

July 15, 2016

Dear Families,

We'd like to welcome you to M&M Kids Before & After School Program. We're excited to have your child(ren) as a part of our program this year, and look forward to working with your family.

We are a licensed program with a staff to child ratio of 1:15, though we have two staff on site at all times. We are open Monday through Friday from 6am until the start of school, and after school until 6pm. During this time we offer stimulating activities including cooking, science, reading, STEM and community outreach, as well as an opportunity for free time and positive interaction with their peers. We also have a time where children can focus on doing their homework and our staff is available for help, as needed.

On non-school days and during breaks (winter, spring, and summer) we are open for full day care at Poulsbo Elementary (NKSD) and Cougar Valley Elementary (CKSD).

If you have further questions regarding our program, please feel free to call us at our main office at (360) 394-4089. We'd be more than happy to discuss our program in greater detail and answer any questions you might have. We look forward to having you as a part of the Martha & Mary family.

Respectfully,

*Terry McCutcheon*

Program Director  
(360) 394-4089

*Jen Brauer*

Operations Coordinator  
(360) 394-4073

Martha & Mary Children's Services

**Martha & Mary Kids' Club**

Before & After School Program

2016-2017 School Year

**New Child Registration Fee:** \$50.00 first child; \$40.00 each additional child (non-refundable)

**Continued Enrollment Fee:** \$20.00 per child (if enrolled by August 15<sup>th</sup>)  
\$30.00 per child (if enrolled August 16<sup>th</sup> or after)

<u>Sessions on School Days</u>	<u>Amount Per Session</u>
Before School Care ONLY	\$14.50
After School Care ONLY	\$16.50
Before AND After School Care	\$22.00
Drop-in Care Fee	\$25.00
<u>Sessions on Non-School Days</u>	<u>Amount Per Session</u>
Full Day Charge	\$31.00
Drop-in Care Full Day Fee	\$50.00 per day

**Discounts Offered (one per family)**

- Sibling Discount (10%)
- Active Duty Military (10%)
- North & Central Kitsap School Employees (10%)

(Discount applied to one child per family - oldest child's tuition. Discount applied to scheduled days only.)

**Attendance Policies**

- ***A minimum of two sessions per child, per month is required. If care is not needed for at least two sessions during the month, an additional space hold fee of \$25.00 per child will be automatically assessed.***
- If your child is absent, you are still charged.
- Once the month begins, two weeks' notice is required to make changes to child's schedule at the non-drop-in rate.
- Monthly Calendars are due no later than the 15<sup>th</sup> of the previous month.
- Late Pick-Up Fee (per child): \$2.00 per minute (\$10.00 minimum) due at pick-up.

**Payment Schedule**

- Payments are due by the 20<sup>th</sup> of each month.
- Late payment fee of \$30.00 is assessed on the 25<sup>th</sup> of the month on all unpaid balances.
- Delinquent accounts not made current by the last day of the month will result in termination of enrollment. Upon re-enrollment, a registration fee will be charged.
- Two weeks written notice is required if you wish to terminate your child's enrollment with Martha & Mary Kids' Club.

**Hours of Operation:** 6:00 a.m. to 6:00 p.m., Monday through Friday

**Office Phone:** (360) 394-4089

**E-mail:** [kids@mmhc.org](mailto:kids@mmhc.org)

**Website:** [marthaandmary.org](http://marthaandmary.org)



## 2016-2017 School Year Registration Form

*For Office Use Only*

Date Received: \_\_\_\_\_

Received by: \_\_\_\_\_

School: CV G PE PO S V W

### CHILD/FAMILY INFORMATION

Child's First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

School: \_\_\_\_\_

Age: \_\_\_\_\_

Child Resides With: \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email Addresses (used for monthly invoice delivery and parent communication):

Parent/Guardian 1: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_

### MEDICAL INFORMATION

*If no physician or dentist information is available, a separate written plan for medical or dental emergency must be provided.*

Physician Name: \_\_\_\_\_

Date of Last Physical Exam: \_\_\_\_\_

Physician Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_

Date of Last Dental Exam: \_\_\_\_\_

Dentist's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Does your child have limitations, medical concerns, or behavioral concerns of which we should be aware?

