

# Child's File

\_\_\_\_\_ *Enrollment Form: Date of Enrollment,  
Birth and Parent Signature included*

\_\_\_\_\_ *Password*

\_\_\_\_\_ *Medical Release*

\_\_\_\_\_ *Discipline Statement*

\_\_\_\_\_ *Immunization Record #680*

*Exp Date* \_\_\_\_\_

\_\_\_\_\_ *Statement of Good Health #3040*

*Exp Date* \_\_\_\_\_

\_\_\_\_\_ *Know Your Child Care Center*

\_\_\_\_\_ *Free and Reduced Application Form*

\_\_\_\_\_ *Parent Handbook*

\_\_\_\_\_ *Picture Release*

\_\_\_\_\_ *Transportation Release*

\_\_\_\_\_ *Swim Central - including signature & complete address*

\_\_\_\_\_ *Flu Brochure*



## PARENT ORIENTATION Checklist

(place a check as each item is completed)

**Tour of facility**

Each parent that registers will have a tour of our facility.

**Introduction to teachers**

Parents will visit and meet each teacher, and their class

**Parent meet child's teacher**

Parents will have the opportunity to meet with their child's teacher.

**Handbook received**

A parent handbook will be distributed for parents to sign, view and learn our policies.

**Expectations of parents**

As a parent, we will advise you the role expected from you the parent and your family to make the children at our center have the best learning experience.

**Family support resources**

Families will be given a family central calendar, which has activities for them and their families to do at home.

**Interpreter (if needed)**

If an interpreter is requested for Spanish, or Creole speaking one will be available.

**Open door policy**

Coming to a new school can be very scary for you the parent as well as the child. To make you feel welcome we have an open door policy which means at anytime you may come in and spend time with your child in the classroom. This will help with transitioning to our school.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Password \_\_\_\_\_

5750 W Oakland Pk Blvd  
Lauderhill, FL 33313  
954-486-6008  
Fax 954-486-6003  
ghapreschool@yahoo.com

### Enrollment Application

(Please fill in application completely and legibly)

Were you referred to Greater Horizons Academy? Yes  No  If yes, please complete the Referral card enclosed in packet.

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

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

Child's Date of Birth: \_\_\_\_\_

Sex:  Male  Female

Circle Days to Attend: Am: Mon Tues Wed Thurs Fri Arrival Time: \_\_\_\_\_

PM: Mon Tues Wed Thurs Fri Departure Time: \_\_\_\_\_

Child will eat:  Breakfast  Lunch  Snack

Parent/ Guardian (1): \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Address: \_\_\_\_\_

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

Parent/ Guardian (2): \_\_\_\_\_

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

Home Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Work Address: \_\_\_\_\_

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

Child Resides with name(s): \_\_\_\_\_

Parent Marital Status:  Married  Single  Divorced  Separated  other (specify)

If divorced, who has custody? \_\_\_\_\_

May the Non- Custodial parent pick-up the child?  Yes  No

If No, explain \_\_\_\_\_

The child will only be released to the following additional people:

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell/Work (    ) \_\_\_\_\_ - \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell/Work (    ) \_\_\_\_\_ - \_\_\_\_\_

(3) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell/Work (    ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact other than Parent(s)/ Guardian(s):

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Home Phone: (    ) \_\_\_\_\_ - \_\_\_\_\_ Cell/Work (    ) \_\_\_\_\_ - \_\_\_\_\_

Is your child potty trained? Yes  No  what does your child say when he/she wishes to use the toilet?

Does your child needs help: dressing  eating  washing hands

Has your child attended school before? Yes  No

Greater Horizons Academy will be open from 6:30 Am and close promptly at 6:00 Pm

\_\_\_ I agree that I am enrolling my child for: Full- time care (5 days)  Part- time care (3 or 4 days)

\_\_\_ I agree to pay tuition on Monday of every week

\_\_\_ I am aware I will be charged a late fee for payments received after Wednesday.

