**Cheer Time and More/JEA After-School Program Enrollment Application**

860 Jupiter Park Dr. Suite 1C Jupiter, FL 33458

561-290-9150

If your child is planning of attending our after school program, we **must** have copies of the following documentation along with your application. Applications will be considered incomplete until all documentation is received.

· Child’s Social Security Card

· Child’s Birth Certificate

**All applications are considered on a first-come-first-serve basis.**

**Behavior Guidelines**

|  |  |
| --- | --- |
| **No Tolerance Policy** | **Penalty** |
| 1. Possession of a weapon | Immediate removal and expulsion from Cheer Time and More/JEA After School Program. |
| 2. Threatening staff / student with bodily injury |  |
| 3. Possession of illegal substances |  |
| 4. Stealing |  |
| 5. Possession of fireworks or explosives |  |
| **Major Offenses / Any Physical Violence** | **Penalty** |
| 1. Open hand | 1st Occurrence- 3 day suspension |
| 2. Closed fist | 2nd Occurrence- 1 week suspension |
| 3. Kicking | 3rd Occurrence- permanent expulsion |
| 4. Biting |  |
| 5. Spitting |  |
| 6. Shoving |  |
| 7. Throwing things |  |
| 8. Verbal threatening/bullying |  |
| **Minor Offenses** | **Penalty** |
| 1. Disrespecting staff | 1st Occurrence- 1 day suspension |
| 2. Not following rules | 2nd Occurrence- 3 day suspension |
| 3. Verbally inciting a fight | 3rd Occurrence- 1 month suspension |
| 4. Mishandling equipment | 4th Occurrence- permanent expulsion |
| 5. Unauthorized use of electronic equipment |  |

**Parent/Guardian**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_have read the above behavior guidelines of the Cheer Time and More/JEA After School program and by signing below I agree to these guidelines. I further agree that my child and I are aware of the Penalties and Offenses.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Parent) (Date)

**Cheer Time and More/JEA After-School Program**

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**Program Rules**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(**Student’s Name) (Date)

The following program rules have been established for the safety and well-being of all students. We expect proper behavior at all times from the students so as not to cause danger to themselves or others. To ensure the safety, well-being and enjoyment of each participant, the following program rules have been established. It is our general policy to work with the parents in handling all disciplinary concerns. Therefore, please read the following rules and guidelines with your student and have hem sign in agreement of these rules along with you.

**Participation**

1. Students are expected to arrive and then be picked up at Cheer Time and More/JEA each day.
2. Students are expected to wear the required clothing and footwear.
3. Private and public funding is critical to the ongoing success of Cheer Time and More/JEA. This funding is based on the regular attendance of each student. You must agree to make sure that your student is in attendance unless they are sick or have an appointment. If you are punishing your child for misbehavior, please do not consider keeping them out of the program as punishment. This hurts not only the student but also affects our funding.
4. It is the responsibility of the parent/guardian to call Cheer Time and More/ JEA to report the absence of their student as soon as you know they will not be in attendance.
5. Each student must be involved in all games and activities.
6. Each student will assist with set-up and clean-up.

**Respect for Oneself, Others, and Their Belongings**

1. Students must keep hands and feet to themselves
2. There will be no touching of other people’s belongings. STEALING WILL NOT BE TOLERATED.
3. Students must use their inside voices and talk quietly when inside.
4. No name-calling.
5. Students must use appropriate language and must refrain from inappropriate language and comments designated to hurt feelings or cause conflict.
6. Fighting will not be tolerated

**Follow Directions**

A. Students will follow directions given by all staff and volunteers.

B. Students will follow the rules of activities or games.

**Equipment and Supplies**

A. All program equipment and supplies are to be used appropriately.

**Personal Property**

Student are not to use cell phones or other electronic devices during program hours unless asking a staff member first. Before entering the gym any personal belongings must be placed inside student’s bag and phones are to be turned off. Personal cell phones may be used ONLY with permission from a staff member. Failure to leave all electronic devices in backpack will result in removal of the item from the student and the parent/guardian will be contacted to pick up the item. Students are responsible for their own property. Cheer Time and More/JEA is not responsible for any student’s personal property if lost or stolen.