If any of the following apply, contact Main Office for specifications:

☐ Allergies: \_\_\_\_\_

☐ Medications: \_\_\_\_\_ (if administering on-site, additional forms required)

☐ My child has no known medical allergies and is not on any medications. **Parent Initials** \_\_\_\_\_



## 2016-2017 School Year Registration Form

- ☐ New Registration
  - ☐ Continued Enrollment
  - ☐ Registration Fee Paid
  - ☐ Complete Immunization Form Submitted
  - ☐ Complete Immunization Form On File
- Office Use Only*

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### AUTHORIZATIONS

*(must be at least 18 years old; ADDRESS REQUIRED)*

Emergency Contacts *(parents will always be contacted first)*

Name	Full Address	Phone
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____
_____	_____	(____) _____

Additional persons authorized to pick up child *(notice from parent of alternate pickup day-of is requested)*

Name	Full Address	Phone
_____	_____	(____) _____
_____	_____	(____) _____

Persons RESTRICTED from picking up OR visiting *(legal documentation required to restrict biological parents)*

\_\_\_\_\_

### CONSENT

**Participation Release:**

I give permission for my child to leave the center by foot for outdoor exercise and educational purposes with the understanding that my child will be accompanied by center staff and under proper supervision at all times. I also give permission to Martha & Mary to transport my child to and from the site on field trips and other activities (additional permission form to be signed day-of) by bus or company vehicle.

**First Aid:**

I give Martha & Mary staff authorization to administer first aid and emergency treatment by a qualified staff member of Martha & Mary as necessary.

**Medical Treatment:**

In the event I cannot be reached, I give Martha & Mary staff permission to obtain medical care for my child. I further authorize consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child's health and I cannot be contacted. I waive my right of informed consent to such treatment. I expect that a conscientious effort will be made to locate my designees or myself. I will accept any expenses incurred.

**Photography:**

I give permission for my child to be photographed and videotaped while in care during program functions and field trips. I understand that photographs/videos may be taken by center staff or by parents/guardians and may be shared via email to family members. I will be asked to sign a separate permission form before any photos/videos are used for public relations purposes and understand that I have the right to refuse permission for such use.

**Policy:**

I acknowledge that I have received and understand the parent information packet and agree to abide by the policies stated therein. I fully understand the rights, responsibilities and relevant facility policies and procedures. I acknowledge that I understand and agree to abide by the policies of Martha & Mary.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Processed By: \_\_\_\_\_ *For office use only* Date: \_\_\_\_\_



Child's Name:

Site:

## Enrollment Agreement Financial Information

### SITE HOURS OF OPERATION

The School Sites are open from 6:00 a.m. to 6:00 p.m., Monday through Friday. Sites will be closed in observance of the following holidays: New Year's Day, Presidents Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving, the day after Thanksgiving, and Christmas Day. In addition, sites will close at 4pm on Christmas Eve.

I understand that, in accordance with school age licensing regulations, my child may be released to the custody of Child Protective Services or other local authorities, if I (*or other authorized persons*) fail to pick up my child and/or contact the site and I (*or other authorized persons*) cannot be reached within 30 minutes after close-of-business.

The sites will be open whenever possible on regularly scheduled day, during normal business hours. The procedure for notifying families of delays and closures due to inclement weather and/or emergencies will be posted at each site. If it becomes necessary to close early, it will be my responsibility to arrange for my child's prompt pick-up.

### FEE SCHEDULE AND FINANCIAL TERMS

1. I agree that, in consideration of admission to Martha & Mary Kids and the rendering of services to my child(ren), I am obligated to pay all charges incurred in accordance with the payment regulations and current rate schedules of Martha & Mary Kids. The current rate schedule is attached.
2. Payments are due by the 20th of each month for monthly services. A late charge of \$30.00 is assessed on accounts not paid in full by midnight on the 24th of the month. Accounts not made current by the last day of the month are in default. At that time, the child's enrollment will be terminated until the account has been paid in full. I understand that a new registration fee may be required in order for my child(ren) to return. Past due accounts bear interest in the amount of 12% per annum. Should the account be referred to an attorney for collection, the undersigned agrees to pay reasonable attorney's fees and all collection expenses.
3. Martha & Mary will not be responsible for unbalanced ledgers due to parent/guardian disputes. If a bill is paid by more than one party, the division of fees is strictly the responsibility of the parties involved.
4. Tuition fees are not subject to pro-ration for absences, illnesses, or emergency closure of the center. If my child's attendance pattern (*days/times*) need to change in any way, I will notify site management immediately. I understand that, once the month begins, scheduled days may not be switched, but days can be added if space is available. Two weeks' notice is required to add days at regular rates; otherwise, drop-in rates apply.
5. I understand a minimum of two sessions per child per month is required. If care is not needed for at least two sessions during the month, an additional space hold fee of \$25.00 per child will be automatically assessed.
6. I agree that I will pay the full tuition fee, even if my child(ren) is absent for one or more scheduled days.
7. A late pick up fee of \$10.00 for the first 5 minutes and \$2.00 per minute thereafter will be assessed (*per child*) when a child attends past close-of-business. I understand that late pick up fees are due on the day of service, and must be paid before my child(ren) returns to care the following day. The late pick up fee does not constitute as agreement to provide after-hours services.