\_\_\_ I am aware I will be charged a late fee for late pick up.

\_\_\_ I have received my parent Hand Book, containing additional policies and procedures

\_\_\_ I am aware that I am responsible to pay for full tuition even if my child is not in attendance.

\_\_\_ I also understand that full tuition is still due on designated holidays posted in the parent handbook.

\_\_\_ I am aware that the school will be closing early two times a year (1) Graduation Ceremony

(2) Annual Christmas Program.

Signature of Parent/ Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_

**Policy on Discipline/Guidance**

Preventative discipline is the focus at Greater Horizons Academy. Our indoor and outdoor environments are designed to encourage appropriate behavior. Redirection and positive reinforcement are always the first approach in the guidance of our students. Greater Horizons Academy supports the role of teachers as facilitators in the age appropriate development of responsibility, self-regulation and self-control in children. We promote a climate of tolerance and peaceful resolution of disputes within our classrooms. Occasionally, it is necessary to briefly remove a child from the group. The technique commonly referred to as "time-out" a maximum of four minutes, Time out is not used with children under the age of two.  
.....

I have read and understand the Greater Horizons Academy Discipline/Guidance Policy.

Signature of Parent/Guardian(s): \_\_\_\_\_ Date: \_\_\_\_\_



AUTHORIZATION FOR MEDICAL TREATMENT & FIRST AID

I hereby authorize the staff and director, representing Greater Horizons Academy to give consent for any and all necessary emergency medical and First Aid care for my child \_\_\_\_\_ while the said child is in the care of the G.H.A staff.

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ - \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Please advise of any Allergies and/or Special Needs: \_\_\_\_\_

\_\_\_\_\_

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



**Parent Release Liability Form and Transportation Consent**

I \_\_\_\_\_, parent or Guardian of \_\_\_\_\_ (Child) give permission to Greater Horizons Academy to transport my child to and from 5750 West Oakland Pk Blvd Lauderhill, FL 33313.

My child will be transported from \_\_\_\_\_ Elementary School located at \_\_\_\_\_

I further hold Greater Horizons Academy and its employees harmless for any injury to my child and personally assume all responsibilities for my child's welfare.

\_\_\_\_\_  
Signature of parent of Guardian

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

In case of emergency, please contact

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

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

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

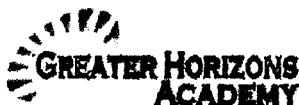
Work Phone: \_\_\_\_\_

Child's birth date: \_\_\_\_\_

Does your child have any medical condition or needs that we should be aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes what condition(s): \_\_\_\_\_



## AUTHORIZATION FOR PHOTOGRAPHERS

Dear parents:

We are always in the process of updating our brochures and other form of media such as internet etc. we are asking your permission to use your child's picture. We will capture some precious moments of your child's art work and at play that would be appropriate to be use to promote the school.

Please sign the permission slip.

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Yes, I the parent of \_\_\_\_\_ hereby give permission for my child's photo to be taken and used by the school in the set manner stated above.

No, I the parent of \_\_\_\_\_ do not wish for my child's pictures to be taken and be used in any form at all that is listed above.

Parent/Guardian signature: \_\_\_\_\_

Print Name

Sign Name: \_\_\_\_\_

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# Returned Checks



By submitting your check for payment, you are authorizing the payee, or its agent, upon receipt of your check, to convert the check to an electronic payment item or draft and submit it for payment as an ACH debit entry or draft to your account in accordance with the same terms and condition with your check. In the event that your check is returned for non-payment Tele check will make two electronic collection attempts and if needed by paper draft thereafter. The maximum fee allowed by state law will be charged for each collection attempt. The parent or guardian is responsible for the principal amount plus all collection fees.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

Parent/Guardian (Please Print) \_\_\_\_\_

Academy Director initials \_\_\_\_\_ Date \_\_\_\_\_

# Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and foster self-respect.

