

# Boulder Waldorf Kindergarten

4072 19<sup>th</sup> Street, Boulder CO 80304  
[office@boulderwaldorf.com](mailto:office@boulderwaldorf.com)

303-541-0671  
fax 303-362-8751

## 2009-2010 Toddler Application

### *Ages 12 - 36 months*

	3-Day Options	4-Day Options	5-Day Options
<b>Morning 8:30-12:30</b>	\$660/month	\$820/month	\$1,040/month
<b>Full Day 8:30-3:30</b>	\$960/month	\$1,250/month	\$1,560/month

### Materials & Equipment Fees

<b>3-Day</b> \$450/yr	<b>4-Day</b> \$550/yr	<b>5-Day</b> \$650/yr
-----------------------	-----------------------	-----------------------

#### Sibling Tuition Discounts

Youngest child – Full Tuition  
2<sup>nd</sup> Child – 10% Discount  
3<sup>rd</sup> Child – 30% Discount  
4<sup>th</sup> Child – 30% Discount

A one-time \$50 Interview Fee is due with submission of application, prior to interview.  
A one-time \$100 Enrollment Fee is due upon acceptance. Materials & Equipment Fees are due upon acceptance for new families and due February 13<sup>th</sup> for returning families. Tuition is due in 12 monthly installments, one month in advance, beginning August 1, 2009 and ending on July 1, 2010 (see payment options below).

To cancel or alter the contract, a 60-day notice must be given to the school. Please note that full monthly tuition is due each month, even in the event of child absences due to illness or travel and during school vacation closures. Please note all fees are non-refundable.

**Payment Option A:** 3% Discount if tuition is paid in full by 8/3/2009

**Payment Option B:** 12-month payment plan, Aug. 1 – July 1 for Toddler Program

# Boulder Waldorf Kindergarten

## Toddler Enrollment Application

Today's Date \_\_\_\_\_

Interview Fee of \$50.00 is due with application.

A one-time Enrollment Fee of \$100.00 and yearly Materials & Equipment Fees are due at time of acceptance to hold your child's spot. All fees are non-refundable.

Teacher: \_\_\_\_\_ Interview Completed: \_\_\_\_\_

My child will attend \_\_\_\_ (3, 4 or 5) days.

1<sup>st</sup> Choice Days: M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ Th\_\_\_\_\_ F\_\_\_\_\_

2<sup>nd</sup> Choice Days: M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ Th\_\_\_\_\_ F\_\_\_\_\_



Child's Name \_\_\_\_\_ (Date received by BWK) \_\_\_\_\_

Child's Birthday \_\_\_\_\_ Gender:  M  F

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

- Our email addresses should not appear in the BWK parent directory.
- Our phone numbers should not appear in the BWK parent directory.
- My child's photo (without name) should not appear on the BWK website or in other advertising. Refers to candid photos taken while attending BWK.

Mother's Employer \_\_\_\_\_ Father's Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Address \_\_\_\_\_

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

Siblings:	Name	Age	Gender
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

Has your child been in regular out-of-home care before (include where and length of time)?

Has your child had a regular in-home caretaker who is not a parent?

Please describe your child's daily rhythm from the time they wake up until they go to bed:

Does your child watch T.V., movies, or videos? How often? Do you watch with them?

What types of family activities do you enjoy together?

Please describe your child's personality (including strengths and areas you'd like to see strengthened):

What types of foods does your child like to eat? Any allergies? Please explain:

What illnesses has your child had, particularly including measles, mumps, diphtheria, rubella, shigella, hepatitis(type?), meningitis(type?), salmonella, chicken pox, or giardia?

Please describe the pregnancy and birth ( i.e. c-section, complications during pregnancy and birth, adoption, etc):

At what age did your child:

Crawl \_\_\_\_\_ Sit up \_\_\_\_\_ Walk \_\_\_\_\_ Grow 1<sup>st</sup> tooth \_\_\_\_\_ Say 1<sup>st</sup> words \_\_\_\_\_

Please describe how your child plays alone:

Please describe how your child plays with other children:

Anything else you would like to add? (please add paper if you need to)

# Boulder Waldorf Kindergarten

## Toddler Contract For School Year 2009-2010

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

Please use the following information to fill in the blanks below.