Child's Name: \_\_\_\_\_ Site: \_\_\_\_\_

8. I understand that there is a fee of \$35.00 for returned checks. Payments from customers with prior outstanding redeemed returned checks must be in the form of a money order or cashier's check. Returned check activity may be subject to immediate termination of services.
9. Two weeks' written notice is required prior to the last day of attendance. If I do not give proper notice, I agree to pay any fees or full tuition that may be due for the final two weeks, regardless of my child(ren)'s attendance. I also understand any prepaid funds of \$20.00 or less which remains at the time of my child's disenrollment will not be remitted to me unless requested in writing within 90 days.
10. Where other parties such as state or federal agencies (DSHS) pay a portion or all of the childcare charges, I hereby agree to pay my participation of the charges, or all charges for any period the child is determined to be ineligible for the program, as well as all charges incurred which are properly charged toward the child under such programs. I understand it is my responsibility to ensure that coverage with outside agencies is kept current and up to date.
11. When seeking to obtain financial assistance through DSHS, I understand that DSHS coverage will be effective as of the date of receipt and that "back-dating" is not accepted, even if authorized by DSHS.
12. I understand that reauthorization of eligibility must be received from DSHS before the current end date of authorization or enrollment will be terminated. Re-enrollment will not be guaranteed, and will not be considered until such time as proof of eligibility is provided.

#### DISCOUNTS AND PAYMENT

Only one discount can be applied per family. Discounts do not apply to families receiving DSHS subsidies. For families with multiple children in our care, the discount is applied to the oldest child's tuition. Discounts are applied to scheduled days only.

##### Payment Type (select one):

- ☐ Private Pay
- ☐ Employee\*
- ☐ DSHS\*

##### Discounts (one per family):

- ☐ Sibling Discount
- ☐ Military Discount\*
- ☐ CKSD or NKSD Employee Discount

*\*additional forms required*

#### ACKNOWLEDGMENT

I certify that I have read, understand and accept all of the terms and conditions in this Agreement. This Agreement will be effective as of \_\_\_\_\_.

Primary Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Center Director Signature \_\_\_\_\_ Date \_\_\_\_\_

##### \*Staff Use Only\*

Date received: \_\_\_\_\_ By: \_\_\_\_\_

Date orientation held: \_\_\_\_\_ By: \_\_\_\_\_

##### Additional forms obtained:

- ☐ DSHS Award Letter
- ☐ Employee Payroll Deduction Authorization
- ☐ DSHS Policies Agreement
- ☐ Military Discount Form



# Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:

Reviewed by:

Date:

Signed Cert. of Exemption on file? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Information System.

**Child's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **Middle Initial:** \_\_\_\_\_ **Birthdate (mm/dd/yyyy):** \_\_\_\_\_ **Sex:** \_\_\_\_\_

Symbols below:   
 ◆ Required for School and Child Care/Preschool   
 ● Required for Child Care/Preschool Only   
 ■ Recommended, but not required

I certify that the information provided on this form is correct and verifiable.

**Parent/Guardian Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

**Parent/Guardian Signature Required** \_\_\_\_\_ **Date** \_\_\_\_\_

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
■ Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)				
	1			
■ Tetanus, Diphtheria (Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox)				
	1			
	2			
■ Hepatitis A (Hep A)				
	1			
	2			
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand				
	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)				
	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.

**Mark option 1, 2, OR 3 below (see # 5 on back)**

1) ☐ Chickenpox disease verified by printout from the Immunization Information System (IIS)   
 Must be marked by printout (not by hand) to be valid.

2) ☐ Chickenpox disease verified by healthcare provider (HCP)

If you choose this box, mark 2A OR 2B below.

