IMPORTANT: Child Care Appointment Notification

Early Childhood Services, 43 Hilltop Dr., Redding, CA 96003
Child Care Referral & Education, 409 Walnut St., Red Bluff, CA 96080

TO: _____
_____
_____

Your appointment for:
☐ **Recertification** ☐ **Initial Enrollment** ☒ **Preschool**

is scheduled for: _____ _____
Date Time

Location: ☐ Early Childhood Services
☐ Child Care Referral & Education

Worker: _____ Phone: _____

Please Note: Your appointment has been scheduled for child care services to begin or continue.

If you are unable to keep your scheduled appointment you will need to reschedule prior to the appointment date. If you do not reschedule at least 2 hours prior to your appointment and/or fail to appear for your appointment we will consider your request for services denied.

- Parents are responsible for any charges owed to a child care provider due to program ineligibility or non-compliance with program rules and regulations.
- You are responsible to provide all documentation in order to determine eligibility for subsidized child care services.

In preparation for your appointment, provide the following (if applicable):

☒ Proof of all income (Last stubs received-four if paid weekly, two twice a month or one monthly)
☒ Proof of Cash Aid/TANF
☒ Records of Marriage, Divorce, Domestic Partnership
☒ Court Orders regarding Child Custody
☒ Child's Individualized Education Program (IEP)
☒ Adoption or Foster Placement documents
☐ Education Plan signed by counselor
☐ Class Syllabus for all online classes
☒ Proof of Child Support
☒ Birth Certificate (all children)
☒ Rental Agreement or Utility Bill
☒ Child Immunization Records
☐ Class Registration
☐ Current Semester Grades

Complete and return the following forms (enclosed):

☒ Income Calculation Worksheet
☐ Declaration for Training
☐ Employment Verification
☒ Emergency and Identification Information
☒ Parent Agreement
☐ Health and Safety Self-Certification
☐ Self-Employment Declaration with documentation
☐ Incapacitated Medical Statement signed by MD
☐ Seeking Employment Declaration
☒ Child's Physician Report for all children enrolled
☒ Health and Developmental History per child
☒ Family Service Referral Form

Preschool only:

☒ Personal Rights ☒ Parents Rights ☒ Parent Pledge ☒ Policy Form ☒ Topical
☒ Meal Benefit Form @ Enrollment Appt.
☐ Other: _____

Date Notice was Sent: _____ Specialist initials: _____

Income Calculation Worksheet

Early Childhood Services, 43 Hilltop Dr., Redding, CA 96003
Child Care Referral & Education, 409 Walnut St., Red Bluff, CA 96080

By signing this form, I am authorizing Shasta County Office of Education to contact the below listed employer(s) or any other financial institution to verify income.

Parent Name (A): _____ Employer/Business Name: _____ Phone: _____
Business Address: _____
Usual Business Hours: _____ Paid: ☐ Weekly ☐ Twice Monthly ☐ Bi-weekly ☐ Monthly

Parent Name (A): _____ Employer/Business Name: _____ Phone: _____
Business Address: _____
Usual Business Hours: _____ Paid: ☐ Weekly ☐ Twice Monthly ☐ Bi-weekly ☐ Monthly

Parent Name (B): _____ Employer/Business Name: _____ Phone: _____
Business Address: _____
Usual Business Hours: _____ Paid: ☐ Weekly ☐ Twice Monthly ☐ Bi-weekly ☐ Monthly

Parent Name (B): _____ Employer/Business Name: _____ Phone: _____
Business Address: _____
Usual Business Hours: _____ Paid: ☐ Weekly ☐ Twice Monthly ☐ Bi-weekly ☐ Monthly

Sources of Income	Parent A	Parent B
Gross Monthly Income* (prior to deductions) include: overtime, commission, tips, bonuses, self-employment; wages for migrant, agricultural or seasonal work *If self-employed: Complete Profit and Loss Statement	$	$
Child Support or Spousal Support received as a court order or in cash or financial assistance for housing or car payment paid in addition to, as part of or in lieu of – (if paid subtract from total)	$	$
Dividends, Interest, Annuities, Rental Income, Royalties, Profit Sharing Income	$	$
Public Assistance, TANF cash benefits	$	$
Unemployment Insurance, State Disability or Workers Compensation	$	$
Social Security Disability, Survivor or Retirement	$	$
Insurance or Court Settlements for lost wages or punitive damages	$	$
Portion of Student Grants/Scholarships not identified for educational purposes that can be used for living expenses	$	$
Any Pensions including Veterans	$	$
Rent for room within family residence	$	$
Foster Care Grant/payments and clothing allowances; other income received for a child living with an adult who is not the parent	$	$
Income from an inheritance, annuity or lump sum; proceeds from the sale of real property, stocks or inherited property, gambling and lottery winnings	$	$
Allowances for housing or cars provided as a part of compensation	$	$
Other enterprise for gain	$	$

If you currently do not receive any income, please explain how you are meeting your basic needs: _____

I affirm under penalty of perjury that the statements made here are true to the best of my knowledge and belief.