### Toddler Program

	3-Day	4-Day	5-Day
<b>Morning 8:30-12:30</b>	\$5,050	\$6,610	\$8,160
<b>Extended 8:30-3:30</b>	\$7,350	\$9,800	\$12,140
<b>Extended 8:30-5:30</b>	\$9,080	\$12,140	\$15,150

### Materials & Equipment Fees

3-Day	4-Day	5-Day
\$450/yr	\$550/yr	\$650/yr

My child will attend \_\_\_\_\_ (3, 4 or 5) days a week.

I agree to commit to the following tuition for the September 2009 - August 2010 school year: I understand that I am responsible for 12 monthly payments of \$\_\_\_\_\_ due the 1<sup>st</sup> of each month August 2009 - July 2010.

I would like to pay full tuition minus a 3% discount: \$\_\_\_\_\_ if paid in full by 8/3/2009. (Credit cards are not accepted when the 3% discount is given.)

I will pay a one-time Interview Fee of \$50 due with submission of application, prior to interview. (For new students only.)

I will pay a one-time Enrollment Fee of \$100 due upon acceptance. (For new students only.)

I will pay a Materials & Equipment Fee of \$\_\_\_\_\_, due upon acceptance for new families, due February 13<sup>th</sup> for returning families. Materials & Equipment fees are charged annually.

**All fees are non-refundable.**

My schedule preference is: M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ Th\_\_\_\_\_ F\_\_\_\_\_

Please indicate above your pick-up time on each day: 12:30 or 3:30.

Tuition is billed and paid **one month in advance**. As a courtesy, I understand that invoices will be issued one week prior to the 1<sup>st</sup> day of each month and that payment is due on the 1<sup>st</sup> of the month, and **due no later than the 10<sup>th</sup> of the month**. If there is a problem and payment will be made later than the 10<sup>th</sup> of the month then it is necessary to communicate this to the office in writing. If there is no written communication, then a late charge of \$25 will be assessed. **I understand that the full monthly fee is due even in cases of absence due to illness or travel and that children may not switch days, even in the event of absences due to illness or travel.**

**For Office Use Only:**

**CONFIRMED WEEKLY SCHEDULE:**

**M\_\_\_\_\_ T\_\_\_\_\_ W\_\_\_\_\_ Th\_\_\_\_\_ F\_\_\_\_\_**

**Please be aware that we do not follow the Boulder Valley Public School calendar but rather the Waldorf School calendar which includes the following school closures:**

- 1 week Thanksgiving break: Parent-Teacher Conferences and Thanksgiving holiday
- 2 week December Winter Break
- 1 week February break: Waldorf Teachers Conference Week
- 2 week Spring Break
- 1-2 week August Break (see the BWK Calendar for more details)

**If late tuition is not paid by the end of the month, my child may not attend school until the balance is paid in full.** In the event of default, the outstanding balance shall accrue interest at the rate of 18% per annum, from the date of default until paid in full. If the outstanding balance is referred to a collection agency, I/we agree to pay, in addition, a reasonable collection agency fee which shall be 35% of the past due balance and all other costs of collection including but not limited to attorney fees and court costs.

I will pay a \$25 service charge fee if my check is returned.

For children new to BWK, either party has the right to terminate this contract within the first 30 days.

**I understand that 60 days written notice is required if I choose to withdraw my child from this program before the end of the school year. I understand that I am responsible for tuition for the 60 additional days following the date of my written notice for withdrawal, unless the spot is filled sooner. I understand that 30 days written notice is required if I wish to change my child's schedule resulting in a decrease in tuition. I understand that I am responsible for the tuition specified in this contract for the 30 days following the date of my written notice for schedule change, unless the spot is filled sooner.**

Anyone picking up after 12:40 (or after 3:40 on the 3:30 schedule) will be charged \$1.00 per MINUTE late penalty which will be given directly to the teacher who stays late to compensate for her or his inconvenience.

**I understand that my child's space in the program is not secured until all enrollment forms have been submitted and all fees have been paid.**

I understand that each family is required to donate 10 working hours throughout the school year helping with various projects, repairs, yard work, etc. This obligation may be filled during our designated Work Days, or in some cases may be scheduled at another more convenient time, but must be completed prior to our last scheduled Work Day of the school year. Families may opt to pay \$150 in lieu of working 10 hours, which is billed at the beginning of the school year. Left over hours not worked are billed at the end of the school year at the rate of \$15/hour.

