



New Mexico **Pre-K** – (Full Day-Extended)

Dear Parents,

Enclosed you will find a copy of the **August 2022 – May 2023** Alpha School Registration Materials.

Please return the following items with your registration:

- A completed Application Form
- A completed Admission Record Form
- A completed Physician's Statement
- A copy of Immunization Records
- Permission for Sunscreen, Insect Repellent & Photographs
- A Child Information Sheet
- A completed CACFP / Income Eligibility Form
- CACFP Enrollment Information Form
- NM PreK Annual Enrollment Form
- A signed Parent Handbook Form (\*During Home Visit)

Your enrollment will be complete *only* after returning a COMPLETED PACKET (ALL FORMS). You will receive your *Parent Handbook* and *School Calendar* at Open House.

Thank you,

Barbara DeDera–Director  
Alpha School Inc.  
[alphaschool@zianet.com](mailto:alphaschool@zianet.com)

Ray Jaramillo,–Director  
Alpha School Inc.  
[rayjaramillo1@yahoo.com](mailto:rayjaramillo1@yahoo.com)



Application Form **August 2022– May 2023**  
New Mexico **Pre-K** (Full Day-Extended)

**Child's Name** \_\_\_\_\_

**Parent's Name** \_\_\_\_\_

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

**Home Telephone** (575) \_\_\_\_\_ **Cell** (\_\_\_\_) \_\_\_\_\_

**Child's Birth Date** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age of Child** \_\_\_\_\_

## STATEMENT OF INTENT

### Alpha School New Mexico Pre-K:

**PreK**

**8:00 – 1:00 pm**

**Monday-Friday**

I intend to enroll my child in Alpha School Inc., for the school year:

**AUGUST 2022 THROUGH MAY 2023**

Or upon termination by either party

I intend to fully participate in the New Mexico Early Pre-K program offered at Alpha School and follow the requirements to hold my child's placement in the program.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Admission Record

**Pre-K** (4 yr. old- Extended)

TO BE COMPLETED BY PARENT, GUARDIAN, OR OTHER RESPONSIBLE PERSON

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

Home Address \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Number ( ) \_\_\_\_\_

Gender \_\_\_\_\_

Male Female

*please circle*

Child's Birth Date \_\_\_\_\_

Month

Day

Year

Age of Child \_\_\_\_\_

Parent Name \_\_\_\_\_

Social Security #  
required

Parent Name \_\_\_\_\_

Social Security #  
required

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Phone# \_\_\_\_\_

Work Phone# \_\_\_\_\_

Cell Phone # ( ) - \_\_\_\_\_

Cell Phone # ( ) - \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

Allergies / Medical Condition *Must be accompanied by a physician statement - Thank you*

## EMERGENCY CONTACTS

## Other Than Parents

### Emergency Contact # 1

Name \_\_\_\_\_

Home/Wk. Phone \_\_\_\_\_

Cell Number \_\_\_\_\_

### Emergency Contact # 2

Name \_\_\_\_\_

Home/Wk. Phone \_\_\_\_\_

Cell Number \_\_\_\_\_

### Emergency Contact # 3

Name \_\_\_\_\_

Home/Wk. Phone \_\_\_\_\_

Cell Number \_\_\_\_\_

Authorized Pick- Up (list Names)

1

2

3

4

Family Doctor: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Family Hospital

(circle one)

Memorial Medical Center

Mountain View Hospital

## PARENTS MUST SIGN AND DATE:

## Consent for Emergency Treatment

I give permission for my child to be transported by ambulance, aid car, or staff car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately or advisable by the physician to safeguard my child's health. I agree to pay all costs of transportation and emergency medical treatment.