Parent/Guardian Signature: _____ **Date**: _____

Emergency and Identification Information Form

Early Childhood Services, 43 Hilltop Dr., Redding, CA 96003
Child Care Referral & Education, 409 Walnut St., Red Bluff, CA 96080

1. List Children Currently Receiving Services

_____
Child's Name (Last Name First) Date of Birth

_____
Child's Name (Last Name First) Date of Birth

_____
Child's Name (Last Name First) Date of Birth

_____
Child's Name (Last Name First) Date of Birth

Email Address: _____

Mother's Name: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Mother's Business Address: _____ Phone: _____

Father's Name: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

Father's Business Address: _____ Phone: _____

2. Names of Persons Authorized to Take Child from the Place of Care
(This child will not be allowed to leave with any other person without written authorization from parent or guardian.)

Name Address Phone Relationship

_____

_____

_____

3. Physician to Be Called in an Emergency

Physician's Name: _____ Phone: _____

Address: _____ City _____ State _____ Zip _____

If the Physician cannot be reached, what action should be taken? _____

4. Medi-Cal # ☐ **Private Insurance** ☐

5. Allergies or Other Medical Limitations: _____

_____

Permission for Medical Treatment:
Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance. **In case of an accident or an emergency, I authorize the child care provider to take my child to the above-named physician or to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child, at my expense.**

Signature of Parent/Guardian: _____ **Date:** _____

Policy Form

Early Childhood Services, 43 Hilltop Dr., Redding, CA 96003

Photo Release

I give permission for my child/children to be photographed or videotaped for the Shasta County Office of Education. These photographs or videos will be used for staff training, public relations, press releases, newsletters, brochures and similar non-commercial purposes. These may include my child's/children's name(s). I understand I may view such material at a mutually convenient time and place if I desire.

- ☐ I agree
- ☐ I agree, however, only for use in the classroom
- ☐ I disagree, no photographs or videotaping

Program Guidelines

I have received the Parent Guidebook prior to enrollment into the preschool program.

Program Expectations

My expectations of the Early Childhood Services part day preschool program are for my child to learn and/or experience _____

_____.

Child's Name: _____

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____

Date: _____

CHILD CARE CENTER
NOTIFICATION OF PARENTS' RIGHTS

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: Community Care Licensing

   Licensing Office Address: 520 Cohasset Road, Suite 170, Chico, CA 95926

   Licensing Office Telephone #: (530) 895-5033

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

LIC 995 (9/08) (Detach Here - Give Upper Portion to Parents)

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

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

Community Care Licensing

ADDRESS

520 Cohasset Road, Suite 170

CITY	ZIP CODE	AREA CODE/TELEPHONE NUMBER
Chico	95926	(530) 895-5033

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)

REFERRAL FORM

Early Childhood Services, 43 Hilltop Dr., Redding, CA 96003

I am interested in more information about:

EDUCATION

☐ Bridges to Success/Triple P	225-0350
☐ Local Child Care Planning Council	225-2999
☐ Shasta County Office of Education	225-0200
☐ Regional Occupation Program (ROP)	246-3302
☐ Smart Center	246-7911
☐ Shasta College (EOPS)	242-7540
☐ First Five Shasta	646-3780
☐ Shasta Public Library	245-7250

HELP ME GROW

☐ 2-1-1 NorCal	211

FAMILY COUNSELING

☐ Shasta County Mental Health/Drug & Alcohol	225-5252
☐ North Valley Catholic Social Services	241-0552
☐ Kids Turn (Separation/Divorce)	244-5749
☐ Legal Services of Northern California, Inc.	241-3565

HEALTH SERVICES

☐ Mercy Family Health	225-7800
☐ Public Health	225-5591
☐ Child Health & Disability Prevention (CHDP)	225-5122
☐ Redding Rancheria Indian Health	224-2700
☐ Shasta Community Health Center	246-5710
☐ Partnership Health plan	707-863-4100
☐ Access for Infants & Mothers (AIM)	1-800-433-2611