Please indicate preference:     I will work 10 hours                       I will pay \$150.00

I, the parent (or guardian) of the student(s) listed on the front of this agreement acknowledge that certain reasonable risks exist in sending our child/children to any school. These risks include, but are not limited to such occurrences as injury and exposure to communicable diseases, and accidents involving farm and/or domestic animals. I also acknowledge that the educational approach at Boulder Waldorf Kindergarten provides a different educational experience from that offered by public education, and I am willing to assume risks inherent in this choice, if risks are found to exist. The School shall not be responsible for injuries to this student(s) unless resulting from gross negligence, while the student is in the care of a School employee. As parent (guardian) I hereby release and discharge the School, its trustees, officers, agents and employees from any and all liability except that resulting from gross negligence.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

# Boulder Waldorf Kindergarten

## Emergency Card

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

PRIMARY ADDRESS \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

WORK HOURS \_\_\_\_\_ WORK HOURS \_\_\_\_\_

WORK PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ EMAIL \_\_\_\_\_

Person other than parent to be notified in an emergency situation when parents are not available (address should be in Boulder County):

NAME \_\_\_\_\_

PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

Person(s) other than parent to whom the child may be released:

1. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Boulder Waldorf Kindergarten

## Child's Specific Medical Information

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

Allergies to drugs or food \_\_\_\_\_

Daily Medications \_\_\_\_\_ Frequency \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Health Care Provider Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Dentist Address \_\_\_\_\_

Hospital preferred for emergency treatment:  Boulder Community  Avista  Longmont

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please attach a copy of your insurance card.**

In case of serious illness or injury when neither parent can be reached, will you allow your child to be transported to the doctor or hospital by an employee of the Boulder Waldorf Kindergarten?

Yes  No

Are there any religious or moral restrictions on the care that you would like your child to receive in an emergency?

Yes  No

Please explain:

Other Information:

I hereby give permission to employees of the Boulder Waldorf Kindergarten to secure emergency medical and/or surgical treatment for the above named minor child while in the care of the above named school. All expenses of such care will be accepted by the parents.

Parent or Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

# Boulder Waldorf Kindergarten

## Sunscreen Permission Form

I give permission for staff members of the Boulder Waldorf Kindergarten to apply sunscreen to my child: \_\_\_\_\_

OR

I have provided and labeled for my child the following brand of sunscreen:

\_\_\_\_\_

Parent or Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Field Trip Permission Form

I give my permission for my child, \_\_\_\_\_, to travel away from the Boulder Waldorf Kindergarten in the company of a teacher. This permission is granted for trips both by foot and by vehicle. I understand that I will be notified prior to scheduled trips, and that children will be properly protected by car seats or seatbelts when in a vehicle.

Parent or Guardian \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_



**COLORADO LAW REQUIRES THIS FORM BE COMPLETED AND PROVIDED TO THE SCHOOL**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

**COLORADO DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT—CERTIFICATE OF IMMUNIZATION**

VACCINE		Enter date each immunization was given				
DTP/DTaP	Diphtheria-Tetanus-Pertussis (see footnote "c" below)					
Td/DT	Tetanus-Diphtheria					
OPV/IPV	Polio					
Hib	<i>Haemophilus influenzae</i> type b					Required for children < 5 yrs. of age. See footnote "j" below.
Measles	Measles					Varicella and the first MMR cannot be given more than four days before the first birthday to be considered valid for school requirements. Written evidence of laboratory tests showing immunity to measles, mumps, rubella, polio and hepatitis B is acceptable. Attach written proof to this Certificate, or record test results and dates in the boxes at left.
Mumps	Mumps					
Rubella	Rubella					
HB	Hepatitis B					
Varicella	Chickenpox					History of disease. Yes _____ year (optional) _____ (See footnote "e" below)
Other						

To the best of my knowledge, the person named above has received the above immunizations.