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Date of Enrollment \_\_\_\_\_

Date of Disenrollment \_\_\_\_\_



# Physician Statement:

*The physician must complete this Portion.*

Alpha School Inc  
1205 E. Madrid Ave  
Las Cruces, NM 88001

575-527-1313

DPT:

Date

- |    |              |  |
|----|--------------|--|
| #1 | 2 Months     |  |
| #2 | 4 Months     |  |
| #3 | 6 Months     |  |
| #4 | 15-18 Months |  |

HEP:

Date

- |    |             |  |
|----|-------------|--|
| #1 | At Birth    |  |
| #2 | 1-2 Months  |  |
| #3 | 6-18 Months |  |

Polio:

Date

- |    |              |  |
|----|--------------|--|
| #1 | 2 Months     |  |
| #2 | 4 Months     |  |
| #3 | 15-18 Months |  |
| #4 | 4-6 years    |  |

HIB:

Date

- |     |                 |  |
|-----|-----------------|--|
| #1  | 2 Months        |  |
| #2  | 4 Months        |  |
| #19 | After 15 months |  |

PPD:

Date

MMR:

- |    |  |
|----|--|
| #1 |  |
| #2 |  |

Results:

Date

- |                   |  |
|-------------------|--|
| Dental Screening  |  |
| Hearing Screening |  |
| Vision Screening  |  |

Results

***Any allergies or special consideration / recommendations:***

Height

Weight

Physician Name

Telephone Number

Address

Date

I hereby certify that \_\_\_\_\_ (child's name) has been examined by me and is physically and mentally capable of attending and participating in the activities at Alpha School Inc.

Physician's Signature





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

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Parental Permission for Sunscreen and Insect Repellant:**

The National Academy requires children to be protected from the sun by using sunscreen or sunblock with UVB and UVA protection of SPF 15 or higher applied to exposed skin. Also, when public health authorities recommend using insect repellents due to the high risk of insect-borne diseases, only repellents containing DEET are used, applied to children older than two months.

My Child has permission to have sunscreen & insect repellent applied when needed.

**Parent(s) Signature** \_\_\_\_\_

**Permission to Photograph**

I permit Alpha School Inc. to photograph my Child. I understand these pictures are for Alpha School use only and will not be made public without written consent. Alpha School will only use them for portfolio, craft, and classroom decoration.

**Parent(s) Signature** \_\_\_\_\_



# New Mexico *Pre-K* CHILD INFORMATION SHEET

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

Language spoken at home \_\_\_\_\_

Brothers / Sisters \_\_\_\_\_ Ages \_\_\_\_\_

Other adults in home \_\_\_\_\_ Pets \_\_\_\_\_

Other group experiences \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your child's personality \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any fears, anxieties \_\_\_\_\_  
\_\_\_\_\_

What school will your child attend Kindergarten (District)?  
\_\_\_\_\_  
\_\_\_\_\_

Parents, do you have any special talents?? Can you help on field trips or parties? \_\_\_\_\_  
\_\_\_\_\_

How did you hear about Alpha School and/or the New Mexico Pre-K Program?  
\_\_\_\_\_  
\_\_\_\_\_



# Child and Adult Care Food Program LETTER TO HOUSEHOLDS



Name of Facility / Center / Site / Home Provider (Last, First, Middle Initial):	Facility / Center / Site / Home Provider EPICS ID:	Phone Number
Alpha School for Young Children, Inc.	4000058	5755271313

Instructions: This letter must accompany the Income Eligibility Application.

Dear Parent / Guardian or CACFP Participant:

Alpha School for Young Children, Inc. Participates in the Child and Adult Care Food Program (CACFP) administered by the United States

Name of Facility / Center / Site / Home Provider (Last, First, Middle Initial)

Department of Agriculture. Please help us comply with the requirements of the CACFP by completing, signing, and returning the attached statement as soon as possible. This information is necessary to decide the level of CACFP reimbursement your center is eligible to receive for the meals served to children and/or adult participants in our program. This form will be treated as confidential information. All participants in our program receive their meal free of charge, but the determination of eligibility category affects the amount of federal funding we receive. Foster Children: A foster child enrolled in our program that is the legal responsibility of a welfare agency, or court may be certified as eligible for free meals regardless of your household income. Please refer to the instructions on how to complete the Income Eligibility Application form.