When evaluating the quality of a child care setting, the following indicators should be considered:

## Quality Caregivers

- ✓ Are friendly and eager to care for children.
- ✓ Accept family cultural and ethnic differences.
- ✓ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ✓ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.
- ✓ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ✓ Allow children to play alone or in small groups.
- ✓ Are attentive to and interact with the children.
- ✓ Provide stimulating, interesting, and educational activities.
- ✓ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ✓ Communicate with parents.

## Quality Environments

- ✓ Are clean, safe, inviting, comfortable, and child-friendly.
- ✓ Provide easy access to age-appropriate toys.
- ✓ Display children's activities and creations.
- ✓ Provide a safe and secure environment that fosters the growing independence of all children.

## Quality Activities

- ✓ Are children initiated and teacher facilitated.
- ✓ Include social interchanges with all children.
- ✓ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ✓ Include exercise and coordination development.
- ✓ Include free play and organized activities.
- ✓ Include opportunities for all children to read, be creative, explore, and problem-solve.



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2371.

For additional information, please visit [www.florida.com/childcare](http://www.florida.com/childcare) or contact your local licensing office below:

CFR/1 175-24, 10/2007

This brochure was created by the Department of Children and Families, Child Care Program Office pursuant to s. 402.3126(5), F.S.

I have received a copy of this brochure

Signature of parent or legal guardian \_\_\_\_\_

Name of parent or legal guardian \_\_\_\_\_

date \_\_\_\_\_

this information is for the child care file



**Know  
Your  
Child  
Care  
Facility**





PARENT CONTRACT

Dear valued parent or guardian,

Thank you for choosing Greater Horizons Academy. It is our pleasure to be your partner in the care and education of your child!

We have prepared this parent handbook to familiarize you with Greater Horizons Academy policies and procedures. We suggest you keep the handbook for future reference.

Please read the handbook carefully, sign at parent signature, and return the acknowledgement below. The acknowledgement will be placed in your child's file. I understand that pictures may be taken of my child that may be used in different media.

Tuition is due on ondays or the first day that your child attends. If tuition is not paid on Monday, a late fee of \$5.00 will be assessed by Wednesday. We will not accept the child/children on Wednesday.

I understand that a two week written notice is needed to end my child care services.

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I have read, understand, and agree to the policies and procedures in the Greater Horizons Academy Parent Handbook.

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

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

Administrator Signature: \_\_\_\_\_

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

For your convenience and to avoid any misunderstandings, if you do not understand any policy or procedure, PLEASE ASK in the office. Thank you!!! ☺

During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.

My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:

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

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

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

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

Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.

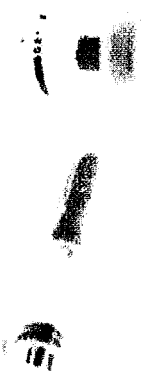


### What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

#### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



### How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

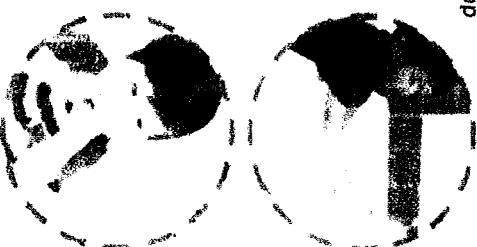
### What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

### When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.



For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>



**SWIM Central Water Safety Education Questionnaire**

**Parents:** *Do you know that drowning is the leading cause of death among children?  
Complete this form to receive information to protect your child from drowning.*

**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

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

**Email (optional)** \_\_\_\_\_

*Your information is confidential and for the use of the Broward County Swim Central program only.*

1. How would you rate your own swimming ability?
  - Unable to swim
  - Can swim a little, but NOT comfortable in deep water
  - Able to swim for an extended period of time in deep water
  