2A) ☐ Signed note from HCP attached OR

2B) ☐ HCP sign here and print name below:

Licensed healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_   
 (MD, DO, ND, PA, ARNP)

Printed Name: \_\_\_\_\_

3) ☐ Chickenpox disease verified by school staff from the Immunization Information System

**If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.**

## Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.

**Signed lab report(s) MUST also be attached.**

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

Licensed healthcare provider signature \_\_\_\_\_ Date \_\_\_\_\_   
 (MD, DO, ND, PA, ARNP)

Printed Name: \_\_\_\_\_

# Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

**#1 To print with information filled in:** First, ask if your healthcare provider's office puts vaccination history into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS**, and return it to school or child care. If your provider's office does not use the IIS, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

**EXAMPLE**

**#2 To fill in by hand:** Print your child's name, birthdate, sex, and your own name in the top box.

**#3** Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ►

**#4** If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

**#5** If your child had chickenpox (varicella) disease and not the vaccine, **use only one** of these three options to record this on the CIS:

- 1) ☐ If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
- 2) ☐ If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
- 3) ☐ If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.

**#6** Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your healthcare provider fill in this box. Ask your provider to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

**#7** Be sure to **sign and date the CIS**, and return to the school or child care.

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

Reference Guide

Vaccine Trade Names in alphabetical order (For updated lists, visit <a href="https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf">https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf</a> )									
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	FluLaval	Flu	Ipol	IPV	PedvaxHIB	Hib	Twinrix (Twnrx)	Hep A + Hep B
Adacel	Tdap	FluMist	Flu	Infanrix	DTaP	Pentacel (Pntcl)	DTaP + Hib + IPV	Vaqta	Hep A
Afluria	Flu	Fluvirin	Flu	Kinrix (Knrx)	DTaP + IPV	Pneumovax	PPSV or PPV23	Varivax	Varicella
Boostrix	Tdap	Fluzone	Flu	Menactra	MCV or MCV4	Prevnar	PCV or PCV7 or PCV13		
Cervarix	HPV2	Gardasil	HPV4	MenHibrix (Mnhbrx)	Meningococcal C/Y-HIB-PRP	ProQuad (PrQd)	MMR + Varicella		
Daptacel	DTaP	Havrix	Hep A	Menomune	MPSV or MPSV4	Recombivax HB	Hep B		
Engerix-B	Hep B	Hiberix	Hib	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)		
Fluarix	Flu	HibTITER	Hib	Pediarix (Pdrx)	DTaP + Hep B + IPV	RotaTeq	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order (For updated lists, visit <a href="https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf">https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf</a> )							
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (IIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 January 2015



# SEPTEMBER 2016

Please mark **AM** and/or **PM**, or **Full Day** on the days your child will be attending **with drop off and pickup times**.  
Calendars need to be turned in by August 19th.

Child's Name: \_\_\_\_\_

School: \_\_\_\_\_ **CK**

MON	TUE	WED	THURS	FRI
Aug 29 Summer Program	Aug 30 Summer Program	Aug 31 CLOSED for Site Setup	1 1 <sup>st</sup> Day of School (1 <sup>st</sup> through 5 <sup>th</sup> Gr)	2
5  CLOSED Labor Day	6	7  1 <sup>st</sup> Day for Kinders	8  Early Release	9
12	13	14	15  Early Release	16
19	20	21	22  Early Release	23
26	27	28	29  Early Release	30

Billing Schedule	
Scheduled:	
Before School Only:	\$14.50/Session
After School Only:	\$16.50/Session
Before AND After:	\$22/Day
Full Day Care	\$31
Unscheduled:	
Per Session Drop In:	\$25
Non School Day:	\$50/Day

Bills are due by 20<sup>th</sup> of every month. Accounts not paid in full before midnight on the 24<sup>th</sup> will be assessed a \$30 late fee. This includes any unpaid drop-in fees.

**\*We will be closed on Wednesday, August 31<sup>st</sup> to prepare for the first day of school. We will reopen at 6am on Thursday, September 1<sup>st</sup>.**



## Photography Consent Form

Dear Parent/Guardian

As the parent of a child/children at Martha & Mary I agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at Martha & Mary during normal child care hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

Parent/Guardian Name:	Relationship to Child:
Child 1 Name:	
Child 2 Name:	
Child 3 Name:	
Address:	
I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting our child care services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.	
Parent Signature:	Date: