



# Sonshine Christian Academy

## “A Ray of Hope for Our Children”

**2017-2018**

## **Preschool** New Student Enrollment Packet

*Sonshine Christian Academy  
will provide a Christ-centered education  
for the qualified children of the Columbus area  
and surrounding communities without discrimination of  
race, color, gender, national or ethnic origin or socioeconomic status.*

1965 Gladstone Avenue • Columbus, Ohio • Phone: 614-291-6840 • FAX: 614-291-6841 •  
[www.sonshinechristianacademy.org](http://www.sonshinechristianacademy.org)

# SONSHINE CHRISTIAN ACADEMY



Deborah A. Jackson, Founder  
Amy Berio, Principal

Dear Parents / Guardians:

Thank you for your interest in Sonshine Christian Academy. Sonshine (SCA) continues to offer Central Ohio students an outstanding Pre-K through 8<sup>th</sup> grade educational program. We trust that the information listed below will provide you a clear overview of our enrollment process. However, please don't hesitate to let us know if you have any questions.

## New Enrollees

1. **Apply** - You are encouraged to complete the enrollment process as soon as possible to ensure your child's placement as class rosters are filled on a first-come, first-served basis. You will be required to pay a **\$25.00 non-refundable and non-transferrable processing fee** at the time of submission of your application. Please make sure you have provided the SCA Main Office with all of the paperwork listed in the attached New Student Enrollment Checklist.
2. **Admissions Interview** – Once your completed Enrollment Packet has been received by the SCA Main Office and reviewed by the Principal, you will be contacted to schedule an Admissions Interview which will require student assessment testing at the time of the interview. Both parents (if possible) must attend the interview. Following the review of your application, you will be notified of the Principal's enrollment decision.
3. **Enrollment Fee** – Upon acceptance to Sonshine Christian Academy, a **non-refundable and non-transferrable** Enrollment Fee of \$75.00 per student must be paid. This step will complete the enrollment process for new SCA students.
4. **Tuition Balance** – EdChoice Tuition Difference of \$125.00 per student per year. (Applies to families that did not apply or did not qualify for low income status) **non-refundable and non-transferrable**
5. **Parent/Student Orientation** – Following receipt of your Enrollment Fee, all families will be required to attend a Parent/Guardian and Student Orientation. You will be informed of the Orientation prior to the start of the 2017-2018 school year.

We thank you for your interest in our program and look forward to meeting you. If you have any questions, please call the SCA office at (614) 291-6840

Sincerely,

SCA Administrative Staff



# Sonshine Christian Academy

## Preschool Enrollment Items Required 2017-2018

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

Grade: PreK3 OR PreK4

- Current Medical Exam/Records (**Required before start**)
- Current Immunization Records (**Required before start**)
- Current Dental Exam/Records (**Required before start**)
- Emergency Contact Person
- Release List (List of people who have permission to pick-up your student)
- Name of Physician (Name, Address, Phone)
- Name of Dentist (Name, Address, Phone)
- Copy of Birth Certificate (**Required before start**)
- Copy of Social Security Card (**Required before start**)
- Student Medical Records Packet
- Health Services Sheet
- PreK Roster Distribution List
- Emergency Medical Authorization Form (**New form required each school year**)
- \$25.00 Non-Refundable Application Fee
- \$75.00 Non-Refundable Enrollment Fee
- Admissions Interview
- Title XX (Form #1401/Swipe Card) (2 weeks of Co-Pay is due for August at the time of start. Starting in September, Co-Pays are due the 5<sup>th</sup> of each month through May)
- Pre-K Grant (Co-Pays are due the 5<sup>th</sup> of each month beginning Aug - May)
- Early Childhood Education Eligibility Screening (**Required before start**)
- Latch Key Service Application
- Credit Card Pre-Authorization Form
- Payment Arraignment Form
- Disciplinary Procedures Agreement
- Parent Handbook
- 2016-2017 Free and Reduced Meal Application (**ODE Requirement for each family**)



# Sonshine Christian Academy

## Preschool Student Enrollment Information: \_\_\_\_\_

### NEW STUDENTS

A Non-Refundable Application Processing Fee of **\$25.00** is due at the time of submission.  
Upon approval, a Non-Refundable and Non-Transferable Enrollment Fee of **\$75.00** will be due.

Grade Level:  PreK3  PreK4 (**Students entering PreK3 and PreK4 must be 3 or 4 respectively by September 30, 2017**)

#### A. GENERAL STUDENT INFORMATION (Please Print Legibly)

Student's Last Name		Student's First Name		Middle Initial
Home Street Address		City	State	Zip Code
Home Phone Number	Birth Date	Student's Social Security Number		

#### B. PARENT / GUARDIAN INFORMATION

Student Resides With:  Father & Mother  Father  Mother  Other (Please state name and relationship)

Parents' Marital Status:  Married  Separated  Divorced  Widowed  Single

Parent/Guardian's Last Name		Parent/Guardian's First Name		E-Mail Address
Home Phone	Cell Phone	Name of Employer	Work Phone	

Parent/Guardian's Last Name		Parent/Guardian's First Name		E-Mail Address
Home Phone	Cell Phone	Name of Employer	Work Phone	

Is either parent or guardian a SCA Alumni?  Yes  No (If Yes, indicate response below.)

Father, SCA Graduating Class of \_\_\_\_\_  Mother, SCA Graduating Class of \_\_\_\_\_  Guardian, SCA Graduating Class of \_\_\_\_\_

#### C. Emergency Contacts (People to contact if parent cannot be reached in case of emergency)

Contact Name	Relationship	Phone
Contact Name	Relationship	Phone

Name of Physician or Clinic	Address	Phone
Name of Dentist	Address	Phone

#### D. Release List (List of people who have permission to pick-up the student for transportation or other reasons)

Name of Adult	Drivers License No.	Relationship
Name of Adult	Drivers License No.	Relationship



**Sonshine Christian Academy**  
**Preschool Student Enrollment Information**

**E. ANNUAL ROSTER DISTRIBUTION LIST AUTHORIZATION**

We are required by state law to provide a roster of all Preschool students which includes names and phone numbers of parents. Although this roster is required by state law, you do have the option to have your information excluded. Please advise us of your decision below.

I authorize the following to be listed on the Parent Distribution Roster:

Please circle all that apply

Student's Name	Yes	No
Parent/Guardian's Name	Yes	No
Phone Number	Yes	No

Signature of Parent/Guardian

Date

**F. PLEASE COMPLETE IF APPLICABLE.**

Chronic Physical Problem (s):
History of Hospitalization:
Diseases This Child Has Had:
Allergies and Treatment:
Medication, Food Supplements, Modified Diet or Fluoride Supplements:
Allergies and Treatment:
Has the Student experienced disciplinary difficulty resulting in suspension, probation or expulsion? <input type="checkbox"/> Yes (Please explain.) <input type="checkbox"/> No
Has the Student exhibited any developmental challenges which may affect his/her activities or academic progress or for some reason should be known by his/her teacher? <input type="checkbox"/> Yes (Please explain.) <input type="checkbox"/> No

**G. FAMILY'S CHURCH AFFILIATION**

Name of Current Church Attending	Denomination	Pastor's Name	
Street Address	City	State	Zip Code

Church Attendance:  Regular  Seldom

**H. TUITION PAYMENT METHOD**

Please indicate how you plan to pay for your student's tuition, selecting from one of our payment methods listed below:

Private Pay  Title XX  Pre-K Grant

**I. LATCHKEY SERVICES**

Will your child need to be enrolled in our Latchkey Program on-site?  Yes  No

**\*\* Title XX, or PreK Grant can NOT be used to pay for Latch Key Services.\*\***

**J. IMPORTANT DOCUMENTS REQUIRED**

For all new Students, upon application approval, a copy of the child's *Birth Certificate* and *Immunization Records* must be submitted to the office, along with the Enrollment Fee of \$75.00. Birth Certificates may be obtained from the City Health Department at 240 Parsons Avenue; however, for children born outside of Columbus, a birth certificate may be obtained from the place of birth.