**Parent/Guardian**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have read the above rules of the Cheer Time and More/JEA and by signing I agree to abide by these rules. I further agree to encourage my child to abide by these rules.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Student of Parent) (Date)

**Student**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand the above rules of Cheer Time and More/JEA and by signing below I agree to abide by these rules.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Student) (Date)

**Child’s Medical**

Child’s allergies- food & other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Medications child is taking:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(Cheer Time and More/JEA will not be responsible for dispensing medications to your child but we need to know if they are on any medications)

Special Needs: Yes:\_\_\_\_ No:\_\_\_\_ If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Emergency/ Pick-Up Contacts:**

**(Must list 3 contacts, other than parents/guardians listed on first page)**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pick-Up Authorization if not listed above:**

**(Only one person listed below other than parent/guardian will be permitted to pick up your child, must be 18 or older)**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**List Other Family Members in the Home:**

**(Not including child or parents/ guardians)**

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_

First Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to child:\_\_\_\_\_\_\_\_\_\_

**Cheer Time and More/JEA After-School Program**

860 Jupiter Park Dr. Suite 1C Jupiter, FL 33458

561-290-9150

**Child’s Information:**

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

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security #:\_\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Grade:\_\_\_\_ Sex: M\_\_\_ F\_\_\_

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

Child lives with: Both Parents Mother Father Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian #1 Information:**

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

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male Female Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian #2 Information:**

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

Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: Male Female Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Home #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cheer Time and More/JEA After-School Program**

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**Emergency Medical Treatment Permission Form**

The participant, parent or legal guardian of participant agrees to identify, defend and save Cheer Time and More/JEA from any and all injuries, property damage and other claims, liabilities, and causes of action which may arise from his/her child’s participation in this program or from emergency medical care, and further agrees to not hold Cheer Time and More/JEA liable for any injuries that may occur as a result or participation in said program.

Permission is hereby granted for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of student) to participate in Cheer Time and More/JEA After School Program and give authorization for emergency medical care of said participant.

Allergies:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My relationship to this child is: Mother Father Guardian Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Doctor and Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**PARTICIPANT RELEASE FORM**

I hereby authorize Cheer Time and More/JEA the following without compensation:

To record the likeness, voice, name, appearance, performance on videotape, audio tape, film, or any other media (the recording) of my child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print name of child) to record my child and use the film in advertisements and internet media. I hereby acknowledge and agree that all recordings are property of Cheer Time and More/JEA After School Program.

I hereby declare this release to be irrevocable and I expressly release Cheer Time and More/JEA from any claims arising out of the use of recording. I represent and warrant that I have the right to enter into this release and that my appearance and the rights I have granted will not conflict with or violate any commitment or understanding I have with any other person or entity.

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Signature of Parent/Guardian)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Print Name of Parent/Guardian)

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

**Please keep all documents beyond this point at home for your records.**

**Thank you!**

**Client Grievance Policy and Procedures**

It is the policy of Cheer Time and More/JEA to provide all clients and those seeking services with a copy of the Client Grievance Policy and Procedures and an opportunity to file a grievance. If you choose to file a grievance, you are assured that no adverse repercussions will occur to you in any future interaction with Cheer Time and More/JEA. A grievance may be filed for the following reasons:

* **You feel that you were improperly denied services.**
* **You feel that the services were not effective.**

You, or someone you ask to help you, should put your grievance in writing and submit it on a Client Grievance Form, which you will find attached. If you are unable to write the complaint yourself and cannot find someone to help you, you may submit it orally to management of Cheer Time and More/JEA. If you choose not to use the Client Grievance Form, please make sure that you have included the same information that is asked on the form. All timelines may be extended by mutual agreement.

**Non-Discrimination Statement/ Equal Opportunity Policy**

Cheer Time and More/JEA is an equal opportunity employer. All employment activities will be conducted in a manner to assure equal opportunity for all and will be based solely on the individual merit and fitness of applicants, candidates and employees without regard to race, color, religion, gender, age, national origin, or disabilities.

Any employee who acts in a discriminatory manner towards any person will be subject to disciplinary action up to and including termination. This includes over acts of discrimination through speech, writing, or behavior as well as acts of indifference, failure to acknowledge another person or failure to act in a professional manner towards another person.

**Schedule:**

2:30-3:15pm Tumbling Floor Elementary School

3:15-4:15pm Homework Elementary School

Tumbling Floor High School

4:30-5:15pm Tumbling Floor Middle School

5:15-6:00pm Homework Middle School

**Friday Only:**

**2:30-3:15pm Stretch/Flight Class for Elementary School**

**4:30-5:15pm Stretch/Flight Class for Middle School**

**4:00-5:00pm Stretch/Flight Class with Jaquez High School Only $10/class**

**Pricing:**

Member:

Half Week- $130 per month

Full Week- $150 per month

\*Members will receive December free

Non-Member:

Half Week- $230 per month

Full Week- $250 per month

**Client Grievance Form**

Please complete all sections that apply to your complaint and return to Cheer Time and More/JEA:

1. I request the following help: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
2. I was told that Cheer Time and More/JEA could not provide the help that i requested. Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I disagree with that decision for the following reasons: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
3. I am unhappy with the services that I am now receiving, or received, because: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

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

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

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Attach additional explanation or information if necessary.*