2. Has your child ever received formal swimming lessons?
  - Yes
  - No, check all the reasons below that apply:
 

<input type="checkbox"/> Do not know how to find information about swim lessons	<input type="checkbox"/> Transportation problems
<input type="checkbox"/> Swim lessons are not important	<input type="checkbox"/> Lessons are too expensive
<input type="checkbox"/> Schedule of lessons not convenient	<input type="checkbox"/> We are too busy
<input type="checkbox"/> Equipment such as swim suit, towel, goggles too expensive	
  
3. Do you or a family member know how to perform CPR with rescue breaths?
  - Yes
  - No
  
4. Has your child's doctor talked to you about drowning prevention and water safety?
  - Yes
  - No
  
5. Would you redeem a \$40 coupon to apply to the cost of swim lessons for your child?
  - Yes, visit <http://www.watersmartbroward.org/swim-instruction/> for details.
  - No

**FOR OFFICE USE ONLY:**

Broward Ordinance 2004, Section 7-8 requires parents to complete SWIM Central questionnaire and for **Child Care Facilities** to mail or fax a copy to SWIM Central. Also required is a copy of this form to be placed each child's file to be monitored by the staff of the local licensing agency.

**Facility Name:** \_\_\_\_\_ **Facility License #:** \_\_\_\_\_

**Documentation of the original form via fax or mail is required, indicate below:**

**Date form faxed:** \_\_\_\_\_ **or, date mailed:** \_\_\_\_\_

Fax: 954.357.8077  
 SWIM Central  
 3700 NW 11<sup>th</sup> Place  
 Lauderhill, FL 33311

**Form and educational handout for parent distribution can be downloaded:**

<http://www.watersmartbroward.org/resources/brochures-handouts/>



### Food/ Environmental Allergy Information

To ensure the safety of your child, we request that you complete the following information.

Food/ Environmental Condition:	Nature of Allergic Reaction	Remedy:

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

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

2017/2018

## EXPULSION POLICY

NAME OF CHILD: \_\_\_\_\_

SIGNATURE OF PARENT: \_\_\_\_\_

Unfortunately, there are sometimes reasons we have to ask that a child be removed from our program either on a short term or permanent basis. We want you to know we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced.

### WHEN A CHILD IS HAVING A PROBLEM IN THE CLASSROOM

Staff will try to redirect child from negative behavior.  
Staff will reassess classroom environment, appropriate of activities, supervision.  
Staff will always use positive methods and language while disciplining children.  
Staff will praise appropriate behaviors.  
Staff will consistently apply consequences for rules.  
Child will be given verbal warnings.  
Child will be given time to regain control.  
Child's disruptive behavior will be documented and maintained in confidentiality.  
Parent/guardian will be notified verbally.  
Parent/guardian will be given written copies of the disruptive behaviors that might lead to expulsion.  
The director, classroom staff and parent/guardian will have a conference(s) to discuss how to promote positive behaviors.  
The parent will be given literature or other resources regarding methods of improving behavior.  
Recommendation of evaluation by professional consultation.  
Recommendation of evaluation by local school district child study team.

### SCHEDULE OF EXPULSION

If after the remedial actions above have not worked, the child's parent/guardian will be advised verbally and in writing about the child's or parent's behavior warranting an expulsion. An expulsion action is meant to be a period of time so that the parent/guardian may work on the child's behavior or to come to an agreement with the school.

The parent/guardian will be informed regarding the length of the expulsion policy.

The parent/guardian will be informed about the expected behavioral changes required in order for the child or parent to return to the school.

#### PARENTAL ACTIONS FOR CHILD'S EXPULSION

Failure to pay/habitual lateness in payment.

Failure to complete required forms including the child's immunization records.

Verbal abuse to staff.

Parent threatens physical or intimidating actions toward staff members.

Failure of child to adjust after a reasonable amount of time.

Uncontrollable tantrums/angry outbursts.

Ongoing physical abuse to staff or other children.