SNAP - Supplemental Nutrition Assistance Program (formerly the Food Stamp Program): If your household is currently receiving benefits under the Supplemental Nutrition Assistance Program (SNAP) or Food Distribution Program on Indian Reservations (FDPIR) and your child is enrolled in a child care center you need only to list the case number sign and date the form.

If your household is receiving benefits under the Supplemental Nutrition Assistance Program (SNAP), Supplemental Security Income (SSI), Medicaid or Food Distribution Program on Indian Reservations (FDPIR) and an adult in your home is enrolled in an Adult Daycare Center then you need only to list their case number sign and date the form. Otherwise, an adult household member must complete the form and disclose total current household income by source, and the names of all household members. The person completing the form must sign, provide a social security number, and date when completed.

The income you report must be last month's total gross household income listed by source, for each household member. If last month's income does not accurately reflect your circumstances, you may provide your annual income, or you may use last year's income if no significant changes have occurred. If your households' income is equal to or less than the amounts indicated for your households' size on the chart below, your provider may qualify for maximum reimbursement rates. The Department of Agriculture defines a household as a group of related or unrelated individuals (not residents of a boarding house or an institution) who are living as one economic unit (i.e., sharing living expenses).

INCOME ELIGIBILITY GUIDELINES - (EFFECTIVE FROM JULY 1, 2022 TO JUNE 30, 2023)						
HOUSEHOLD SIZE	FREE			REDUCED		
	YEAR	MONTH	WEEK	YEAR	MONTH	WEEK
1	17,667	1,473	340	25,142	2,096	484
2	23,803	1,984	458	33,874	2,823	652
3	29,939	2,495	576	42,606	3,551	820
4	36,075	3,007	694	51,338	4,279	988
5	42,211	3,518	812	60,070	5,006	1,156
6	48,347	4,029	930	68,802	5,734	1,324
7	54,483	4,541	1,048	77,534	6,462	1,492
8	60,619	5,052	1,166	86,266	7,189	1,659
	6,136	512	118	8,732	728	168

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a Complaint](#), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; fax: (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

Barbara DeDera	<i>Barbara DeDera</i>	4/10/22
Name of Sponsor / Center Representative	Signature of Sponsor / Center Representative	Date



Child and Adult Care Food Program  
INSTRUCTIONS FOR COMPLETING THE INCOME ELIGIBILITY FORM



Name of Facility / Center / Site / Home Provider (Last, First, Middle Initial): Alpha School for Young Children, Inc.	Facility / Center / Site / Home Provider EPICS ID: 4000058	Phone Number 575 527 1313
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**PARTICIPANT INFORMATION:**

List name of all enrolled participants that you are applying for which are in care.

List each enrolled participant's date of birth.

If you are applying for a foster child, list only one foster child per form. A foster child may be eligible for free meals regardless of household income.

**Child Care Centers:** If the participant enrolled is in a Child Care Center and receives benefits through Supplemental Nutrition Assistance (SNAP), (*formerly food stamps or Food Distribution Program on Indian Reservation (FDPIR)*), please indicate the appropriate **case number** in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.

**Adult Day Care Centers:** If the participant enrolled is in an Adult Daycare Center and receives benefits thru Supplemental Nutrition Assistance (SNAP) formerly, food stamps, Food Distribution Program on Indian Reservation (FDPIR), Supplemental Security Income (SSI) or Medicaid, please indicate the appropriate **case number** in the spaces provided and sign the form. Do not use the number on your card. You do not need to complete household and income information.

If you do not receive benefits and have no case number for participants enrolled at the center, you must complete all parts of the IEA (Household and Income information).

**HOUSEHOLD AND INCOME INFORMATION**

Not required to be completed if case# is provided above.

List all household members. A household is a group of related or unrelated individuals who are living as one economic unit (i.e. sharing living expenses).

Provide the most current income by source for all household members. This can be based on the most recent information the month prior to completing the application.

Reported income needs to be reported on the same. The income reported on the application must include all income before taxes and before other deductions.

A foster child, defined as a ward of the court or welfare agency. Only the foster child's "personal use" income is listed.

Personal use income includes:

- Funds that are specified by the welfare agency as being for the personal use of the child. (If no funds are specified, the funds received from the welfare agency are not to be considered as income. Record "0" on personal income.)
- Money received from any source. This includes, but is not limited to, funds received from trust accounts, from the child's family, and earnings from the child's employment other than occasional or part-time jobs.

**SIGNATURE**

The adult family member completing the application must sign and date the application.

If the enrolled participant is not a recipient of benefits and has not provided a case number, the adult family member signing the application must provide a social security number.

If you do not have a social security number, check the "box" provided. Otherwise, failure to provide the social security number (if you have one) will make the Income Eligibility Application invalid and will reduce the level of CACFP reimbursement your family's Child Care Center receives for meals served to the children and/or adult participants enrolled for care in their center.





# Child and Adult Care Food Program INCOME ELIGIBILITY APPLICATION



Name of Facility / Center / Site / Home Provider (Last, First, Middle Initial): Alpha School for Young Children, Inc.	Facility / Center / Site / Home Provider EPICS ID: 4000058	Phone Number (575) 527 / 1313
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In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: 1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

Instructions: Complete this form and return to the Facility / Center / Site / Home Provider

(Check if applicable for Enrolled Participant)

## ENROLLED PARTICIPANT INFORMATION:

First:	Last:	DOB:	Child Care Centers:	Adult Daycare Centers:	Case #:
			<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI <input type="checkbox"/>	
			<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI <input type="checkbox"/>	
			<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI <input type="checkbox"/>	
			<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI <input type="checkbox"/>	
			<input type="checkbox"/> Foster Child? <input type="checkbox"/> SNAP <input type="checkbox"/> FDPIR	<input type="checkbox"/> SSI <input type="checkbox"/>	

If Enrolled Participant is a Foster Child: Please list the amount of the child's "personal use" monthly income (if no personal income, record "0"):

## HOUSEHOLD INFORMATION:

List the first and last name of each person living in the household, related or not (such as grandparents, other relatives, or friends who live in the household). Include yourself and all children over the age of 13 living with you. (Please use additional forms if more lines are required).

First:	Last:	First:	Last:

Total Number in Household:

**HOUSEHOLD INCOME:** Please indicate source and amount of current income for all members of your household. Please follow the definition of income specified in the standards for determining free and reduced-price eligibility in your parent letter. If you receive more than one check from any of these sources, please indicate the total monthly amount received.

Wages / Salary: \$ \_\_\_\_\_ Child Support: \$ \_\_\_\_\_ Social Security: \$ \_\_\_\_\_ Pension/Retirement: \$ \_\_\_\_\_  
Unemployment: \$ \_\_\_\_\_ Other Income: \$ \_\_\_\_\_ **Total Income:** \$ \_\_\_\_\_ ☐ Monthly

**PENALTIES FOR MISREPRESENTATION:** I certify that all the above information is true and correct and that the food stamp or FDPIR number is correct or that all income is reported. I understand that this information is being given for the receipt of Federal funds; that institution officials may verify the information on the statement and the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of Adult Family Member  Last Four Digits of Social Security Number\*  ☐ Check if no SS#  Date

## Privacy Act Statement

This explains how we will use the information you give us. The Richard B. Russell National School Lunch Act requires that, unless the participant's food stamp or FDPIR number is provided, you must include the social security number of the household member signing the statement or an indication that the household member signing the statement does not possess a social security number. Provision of a social security number is not mandatory, but if a social security number is not provided or an indication is not made that the adult household member signing the statement does not have one, the statement cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information on the statement. These verification efforts may be carried out through program reviews, audits, and investigations and may include contacting employers to determine income, contacting a food stamp or FDPIR office to determine current certification for receipt of SNAP (food stamp) or FDPIR benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by the household member to verify the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims, or legal action if incorrect information is reported.

