

**PLEASE PRINT ALL INFORMATION**

child's full name \_\_\_\_\_ gender M F birthdate \_\_\_\_\_

name child is to be called at school \_\_\_\_\_

dad's cell \_\_\_\_\_ mom's cell \_\_\_\_\_

e-mail address for receiving preschool information \_\_\_\_\_

address \_\_\_\_\_ city \_\_\_\_\_ zip \_\_\_\_\_

allergies \_\_\_\_\_

Is there a custody order concerning this child? yes no (circle)

mother/guardian/domestic partner's full name \_\_\_\_\_

employer \_\_\_\_\_ occupation \_\_\_\_\_

work address \_\_\_\_\_ work phone \_\_\_\_\_

father/guardian/domestic partner's full name \_\_\_\_\_

employer \_\_\_\_\_ occupation \_\_\_\_\_

work address \_\_\_\_\_ work phone \_\_\_\_\_

**PROGRAM CHOICES**

**8:45 to 11:45 a.m.**

Mon/Wed/Fri	\$2750 per year or \$275 per month	_____
Tue/Thu	\$2350 per year or \$235 per month	_____
Mon/Tue/Wed/Thu/Fri	\$4350 per year or \$435 per month (PreK)*	_____
Mon/Wed/Fri	\$2750 per year or \$275 per month (PreK)*	_____
Tue/Wed/Thu	\$2750 per year or \$275 per month (PreK)*	_____

**12:45 to 3:15 p.m. PreK\***

Tue/Wed/Thu	\$2650 per year or \$265 per month	_____
Mon/Tue/Wed/Thu	\$2850 per year or \$285 per month	_____

\* PreK age requirement is 5 years by September 2016

Younger children may attend five days (\$4350 yr / \$435 mo) by registering for a three a.m. and a 2 a.m. session. A **non-refundable** registration fee of \$120 for the first child, \$100 for each additional child from the same family enrolling at the same time is due at the time of registration.

**OFFICE USE ONLY**

registration \_\_\_\_\_ receipt \_\_\_\_\_ today's date \_\_\_\_\_

room assignment \_\_\_\_\_ teacher \_\_\_\_\_ 1st year \_\_\_\_\_

\_\_\_\_\_ 2nd year \_\_\_\_\_

session: PreK 5 a.m. \_\_\_\_\_ MWF TWTH 3 a.m. \_\_\_\_\_ 2 a.m. \_\_\_\_\_ PreK 3 p.m. \_\_\_\_\_ 4 p.m. \_\_\_\_\_

## IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

**To Be Completed by Parent or Authorized Representative**

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE (    )
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					BUSINESS TELEPHONE (    )
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	HOME TELEPHONE (    )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					BUSINESS TELEPHONE (    )
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	HOME TELEPHONE (    )	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					BUSINESS TELEPHONE (    )
PERSON RESPONSIBLE FOR CHILD	LAST NAME	MIDDLE	FIRST	HOME TELEPHONE (    )	BUSINESS TELEPHONE (    )

### ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

### PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (    )
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE (    )

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL     
  OTHER      EXPLAIN: \_\_\_\_\_

### NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE

DATE

### TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION

DATE LEFT

# PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

## PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter  
(NAME OF CHILD) (BIRTH DATE)

\_\_\_\_\_. This Child Care Center/School provides a program which extends from \_\_\_\_ : \_\_\_\_  
(NAME OF CHILD CARE CENTER/SCHOOL)

a.m./p.m. to \_\_\_\_ a.m./p.m. , \_\_\_\_\_ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(TODAY'S DATE)

## PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: \_\_\_\_\_ Allergies: medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Developmental: \_\_\_\_\_ Food: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Asthma: \_\_\_\_\_

Dental: \_\_\_\_\_

Other (Include behavioral concerns): \_\_\_\_\_

Comments/Explanations: \_\_\_\_\_

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: \_\_\_\_\_

### IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA) (REQUIRED FOR CHILD CARE ONLY)	/ /	/ /	/ /	/ /	
HIB MENINGITIS (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	
HEPATITIS B	/ /	/ /	/ /	/ /	
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	

#### SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).  
\_\_\_ Communicable TB disease not present.

I have  have not  reviewed the above information with the parent/guardian.