# CHILD CARE FOOD PROGRAM FREE AND REDUCED-PRICE MEAL APPLICATION

## (for Use by Sponsors of Unaffiliated Child Care Centers)

Child's Name: \_\_\_\_\_ Center Name & Address: Great Horizon Academy, 5750 W. Oakland Park Lauderhill FL 33313

Primary Hours of Care: From: \_\_\_\_\_ To: \_\_\_\_\_ Days of the Week in Care: M T W TH F S S Meals Typically Served While in Care: BR MS LU AS SU ES

Please read the instructions and accompanying Parent Letter before completing this form. If you need assistance completing this form, call: (954) 724 - 7548

**STEP 1: Complete the following table for all INFANTS and CHILDREN through age 18 that reside in the household, even if not related. (include child listed at top of form)**

Child's Name (Last Name, First Name)	Date of Birth	Attends this center? (circle)	Foster Child? (circle)	Migrant? (circle)	Homeless/Runaway? (circle)
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No
		Yes No	Yes No	Yes No	Yes No

**STEP 2: Do any household members (children or adults) receive Food Assistance Program (FAP/SNAP) or Temporary Assistance for Needy Families (TANF) benefits? If NO, go to STEP 3. If YES, enter one of the following case numbers, then go to STEP 4.**

FAP/SNAP Case Number: \_\_\_\_\_ or TANF Case Number: \_\_\_\_\_

**STEP 3: Household income and adult household member information (see reverse side for what types of income to report) (skip this step if you listed a case # in STEP 2)**

**A. Children's Income** - sometimes children earn or receive income. Enter the total income received by all children listed in STEP 1, then check how often the income is received.

Total children's income: \$ \_\_\_\_\_ How often received? (check only one):  Weekly  Bi-Weekly  Twice a Month  Monthly  Annually

**B. Adult Household Members and Income** - list all adult household members (age 19 and up) even if they do not receive income. For each adult, list the total gross income (before taxes & deductions) from each source in whole dollars only (no cents) and how often it is received (i.e., weekly, bi-weekly, twice a month, monthly, or annually). For an adult that does not receive income from any source, write "none" or "0." If you enter "none" or "0" or leave any income fields blank, you are certifying that there is no income to report.

Adult Household Member's Name (Last Name, First Name)	Earnings from Work (\$ Amount / How often?)	Public Assistance/Child Support/Alimony (\$ Amount / How often?)	Pensions/Retirement/All Other Income (\$ Amount / How often?)
	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /
	\$ / /	\$ / /	\$ / /

Total Household Members (children and adults): \_\_\_\_\_ Last four digits of Social Security Number (SSN) of adult household member: \_\_\_\_\_ If no SSN, write "none."

**STEP 4: Contact information and adult signature**

By signing below, I am certifying (promising) that all information on this application is true and that all income is reported. I understand that this information is being given in connection with the receipt of federal funds and that institution officials may verify (check) the information. I am aware that if I purposely give false information, I may be prosecuted under applicable state and federal laws.

Home address (if available): \_\_\_\_\_ Daytime phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Signature of adult household member: \_\_\_\_\_ Printed name: \_\_\_\_\_ Date signed: \_\_\_\_\_

**FOR CONTRACTOR USE ONLY:**

Categorical Eligibility:  FAP/SNAP or TANF Household  Foster Child  Non-needly  Free  Reduced-Price  Incomplete Application  Income too High  Other Reason: \_\_\_\_\_

Eligibility Determination:  Free  Reduced-Price  Non-needly  Incomplete Application  Income too High  Other Reason: \_\_\_\_\_

NOTE: If different income frequencies are listed, convert all income to an annual amount. Annual Income Conversion: Weekly x 52, Biweekly x 26, Twice a Month x 12

Reason for Non-needly Status:  Income too High  Incomplete Application  Other Reason: \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Second Party Check Signature: \_\_\_\_\_ Date: \_\_\_\_\_