely fallen off or been taken off and hidden in outside toys or bush at some point during the day. **When these types of shoes are worn, due to matters outside of our full control, parents hereby resolve HOLY FAMILY CATHOLIC SCHOOL of all responsibility for the shoes’ safe return** **and/or the ensuing scavenger hunt.**
4. (\_\_\_\_\_\_) (\_\_\_\_\_\_) **TERMINATION POLICY:** After the first 30 days of enrollment, **60 Days written notice from parent or provider is required to terminate the contract**, with the exception of gross misconduct on part of the provider, parent, or child. **Whenever possible even more notice is better**. Unlike childcare centers, we can only take a limited amount of children; therefore, once we are full, we are forced to say NO to all incoming requests for childcare. If we have advance notice of discontinuation of needed services, we may make future arrangements with new families’ inquiring about daycare for their child.
5. (\_\_\_\_\_\_) (\_\_\_\_\_\_) **HOURS OF OPERATION:** We are open from **Monday through Friday 7:30am to 4:30pm. *We close promptly at 4:30pm***. So please be considerate of our time. If you are unusually late to pick up due to extenuating circumstances, we will understand; however, if late pickups become a regular occurrence, we may not be the best fit for your childcare needs, and we may be forced to terminate our childcare arrangement.

1. (\_\_\_\_\_\_) (\_\_\_\_\_\_) **GUIDELINES REQUIRING EXCLUSION FROM DAYCARE: A child with any of the following illnesses must be completely free of any symptoms before returning to daycare**. If your child is taking antibiotics for an illness, your child may return to daycare after the initial 24 hours of beginning antibiotics as long as he or she has a slight to no fever (under 100F under the arm), no longer contagious, and is otherwise feeling well enough to participate in our daily schedule. Signs of illness include the following; unusual lethargy, irritability, persistent crying for no reason, runny nose (more than clear), cough (more than slight), difficulty breathing, diarrhea, vomiting, mouth sores, rashes (note from doctor stating non-contagious is ok), pink eye, chicken pox, mumps, measles, roseola, hepatitis A, impetigo, lice, ringworm, scabies, strep throat, scarlet fever, tuberculosis, shingles, and any other contagious disease or rash. **Any child with a fever of 100 degrees or above, orally (in the mouth), or axillary (under the arm), may not attend daycare.** State law requires that we notify parents of children who have been exposed to certain contagious diseases. Please notify us if your child becomes infected, so a note can be posted.
2. (\_\_\_\_\_\_) (\_\_\_\_\_\_) **PICK-UPS AND DROP-OFFS: (a) Please make your pick-ups and drop-offs brief (no more than a couple of minutes)**. **(b)** Please send your child clean, dressed (no pajamas, unless you don't mind your child wearing their pajamas all day), fed and ready for the day, as well as all your child's necessary supplies needed for that day's care. **(c)** Never leave without telling your child goodbye (don’t sneak out). **(d)** Please be in control of your child during drop-off and pick-up times.
3. **(\_\_\_\_\_\_\_) (\_\_\_\_\_\_\_) ADDITIONAL MEDICAL POLICIES:** I agree to provide information to the childcare about my child’s conditions, illnesses, allergies, or other needs. If my child become ill
4. (\_\_\_\_\_\_) (\_\_\_\_\_\_) **MEDICAL AUTORIZATION & CONSENT**: In Case of emergency, the staff will attempt to contact those listed in the emergency. I agree that my child may receive first aid and CPR. I permit transportation of my child to a local hospital or other urgent care facility, if necessary, by paramedics or other emergency personnel. I will be responsible for the emergency expenses. In case of an accidental indigestion of poisonous substance, I consent to my child being treated as directed by the poison Control Center.

**CHILD MEDICAL & DEVELOPMENTAL HISTORY.**

1.- Does your child have any special medical Conditions? No Yes

 If yes explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2.- Does your child have any chronic illnesses? No Yes

If yes Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Medication Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Please attach care instructions from your physician for any life-threatening allergies.

**3.- Child Medical care provider**

|  |  |  |
| --- | --- | --- |
| **Primary Physician name:**  | **Phone:** | **Physician Address:** |
| **City:** | **State:** | **Zip:** |

**Preferred Hospital/ Clinic in case of emergency care.**

**Child’s Insurance Provider**.

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Health care provider name:  | Policy Number | Secondary physician’s practice name:  | Policy Number |

**Media Release**

Occasionally, photos will be taken of the children at the center for use within the center, on our website, and/or newsletters and in the Archdiocese of Miami. Please indicate that you authorize the use and production of photographs of your child in conjunction with the program. Parent initial (\_\_\_\_\_\_\_\_\_)

**ENROLLMENT AGREEMENT HOLY FAMILY DAY CARE PROGRAM**

Handbook Acknowledgement

I understand and agree that it is my responsibility to read and familiarize myself with policies outlined in the Family Handbook and to go directly to management with any questions I may have regarding the policies and procedures and information contained in the Enrollment Agreement. Information contained in the Family Handbook may be subject to change. Parent initial (\_\_\_\_\_\_\_\_\_)

**Enrollment Approval**

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

Primary Parent/Guardian/Sponsor Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

Center Staff Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_