**DO NOT SIGN UNLESS MINIMUM IMMUNIZATION REQUIREMENTS ARE MET**

Signed \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
(Physician, nurse or school health authority)

**Table 1. MINIMUM NUMBER OF DOSES REQUIRED FOR CERTIFICATE OF IMMUNIZATION**

Vaccine	Level of School/Age of Student						
	Child Care 2-3 mos	Child Care 4-5 mos	Child Care 6-14 mos	Child Care 15-17 mos	Pre-school 18 mos-4 yrs	Grades K-12 5-18 yrs	College
Pertussis	1	2	3	3	4 *	5 b,+,c,*	
Tetanus/Diphtheria	1	2	3	3	4 *	5 b,+,d,*	
Polio <sup>e</sup>	1	2	2	2	3	4 f,+	
Measles/Mumps/Rubella <sup>e,g,+</sup>				1	1	2 h	2 h,j
<i>Haemophilus influenzae</i> type b <sup>+</sup>	1	2	2	3/2/1 i	3/2/1 i		
Hepatitis B <sup>e,+</sup>	1	2	2	2	3	3 k	
Varicella <sup>e,+</sup>					1 g	1 g	
Pneumococcal Conjugate <sup>a,+</sup>	Delayed implementation						

See Table 2 (on back of certificate) for the year of implementation of **Measles, Mumps and Rubella (MMR-second dose), Hepatitis B (HB) and Varicella (VAR).**

**Footnotes: (at school entry = newly entering a Colorado school)**

\*: The requirements for the 4<sup>th</sup> and 5<sup>th</sup> doses of diphtheria, tetanus, and pertussis vaccines are temporarily suspended, effective 4/12/2001.

+: Vaccine doses administered ≤ 4 days before the minimum interval or age are to be counted as valid.

a: Delayed implementation of pneumococcal conjugate for children up to 24 months of age attending child care or preschool.

b: Five doses of pertussis, tetanus, and diphtheria vaccines are required **at school entry in Colorado** unless the 4<sup>th</sup> dose was given at ≥ 48 months (i.e., on or after the 4<sup>th</sup> birthday) in which case only 4 doses are required.

c: For students ≥ 7 years who have not had the required number of pertussis doses, no new or additional doses are required.

d: Any student ≥ 7 years **at school entry in Colorado** who has not completed a primary series of 3 appropriately spaced doses of tetanus and diphtheria vaccine may be certified after the 3<sup>rd</sup> dose if it is given > 6 months after the 2<sup>nd</sup> dose.

e: For polio, measles, mumps, rubella, or hepatitis B, in lieu of immunization, written evidence of a laboratory test showing immunity is acceptable for the specific disease tested. For varicella, a laboratory test showing immunity or a disease history from a health care provider, parent, or guardian is acceptable.

f: Four doses of polio vaccine are required **at school entry in Colorado** unless the 3<sup>rd</sup> dose was given ≥ 48 months (i.e., on or after the 4<sup>th</sup> birthday) in which case only 3 doses are required.

g: The 1<sup>st</sup> dose of measles, mumps, and rubella vaccine and varicella vaccine must have been administered at ≥ 12 months of age (i.e., on or after the 1<sup>st</sup> birthday) to be acceptable.

h: If the student received a 2<sup>nd</sup> measles dose prior to July 1, 1992, the 2<sup>nd</sup> rubella and mumps doses are not required. The 2<sup>nd</sup> dose of measles vaccine or measles, mumps, and rubella vaccine must have been administered at least 28 calendar days after the 1<sup>st</sup> dose.

i: Measles, mumps, and rubella vaccine is not not required for college students born before January 1, 1957.

j: The number of *Haemophilus influenzae* type b (Hib) vaccine doses required depends on the student's current age and the age when the Hib vaccine was administered. If any dose is given ≥ 15 months, the Hib vaccine requirement is met. For students who begin the series < 12 months, 3 doses are required of which at least 1 dose must be administered at ≥ 12 months (i.e., on or after the 1<sup>st</sup> birthday). If the 1<sup>st</sup> dose is given at 12-14 months, 2 doses are required. If the current age is ≥ 5 years, no new or additional doses are required.

k: Ages 11-15 only: hepatitis B vaccine approved specifically for a 2-dose series is acceptable for this age group with proper intervals and documentation. Consult your health care provider.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**STATEMENT OF EXEMPTION TO IMMUNIZATION LAW**

**IN THE EVENT OF AN OUTBREAK, EXEMPTED PERSONS MAY BE SUBJECT TO EXCLUSION FROM SCHOOL AND QUARANTINE.**

**MEDICAL EXEMPTION:** The physical condition of the above named person is such that immunization would endanger life or health, or is medically contraindicated due to other medical conditions.

*Medical exemption to the following vaccine(s).*

Signed \_\_\_\_\_ Date \_\_\_\_\_ Optional to list: \_\_\_\_\_  
(Physician)

**RELIGIOUS EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a religious belief opposed to immunizations.

*Religious exemption to the following vaccine(s).*

Signed \_\_\_\_\_ Date \_\_\_\_\_ Optional to list: \_\_\_\_\_  
(Parent, guardian, emancipated student/consenting minor)

**PERSONAL EXEMPTION:** Parent or guardian of the above named person or the person himself/herself is an adherent to a personal belief opposed to immunizations.

*Personal exemption to the following vaccine(s).*

Signed \_\_\_\_\_ Date \_\_\_\_\_ Optional to list: \_\_\_\_\_  
(Parent, guardian, emancipated student/consenting minor)

CDPHE-PSD-IMM 67375B14-RC10 7/02

Revised July 2002

**Table 2. TIMETABLE FOR IMPLEMENTATION OF REQUIREMENTS FOR SELECTED IMMUNIZATIONS FOR GRADES K-12.**

Below is a partial chart of specific immunization requirements. By 2003-2004, Hepatitis B (HB) vaccine series will be required for K-12, by 2006-2007 Measles, Mumps and Rubella (MMR) vaccine (second dose) will be required for K-12 and by 2012-2013 Varicella (VAR) vaccine will be required for grades K-12. The school year is July 1 through June 30. In this table, after a vaccine is required for grades K-12 it is no longer shown, but the requirements listed in Table 1 continue to apply.

School Year	Grade Level												
	K	1	2	3	4	5	6	7	8	9	10	11	12
2001-2002	MMR#2 HB VAR	MMR#2 HB VAR	HB	HB	HB			MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2
2002-2003	MMR#2 HB VAR	MMR#2 HB VAR	MMR#2 HB VAR	HB	HB	HB		MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB
2003-2004 HB required for K-12	MMR#2 HB VAR	MMR#2 HB VAR	MMR#2 HB VAR	MMR#2 HB VAR	HB	HB	HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB	MMR#2 HB
2004-2005	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR			MMR#2	MMR#2	MMR#2	MMR#2	MMR#2	MMR#2
2005-2006	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR		MMR#2	MMR#2	MMR#2	MMR#2	MMR#2	MMR#2
2006-2007 MMR required for K-12	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2 VAR	MMR#2	MMR#2	MMR#2	MMR#2	MMR#2	MMR#2
2007-2008	VAR	VAR	VAR	VAR	VAR	VAR	VAR	VAR					
2008-2009	VAR	VAR	VAR	VAR	VAR	VAR	VAR	VAR	VAR				

# Boulder Waldorf Kindergarten

## Health Evaluation Form

Please sign this Health Evaluation Form and have your **Health Care Provider** fill out this form, and the attached Immunization certificate. These forms must be updated annually. Thank you.

Child's Name: \_\_\_\_\_ Sex: \_\_\_ Birth Date: \_\_\_\_\_

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

\_\_\_\_\_

Is there a need for any medication or special diet? \_\_\_ No \_\_\_ Yes

Please list: \_\_\_\_\_

\_\_\_\_\_

Vision: \_\_\_ Normal for age \_\_\_ Needs eye exam

Hearing: \_\_\_ Normal for age \_\_\_ Needs evaluation

Speech: \_\_\_ Normal \_\_\_ Needs evaluation

Are there any chronic, handicapping problems, or emotional problems this child has:

\_\_\_ None \_\_\_ Yes

Please list: \_\_\_\_\_

\_\_\_\_\_

Are there any drugs, food or environmental factors which have caused allergic or adverse reactions:

\_\_\_ No allergies/adverse reactions \_\_\_ Yes allergies/adverse reactions,

Please list: \_\_\_\_\_

\_\_\_\_\_

Please check the illnesses that this child has had:

\_\_\_ Chicken Pox \_\_\_ German Measles \_\_\_ Measles \_\_\_ Mumps \_\_\_ Rheumatic Fever

\_\_\_ Scarlet Fever \_\_\_ Whooping Cough (pertussis) Other: \_\_\_\_\_

Are there any other findings we should be aware of? \_\_\_ No \_\_\_ Yes

Please list: \_\_\_\_\_

\_\_\_\_\_

Date you last examined this child: \_\_\_\_\_

Health Care Provider's Signature: \_\_\_\_\_

Health Care Provider's Name: \_\_\_\_\_

Address & Phone: \_\_\_\_\_

Today's Date: \_\_\_\_\_