Physician: \_\_\_\_\_ Date of Physical Exam: \_\_\_\_\_

Address: \_\_\_\_\_ Date This Form Completed: \_\_\_\_\_

Telephone: \_\_\_\_\_ Signature \_\_\_\_\_

Physician  Physician's Assistant  Nurse Practitioner

# CHILD’S PREADMISSION HEALTH HISTORY—PARENT’S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

**DEVELOPMENTAL HISTORY** (\*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

**PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:**

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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**DAILY ROUTINES** (\*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST	WHAT ARE USUAL EATING HOURS?
	LUNCH	BREAKFAST _____
	DINNER	LUNCH _____
		DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*
<input type="checkbox"/> YES <input type="checkbox"/> NO	
ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
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## PERSONAL RIGHTS

### Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
  - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
  - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
  - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
  - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
  - (6) Not to be locked in any room, building, or facility premises by day or night.
  - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

NAME

ADDRESS

CITY

ZIP CODE

AREA CODE/TELEPHONE NUMBER

DETACH HERE

**TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:**

**PLACE IN CHILD'S FILE**

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

**ACKNOWLEDGMENT:** I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

(PRINT THE ADDRESS OF THE FACILITY)

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

## CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

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### PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: \_\_\_\_\_

Licensing Office Address: \_\_\_\_\_

Licensing Office Telephone #: \_\_\_\_\_

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

**NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.**

*For the Department of Justice "Registered Sex Offender" database, go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

(Detach Here - Give Upper Portion to Parents)

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### ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of \_\_\_\_\_, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

\_\_\_\_\_  
Name of Child Care Center

\_\_\_\_\_  
Signature (Parent/Authorized Representative)

\_\_\_\_\_  
Date

**NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.**

*For the Department of Justice "Registered Sex Offender" database go to [www.meganslaw.ca.gov](http://www.meganslaw.ca.gov)*

LIC 995 (9/08)

2016-2017

**Acknowledgement:**

I/We have been personally advised of and have received a copy of the **Child Care Center Notification of Parents' Rights** at the time of admission to the above named facility.

I/We have received and read a copy of **CUMCP Parent Handbook** containing **School Policies** and **Admission Agreement** and agree to all terms stated within at the time of enrollment at the above named facility.

I/We give permission for my child to participate in the free **professional vision and hearing screening** provided by the above named facility.

**Class Roster and Picture Release** All children will be included on the class list unless otherwise directed. Information is given only to CUMCNS families; those in your child's classroom in particular. This information is primarily used for play dates and party invitations.

Please indicate your wishes by circling:

I/We prefer the class roster include our	family address	yes	no
	cell phone	yes	no
	e-mail address	yes	no
My child's picture may be used in promotional materials at off-site events*		yes	no

\*CUMCP teachers take many pictures of children at play and then display them in the hallway or classroom for all to view. These pictures are **NOT** considered promotional materials.

**Classroom Sign In-Out Procedure** PLEASE **REMEMBER TO SIGN YOUR CHILD "IN" ON ARRIVAL AND "OUT" ON DEPARTURE. THIS SHOULD INCLUDE A FULL SIGNATURE WITH TIME OF DAY.**

If your child was not signed in or signed out and Social Services cite the preschool for this, the parent will be responsible for that citation fee.

By signing below, you are acknowledging your receipt and understanding of the information outlined here and your agreement comply.

\_\_\_\_\_  
parent/guardian/domestic partner signature

\_\_\_\_\_  
date

\_\_\_\_\_  
child's name

CUMC Preschool 6652 Heil Avenue HB, CA 92647-4359 714.842.1630

**CONSENT FOR EMERGENCY MEDICAL TREATMENT –  
Child Care Centers or Family Child Care Homes**

AS THE PARENT/GUARDIAN/DOMESTIC PARTNER, I GIVE CONSENT TO  
**COMMUNITY UNITED METHODIST CHURCH PRESCHOOL** TO  
PROVIDE ALL EMERGENCY MEDICAL OR DENTAL CARE PRESCRIBED BY A DULY  
LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST  
(D.D.S.) FOR

\_\_\_\_\_  
(CHILD'S NAME).

THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITIONS ARE  
NECESSARY TO PRESERVE LIFE, LIMB OR WELL BEING OF THE CHILD  
NAMED ABOVE.