DOMESTIC VIOLENCE

☐ One Safe Place	244-0117
☐ Help - Crisis Line	244-0117
☐ Shasta County Victim Assistance	225-5220

CHILD ABUSE PREVENTION SERVICES

☐ Children and Family Services	
Information:	225-5650
Reporting:	225-5144
☐ Child Abuse Prevention Council	241-5816
☐ Community Care Licensing	895-5033

TRANSPORTATION

☐ Redding Area Bus Authority	1-800-803-7222
Demand Response "Curb to Curb"	241-8295
☐ "The Ride" – Fixed Route	241-2877
Bus Schedules – Stops	242-4479
Hearing Impaired	241-6274
☐ Van Trans (Tehama Co.) Information	385-2877
☐ Medi-Trans	221-4321

EMERGENCY ASSISTANCE

☐ Cal-Works	225-5000
☐ Health and Human Services	229-8400
☐ Salvation Army	222-2207
☐ Anderson/Cottonwood Christian Assistance	365-4220
☐ People of Progress	243-3811
☐ House of Hope	241-5754
☐ Good News Rescue Mission	241-5754
☐ Parent Partners	242-2020
☐ 2-1-1 Information/Referral	211

MEALS & FOOD DISTRIBUTION

☐ People of Progress	243-3811
☐ Senior Nutrition Program	226-3071
☐ WIC Nutrition Program	225-5168
☐ CalFresh (Welfare Dept.)	1-877-652-0731

LOW INCOME HOUSING

☐ Redding Public Housing Assistance	225-4048
☐ Self Help Home Improvement	378-6905
☐ Shasta County Welfare Dept. (DDS)	1-877-652-0731

SPECIAL NEEDS

☐ Great Partnership	225-0411
☐ Far Northern Regional Center	222-4791
☐ Excel Academy, Special Education	410-6088
☐ California Children's Services	225-5760
☐ Rowell Family Empowerment	226-5129
☐ Early Intervention Program	225-0376

☐ **NO REFERRALS NEEDED AT THIS TIME**

OTHER REFERRALS NEEDED _____

_____

_____

_____ _____

Parent Signature Date

OFFICE USE ONLY:

Followed up by: _____ Date: _____

Parent Pledge

Early Childhood Services, 43 Hilltop Dr., Redding, CA 96003

SITE_____

School Year_____

Early Childhood Services is so pleased you have chosen to enroll your child in California State Preschool and excited to share and nurture your child's first experience with education and classroom learning. Preschool can be the cornerstone for a positive lifelong love of learning and exploration. Early Childhood Services is invested in your child having the best experience possible! As a parent you are your child's first teacher and are an important part in their success in school. Preschool also prepares families and children for entrance into kindergarten and the expectations of elementary school. In order to help us achieve the goals you have for your child we ask that you:

- Bring your child to school, every day and on time. It is also important they stay for the entire session and are picked up when class ends. (See guidebook for policies)
- Please take a moment to help your child get settled in the classroom and touch base with the teacher each day. We ask that you not use your cell phone during this time.
- Call the classroom within the first hour if your child is ill and unable to attend.
- You or your authorized representative ***must*** sign your child ***in and out using a full signature;*** on the attendance form ***each day***. If you have planned a vacation or have an emergency, please let the teacher know right away.
- Let us know of changes such as: phone number, address, child custody or visitation orders or if you change your authorized representative.
- For safety reasons, your authorized representative will be asked to show picture ID when picking up your child.
- Let us know if you have concerns or questions, we are happy to schedule Parent/Teacher conferences as necessary.
- Complete any paperwork and documentation required to prove eligibility within the stated deadlines.
- If you are a parent volunteer in the classroom, please limit other adult conversations and refrain from using your cell phone, we want the focus to be on the children!
- Parents, children and authorized representative must be respectful and non-disruptive at all times. (See guidebook for policies)
- Received Parent Guidebook.

We are really looking forward to working with you and your child in California State Preschool!!