Parent/Guardian Signature

Date

Sonshine Christian Academy will provide a Christ-centered education for the qualified children of the Columbus area and surrounding communities without discrimination of race, color, gender, national or ethnic origin or socioeconomic status.





# Sonshine Christian Academy

## Tuition & Fees Contract **2017-2018**

### YEARLY TUITION COST FOR GRADES KINDERGARTEN THRU 8<sup>TH</sup>

Number of Students	Yearly Tuition Cost	Tuition Payment Plan (10 Month Plan)
All	\$4,775.00	\$477.50 (August - May)

### YEARLY TUITION COST FOR PRESCHOOL STUDENTS

Number of Students	Yearly Tuition Cost	Tuition Payment Plan (10 Month Plan)
1	\$4,375.00	\$437.50 (August - May)
2	\$4,250.00	\$862.50 (August - May)
3 or more	\$4,025.00	\$1,265.00 (August - May)

### METHODS OF PAYMENT (PLEASE SELECT FROM ONE OF THE FOLLOWING PAYMENT PLAN OPTIONS.)

- \_\_\_\_\_ 1. **PRIVATE PAY - MONTHLY PAYMENT PLAN:** Monthly tuition payments are automatically deducted from your debit or credit card account for 10 months (August through May on either the 5<sup>th</sup> or 20<sup>th</sup> of each month).
- \_\_\_\_\_ 2. **ED CHOICE VOUCHER:** Tuition Payments are sent to the Sonshine Christian Academy once per quarter from the Ohio Department of Education. **Parents are required to sign voucher checks upon SCA's receipt.**
- \_\_\_\_\_ 3. **TITLE XX:** Monthly tuition co-pay amounts are paid to the SCA Main Office for 10 months (August through May). Payments are due the 5<sup>th</sup> of each month. **SCA does not accept Title XX for Latch Key Services. A late fee of \$20.00 will be added after the 10<sup>th</sup> of the month.**
- \_\_\_\_\_ 4. **PRE-K4 GRANT:** Monthly tuition co-pay amounts are paid to the SCA Main Office for 10 months (August through May). Payments are due the 5<sup>th</sup> of each month. **SCA does not accept the PreK Grant for Latch Key Services. A late fee of \$20.00 will be added after the 10<sup>th</sup> of the month.**

### CONTRACT NOTES:

- **EARLY WITHDRAWALS:** Any withdrawal of a student after the first week of school will constitute a \$150.00 penalty to be paid in addition to the tuition incurred for the month in which the student withdraws.
- **RETURNED CHECK FEES:** You will be charged a \$30.00 fee for any checks returned to Sonshine Christian Academy for insufficient funds.
- **APPLICATION AND REGISTRATION FEES:** *All fees are non-refundable.*
- **TUITION DIFFERENCE:** EdChoice Tuition Difference of \$125.00 per student per year. (Applies to families that did not apply or did not qualify for low income status)

### TUITION CONTRACT AGREEMENT

YOUR SIGNATURE BELOW IS INDICATIVE OF YOUR AGREEMENT TO COMPLY WITH THE MANDATES OF THIS CONTRACT.

\_\_\_\_\_  
(PARENT / GUARDIAN SIGNATURE)

**Sonshine Christian Academy**  
**Preschool New Student Medical Record Form**

**MEDICAL RECORD (TO BE COMPLETED BY THE CHILD'S HEALTH CARE PROVIDER)**

*Please note that this form MUST be completed and submitted to SCA Office before your student can start. All children entering school are REQUIRED to have medical and dental examinations. This information is confidential and becomes a part of the student's cumulative record.*

Child's Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade Entering \_\_\_\_\_

**HEALTH SCREENING**

Height \_\_\_\_\_ Visual Activity: Right \_\_\_\_\_ Left \_\_\_\_\_  
 Weight \_\_\_\_\_ Hearing Activity: Right \_\_\_\_\_ Left \_\_\_\_\_  
 Strabismus: \_\_\_\_\_ Color Vision: \_\_\_\_\_

**IMMUNIZATION REQUIREMENTS**

Section 3313.671 of the Ohio Revised Code requires children of school age to be immunized against diphtheria, whooping cough, tetanus, polio, rubella, mumps and Hepatitis B. Please provide the appropriate date for the information listed in the chart.