\_\_\_\_\_  
CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PARENT/GUARDIAN/DOMESTIC PARTNER SIGNATURE

\_\_\_\_\_  
HOME ADDRESS

HOME PHONE ( ) \_\_\_\_\_

CELL ( ) \_\_\_\_\_

WORK ( ) \_\_\_\_\_



**ADMISSION AGREEMENT 2016-2017**

name of child: \_\_\_\_\_ birthday \_\_\_\_\_ sex: M F

parent/guardian/domestic partner responsible for tuition (please print): \_\_\_\_\_

**CUMC Nursery School** offers a loving Christian preschool program for children who are 2 years 6 months through 5 years.

Children must be toilet trained. Our school year follows the same schedule as the Ocean View School District. No-school days are:

October:	Church Related Fall Institute
November:	Veterans Day Thanksgiving (3 days)
December:	winter recess, encompassing Christmas Eve, Day, New Year's Eve, Day
January:	Martin Luther King Day
February:	Lincoln's Birthday Washington's Birthday
March:	two parent/teacher conference days
April:	spring recess
May:	Memorial Day

**Registration Fee:** An enrollment fee of \$120 and \$100 for each additional child from the same family enrolling at the same time is required at the time of enrollment. **THIS FEE IS NOT REFUNDABLE.**

**Tuition Schedule:**

Mon/Tue/Wed/Thu/Fri (PreK)*	8:45 – 11:45	\$4350 yearly	\$435 monthly
Mon/Wed/Fri (PreK)*	8:45 – 11:45	\$2750 yearly	\$275 monthly
Mon/Wed/Fri	8:45 – 11:45	\$2750 yearly	\$275 monthly
Tues/Thu	8:45 – 11:45	\$2350 yearly	\$235 monthly
Tues/Wed/Thu	8:45 – 11:45	\$2750 yearly	\$275 monthly
Tues/Wed/Thu (PreK)*	12:45 – 3:15	\$2650 yearly	\$265 monthly
Mon/Tue/Wed/Thurs (Pre-K)*	12:45 – 3:15	\$2850 yearly	\$285 monthly

\*PreK age requirement is 5 years by September 2016.

**Installment Payment of Tuition:** The first installment must be made **no later than the first day of preschool attendance in September 2016** or all fees and classroom space may be forfeited. The last tuition payment of the year will be due June 1, 2016. Tuition is calculated on an annual basis allowing for holidays and adjusted to ten equal monthly payments for your convenience. Payments may be mailed and should include in the address "Preschool." If paying electronically, it is important that you instruct your bank to make the "payee" expressly "CUMC Preschool." Including "Preschool" will avoid confusion with the church as to where the check should be deposited. We do not accept any credit card payment.

**Credit and Refund Policy:** Monthly tuition installments are not refundable. There are no credits or refunds made for absenteeism of any kind. Some months have "no school" days. Since tuition is divided into equal installments, each month's tuition is the same. Tuition fees may be refunded only in the event of a child's dismissal from the school and in that instance, tuition fees will be refunded on a prorated basis to the last day of attendance. Parents are required to give a two-week notice of withdrawal from school. If you fail to comply, you are liable for two week's tuition.

**Service Charges and Fees:** Monthly tuition is due on the 1<sup>st</sup> of each month. A late fee of \$10 will be assessed if tuition is not received by the 8<sup>th</sup> of the month. If a check is returned to the preschool, the parent will be responsible to cover the bank fee.

Children are to be picked up promptly at the end of the session. There is a ten minute grace period. After that, there may be a charge for late pick-up. If your child was not signed in or signed out and Social Services cites the preschool for this, the parent will be responsible for that citation fee.

**(Optional) Lunch Bunch and Stay & Play:** Lunch Bunch is for morning and afternoon children from 11:45 – 12:45; the fee is \$10. Stay & Play is limited to morning children only. The morning children may stay until 1:45 p.m. for an additional fee of \$20. These fees can be included with tuition. Payment is due at the time you sign up. Missed days are not refundable nor can they be transferred.

**Arbitration Statement:** I agree to arbitrate any disputes that may arise from the care of my child/children with your facility in accordance with the rules of the American Arbitration Association with the exception of any financial disputes that may occur between the parties. CUMC Preschool reserves the right to modify this agreement at any time by giving the payer a written 30-day notice of the modification.

I have received, read and fully understand the above admission agreement and know there is a copy in the Parent Handbook. I agree to pay any and all outstanding balances at the time of withdrawal or the account may be referred to a collection agency or directly to Small Claims Court.

Approved by Parent/Guardian/Domestic Partner signature \_\_\_\_\_

Date \_\_\_\_\_