## FOR SPONSOR'S USE ONLY

☒ Child Day Care Center ☐ Adult Day Care Center ☐ Approved Free ☐ Approved Reduced ☐ Paid  
☐ Home Provider Tier I Eligibility Verified by: ☐ Tax Return ☐ W-2 ☐ Pay Stubs ☐ Other Date Verified: \_\_\_\_\_  
☐ Home Provider Child(ren) Tier I Eligibility Verified by: ☐ Household Income ☐ Categorically Eligible School Name / District: \_\_\_\_\_  
☐ Home Provider or Child(ren) TIER I Ineligible

Alpha School, Inc.  Barbara DeDera    
Signature of Facility / Center / Site Representative / Home Provider Name of Facility / Center / Site Representative / Home Provider Approving Date Date Disenrolled

\* Complete Social Security Number is not required for CACFP Participation, only the last four digits are required.



## Child & Adult Care Food Program (CACFP) Enrollment Information

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

Date of Enrollment: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Typical days your child will be attending: (please check)**

- Monday \_\_\_\_\_
- Tuesday \_\_\_\_\_
- Wednesday \_\_\_\_\_
- Thursday \_\_\_\_\_
- Friday \_\_\_\_\_

**Typical Hours your child will be attending: (ex. 8:00-1:00)**

- Monday \_\_\_\_\_: \_\_\_\_\_ - \_\_\_\_\_: \_\_\_\_\_
- Tuesday \_\_\_\_\_: \_\_\_\_\_ - \_\_\_\_\_: \_\_\_\_\_
- Wednesday \_\_\_\_\_: \_\_\_\_\_ - \_\_\_\_\_: \_\_\_\_\_
- Thursday \_\_\_\_\_: \_\_\_\_\_ - \_\_\_\_\_: \_\_\_\_\_
- Friday \_\_\_\_\_: \_\_\_\_\_ - \_\_\_\_\_: \_\_\_\_\_

**Typically, your child will be provided the following meals:**

- Breakfast \_\_\_\_\_
- Lunch \_\_\_\_\_
- PM Snack \_\_\_\_\_
- Late Lunch \_\_\_\_\_ ***(PM Pre-K ONLY)***

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## New Mexico PreK Annual Enrollment Form

Program Type: ☐ PreK ☐ Early PreK ☐ Mixed

All information should be the same as Childcare Assistance application if applicable.

### PreK Student Information

Legal First Name: \_\_\_\_\_ Legal Middle Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Suffix: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Verified by Birth Certificate: ☐ Gender: ☐ Male ☐ Female ☐ Other

Ethnicity: **(Circle One)** Afghan, American, Arab, Argentinian, Armenian, Asian, Asian Indian, Australian, Austrian, Bangladeshi, Belgian, Brazilian, British Canadian, Bulgarian, Burman, Cambodian, Canadian, Central American, Chinese, Creole, Croatian, Cuban, Czech, Danish, Dominican, Dutch, English, Eskimo, Filipino, Finnish, French, French Canadian, Georgian, German, Greek, Hispanic, Japanese, Korean, Laotian, Mexican, Puerto Rico, Thai, Roma, Vietnamese, Decline to Identify, or Other \_\_\_\_\_

Hispanic: ☐ Yes ☐ No Primary Language: \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_

Race One: **(Circle one)** American Indian/Alaskan Native, Asian, Black or African American, White, Native Hawaiian, Declined to Identify, Other \_\_\_\_\_

Supplement Funding: ☐ Part time subsidy ☐ Full Time Subsidy ☐ Private Pay ☐ Special Education

Homeless: ☐ Yes ☐ No

Mailing Address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

☐ [Click here if Physical Address is the same as Mailing Address](#)

Physical Address:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

How long at this current address? \_\_\_\_\_



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

Elementary School your child will attend for kindergarten: \_\_\_\_\_

Current IEP: ☐ Yes ☐ No      Need Referral: ☐ Yes ☐ No      Referral Type: \_\_\_\_\_

I verify that the information provided in this application is accurate as of today's date: \_\_\_\_\_

Program Printed Name: \_\_\_\_\_ Program Signature: \_\_\_\_\_

Parent/Guardian Printed: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_