DtaP, DPT, DT					
Polio					
MMR					
Hepatitis B					
Varicella					
Hib					
TB Test		Results			
Other					

**PHYSICAL EXAMINATION**

Surgical History: \_\_\_\_\_ Head & Neck: \_\_\_\_\_  
 Medical History: \_\_\_\_\_ BP: \_\_\_\_\_  
 Perinatal History: \_\_\_\_\_ Orthopedic: \_\_\_\_\_  
 Allergies: \_\_\_\_\_ Chest: \_\_\_\_\_ Heart: \_\_\_\_\_  
 Medications: \_\_\_\_\_ Lungs: \_\_\_\_\_ Abdomen: \_\_\_\_\_  
 Hernia: \_\_\_\_\_ Extremities: \_\_\_\_\_  
 Neurological: \_\_\_\_\_  
 Behavioral/Emotional: \_\_\_\_\_

**OTHER RECOMMENDATIONS AND COMMENTS:** \_\_\_\_\_

**SIGNATURE OF HEALTH CARE PROVIDER:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PROVIDER PRINTED NAME OR STAMP:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

# Sonshine Christian Academy

## *Preschool New Student Dental Record Form*

### DENTAL RECORD (TO BE COMPLETED BY THE CHILD'S DENTIST)

*Please note that this form MUST be completed and submitted to SCA Office before your student can start. All children entering school are REQUIRED to have medical and dental examinations. This information is confidential and becomes a part of the student's cumulative record.*

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

Street Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Grade Entering \_\_\_\_\_

Child was examined by \_\_\_\_\_ on \_\_\_\_\_  
(Dentist Name) (Date)

**The following services have been performed: (Please Check All That Apply.)**

- Radiographs
- Oral Prophylaxis
- Fluoride Treatment
- Restorations

**The following statements are applicable: (Please Check All That Apply.)**

- All necessary services have been performed
- No restorative services are required at this time
- The child is in treatment and future appointments have been arranged





## Sonshine Christian Academy Health Services

### Greetings Pre-K Parents and Welcome to the 2017-2018 School Year

To make sure I have the most up to date information for your student please provide me with information regarding your child's Doctor and Dentist. In advance I thank you for your co-operation and I look forward to serving you and your child(ren) during this school year.

**Students Name:** \_\_\_\_\_

**PreK3 or PreK4**

#### **Dentist**

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

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

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

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

#### **Doctor**

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

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

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

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

Thank you,

Tammy Krug RN, BSN, CPN  
Licensed School Nurse



# Sonshine Christian Academy

## Preschool Roster Distribution List Authorization Form

Dear Pre-School Parents/Guardians:

We are required by state law to provide a roster of all pre-school children which includes names and phone numbers of parents. This roster will be made available to other SCA pre-school parents upon their request. Although this roster information is required by state law, you do have the option to have your information excluded from the **SCA Pre-School Roster Distribution List**. Please advise us of your decision below.

*Please include* my information on the SCA Pre-School Roster Distribution List to be shared with other pre-school parents upon their request.

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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



*Please do not include* my information on the SCA Pre-School Roster Distribution List to be shared with other pre-school parents upon their request.

Parent / Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Ohio Department of Job and Family Services  
Ohio Department of Education

## EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL

---

**How do I apply for Early Childhood Education Services?**

**You will need to:**

1. Complete the screening tool.
2. Do not submit to the Ohio Department of Education.
3. Submit this form to your provider.