Parent Signature _____ Date _____

HEALTH AND DEVELOPMENTAL HISTORY

Site:

Child's Name: _____ Sex: _____ DOB: ____/____/____

Name to be used in the classroom: _____

Address: _____ Phone: _____

Mother/Guardian/Foster Parent's Name: _____ does mother live in the home with the child? _____

Enrolling parent? ☐

Father/Guardian/Foster Parent's Name: _____ does father live in the home with the child? _____

Enrolling parent? ☐

HEALTH INFORMATION

Who is your child's dentist? _____ Have they been seen within the last year? ☐ Yes ☐ No

Who is your child's doctor? _____ Have they been seen within the last year? ☐ Yes ☐ No

Does your child have a current medical diagnosis? _____

Does your child take any medications? If yes, what and how often? _____

Does child use any medical equipment such as an inhaler or EpiPen in or out of the home? _____ If yes, what kind? ___

HAS YOUR CHILD HAD OR CURRENTLY HAVE ANY OF THE FOLLOWING CONDITIONS:
Check all the boxes that apply and specify approximate dates of illnesses:

	Date		Date		Date
☐ Allergies		☐ Frequent Colds		☐ Seizures	
Foods_____		How often_____		Type:_____	
Medications_____		☐ Headaches		☐ Difficulty with speech	
Insects_____		☐ Heart Condition		☐ Hearing Concerns	
Other_____		☐ Kidney Problems		☐ Vision Concerns	
☐ Asthma		☐ Frequent Diarrhea		☐ Rashes	
☐ Breathing Problem		☐ Constipation		☐ Thyroid Problems	
☐ Cavities		☐ Diabetes		☐ Urinary Tract Infections	
☐ Cerebral Palsy		☐ Ear Infections		☐ Nosebleeds	

Does your child have any eating problems? _____

DEVELOPMENTAL INFORMATION(*for preschool-age children only)

Is child toilet learned?* ☐ Yes ☐ No If no, at what stage?* _____

Parent's evaluation of child's health: _____

Parent's evaluation of child's personality: _____

Other adults living in the home:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Other children living in the home (i.e. brothers, sisters, step-brothers or sisters, etc.):

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Name: _____ Age: _____ Relationship: _____

Are there any cultural practices, holidays, traditions, family interests, or things the child enjoys that would be beneficial for us to know about? _____

Has your child ever had a group play experience? ☐ Yes ☐ No If yes, where and when? _____

Does the child have any special problems/Fears/Needs? (Explain): _____

Does your child have a current IEP? _____ If yes, for what? _____

By signing this form, I confirm all information is true to the best of my ability and authorize any representative of Shasta County Office of Education to contact my physician or any other licensed practitioner as needed.

Parent Signature: _____ **Date:** _____

Revised 4/16/2018

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
COMMUNITY CARE LICENSING

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:

Vision

Developmental:

Language/Speech

Dental

Other (Include behavioral concerns):

Allergies: medicine:

Insect stings:

Food

Asthma:

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.

Send to: Shasta County Office of Education
Early Childhood Services Attn: _____
Shasta ECS: 43 Hilltop Drive, Redding, CA 96003
Fax: (530) 225-2977
Tehama CCRE: 409 Walnut Street, Red Bluff, CA 96080
Fax: (530) 529-6631

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

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____
☐ Physician ☐ Physician's Assistant ☐ Nurse Practitioner

Topical Permission Form

Early Childhood Services, 43 Hilltop Dr., Redding, CA 96003

This form covers a variety of preventive topical preparations that may be applied to the skin with parent/guardian permission.

Child's Name: _____ Birth Date: _____

Parent/Guardian's Name: _____ Phone Number: _____

SUNSCREEN

I give my permission for SCOE staff to assist with applying or apply sunscreen to my child's exposed skin including: the face (except eyelids), tops of ears, and bare shoulders, arms, legs and feet 30 minutes before outdoor activities. The school will provide a sunscreen that is at least a SPF of 30. Sunscreen will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

- ☐ I do not know of any allergies my child has to a sunscreen.
- ☐ I will provide sunscreen for use on my child due to allergies. The product is SPF 15 or higher and does not contain DEET or other mosquito repellant. I will clearly label the product with my child's name.
- ☐ My child may NOT use any sunscreen products.

Parent/Guardian Signature:_____ Date: _____

MOISTURIZING LOTION/CREAM/BALM

I give my permission for SCOE staff to assist with applying or apply skin lotion/cream to my child. The school will provide a moisturizing lotion. Skin lotion/cream/balm will not be applied to any broken skin or if a skin reaction has been observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian.

- ☐ I do not know of any allergies my child has to lotions.
- ☐ I will provide a moisturizing lotion for my child due to allergies. I will clearly label the product with my child's name.
- ☐ My child may NOT use any other skin lotion/cream/balm products.

Parent/Guardian Signature:_____ Date: _____