**How do I apply for Publicly Funded Child Care?**

**You will need to:**

1. Complete the screening tool, JFS 01121.
  2. Complete the JFS 01122 Publicly Funded Child Care Supplemental Application.
  3. Submit both the JFS 01121 and JFS 01122 to your local county agency.
  4. Attach verifications to the JFS 01122 (see verification requirements below).
- 

**How do I complete this application?**

1. **Fill out this application:** Answer as many questions as you can.
2. **Be sure to sign the application.**

---

**When will I receive assistance?**

**ECC:** You will be notified by your provider when you may begin care.

**Child care:** Eligibility for the child care program is based on the date a signed application is submitted to the county agency. Eligibility for this program is determined within 30 days from the earliest date either the JFS 01121 or JFS 01122 is submitted.

---

**What verifications do I need for publicly funded child care?**

**You will need to:**

1. **Submit the JFS 01121 and JFS 01122.**
  2. **Provide proof of income:** Verification of all money coming into your household. (such as pay stubs, tax records, award letters, child support)
  3. **Proof of any child support paid.**
  4. **Proof of citizenship or qualified alien status for children in need of care:** If the county agency verifies that a caretaker receives or has received OWF for a child, verification of citizenship is not required.
  5. **Provide proof of a qualifying activity for all caretakers in the household:** Verification of a qualifying activity includes but is not limited to an official school schedule, work schedule, employment verification, self-sufficiency contract, etc.
  6. **Provide the name and address of an eligible child care provider chosen for each child in need of care.**
- 

**What is Step Up To Quality?**

**Step Up To Quality** was created to help families identify early learning and development programs that go beyond the minimum standards of licensing. Star Rated programs demonstrate higher levels of quality in a variety of ways. Ask your provider if they are participating.

Ohio Department of Job and Family Services  
Ohio Department of Education  
**EARLY CHILDHOOD EDUCATION ELIGIBILITY SCREENING TOOL**

\*This form is valid only for publicly funded child care when attached to a  
JFS 01122 Publicly Funded Child Care Supplemental Application

**Tell us about you (the applicant)**

First Name	Middle Initial	Last Name
Address		Today's Date
City	State	County
		Zip Code
Phone Number (     )	Additional Phone Number (     )	E-mail Address

**Tell us about the people in your home**

Name <i>(First, Middle, Last)</i>	Relationship to You <i>(spouse, son, friend, etc.)</i>	Race	Hispanic or Latino <i>Y or N</i>	Spoken Language	Date of Birth	Gender <i>M or F</i>	U.S. Citizen <i>Y or N</i>
	Self	<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian Hawaiian/Pacific Islander					
		<input type="checkbox"/> African American <input type="checkbox"/> Alaska Native/American <input type="checkbox"/> Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian Hawaiian/Pacific Islander					

## Tell us about your needs for your child(ren)

Child 1	Provider Name and Address	Child's Needs	What hours/days do you need services? (i.e. child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe: _____ _____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district? _____
Child's City of Birth			_____
Child 2	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe: _____ _____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district? _____
Child's City of Birth			_____
Child 3	Provider Name and Address	Child's Needs	What hours/days do you need services? (child care or preschool) Check all that apply
Name		Do you have concerns about your child's growth and/or development?  <input type="checkbox"/> Yes <input type="checkbox"/> No  Describe: _____ _____	<input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Sat  <input type="checkbox"/> Mornings <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings  <input type="checkbox"/> Weekends
Child's Mother's Maiden Name			What is the child's home school district? _____
Child's City of Birth			_____



## Tell us about your finances

Will you or the people in your home receive income this month?  Yes  No

Income refers to all the money that you and the people in your home receive from employment, support, disability benefits, retirement benefits, Workers' Compensation, SSI, Veterans Benefits, etc. If you answer "Yes", please complete the table below.

No earnings from employment, child/spousal/medical SSI, Veterans Benefits, etc. If you answer "No", please do not complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, biweekly, etc)	Date Last Received	Work or School Schedule (please list times)
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____
					<input type="checkbox"/> Sun _____ <input type="checkbox"/> Thurs _____ <input type="checkbox"/> Mon _____ <input type="checkbox"/> Fri _____ <input type="checkbox"/> Tues _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____

Do you or anyone in your household pay Child or Spousal Support?  Yes  No  
How Much? \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_