

# WELCOME TO SGRPRC BEFORE & AFTER SCHOOL CARE 2020-2021!

The following paperwork MUST be submitted before your child can start:



- \_\_\_\_\_ Registration Form
- \_\_\_\_\_ Emergency Contact
- \_\_\_\_\_ Child Information Sheet
- \_\_\_\_\_ Policy Acknowledgement & Permission Verification Form
- \_\_\_\_\_ Getting to Know You PARENT Form
- \_\_\_\_\_ Getting to Know You STUDENT Form
- \_\_\_\_\_ 504 Plan/ IEP/GIEP/IFSP Information Sheet
- \_\_\_\_\_ Behavior Policy Agreement
- \_\_\_\_\_ Signature Page of Parent Handbook  
If printing from website, print page 29 ONLY.
- \_\_\_\_\_ Health Assessment  
This form must be signed by a doctor and should include a copy of immunization records.  
*If your child is exempt from ANY immunization, a form MUST be completed noting the reason.*
- \_\_\_\_\_ Opt-In & Out Agreement  
Completed with Director upon registration.
- \_\_\_\_\_ Payment Agreement  
Completed with Director upon registration.
- \_\_\_\_\_ ACH Form

## PLEASE REVIEW SGRPRC's COVID-19 HEALTH & SAFETY PLAN:

- \_\_\_\_\_ Acknowledgement of Receipt (COVID-19 Health & Safety Addendum to Parent Handbook)
- \_\_\_\_\_ Child Wellness Check (This form will be distributed at your scheduled Registration Meeting and must be returned within 24 hours of the 1<sup>st</sup> day of school.)

Please sign-up for a registration appointment with the Childcare Director by following this link:

<https://www.signupgenius.com/go/508094baaa82ea7fb6-20202021>

**\*Select a time available Wednesday, August 12<sup>th</sup> – Friday, August 14<sup>th</sup>.**

# EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124(a)(b), 3290.181 & 182; 3290.124(a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		WORK NUMBER
FATHER'S NAME/LEGAL GUARDIAN		HOME NUMBER
ADDRESS		CELL NUMBER
BUSINESS NAME		WORK NUMBER
EMERGENCY CONTACT PERSON(S) / RELATIONSHIP TO CHILD		PHONE NUMBER for contact during the time child is in care.
1.		
2.		
3.		
4.		
PERSON(S) TO WHOM THE CHILD MAY BE RELEASED	ADDRESS	PHONE NUMBER
1.		
2.		
3.		
4.		
NAME OF CHILD'S PHYSICIAN/MEDICAL PROVIDER		PHONE NUMBER
PROVIDER ADDRESS	HOSPITAL CHOICE	
SPECIAL DISABILITIES	ALLERGIES (including medication reactions)	
MEDICAL / DIETARY INFO NECESSARY IN EMERGENCY SITUATION	MEDICATIONS / SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF A CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (Required)
<b>PARENT SIGNATURE IS REQUIRED for each item below to indicate parental consent.</b>		
OBTAINING EMERGENCY MEDICAL CARE	ADMINISTRATION of MINOR FIRST AID PROCEDURES	
WALKS and TRIPS	SWIMMING -----N/A-----	
TRANSPORTATION (By the school district, any other will need further permission)	WADING -----N/A-----	

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\*\*RENEWAL: The parent signature below confirms that the information listed above is correct and up-to-date.

\_\_\_\_\_  
RENEWAL: PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

# Child Information Sheet

Child's Name \_\_\_\_\_ Site: SG NS P CENTER

## **EQUAL OPPORTUNITY**

We are an equal opportunity facility. Admissions and provisions of services are made without regard to race, religious creed, disability, ancestry, national origin, age or sex. We are required to show proof of enrollment to ensure we are not discriminating. Please complete the ethnic origin question so our records are accurate. Thank you.

The enrolled child is: (please circle)

Black Hispanic White Native American Asian/Pacific Islander Other

## **QUESTIONNAIRE**

Are there any religious beliefs that would prevent your child/children from participating in any holiday celebrations or festivities? YES NO If yes, (explain) \_\_\_\_\_

Any foods your child is NOT permitted to have due to religious beliefs? YES NO  
If yes, (explain) \_\_\_\_\_

Does your child have impairments or developmental delays that we need to be made aware of to meet their needs? (*hearing, vision, texture sensitivities, speech, mobility delays or weaknesses, etc*) YES NO  
If yes, (explain) \_\_\_\_\_

Has your child attended any child care before? YES NO  
Do you see your child having separation issues? YES NO  
If yes, (explain) \_\_\_\_\_

## **PM HOMEWORK**

With busy schedules part of many families these days; we are aware how important it is for students to complete their homework while in our care. Our After Care programs schedules a 30 minute quiet time to allow students to complete homework. Staff is willing to assist students when necessary. In order for parents and staff to communicate effectively, parents or guardians will need to complete the information below to inform our staff of homework expectations.

**NOTE: PARENTS SHOULD MAKE SURE ALL HOMEWORK IS COMPLETED PRIOR TO MORNING CARE. However, on OCCASION homework time during AM care will only be available BEFORE 7:30 am.**

\_\_\_\_\_ Please have my child complete his/her homework during the scheduled homework time.

\_\_\_\_\_ I request to allow my child to choose one of your quiet choices during homework time. I prefer to have my child complete his/her work at home.

\_\_\_\_\_ I also understand that IF a situation arises when I DO need their homework completed during After Care, I will make note of this change in the Communication Log (located by the sign in sheet).

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

# Policy Acknowledgement & Permission Form

ALL SECTIONS of this paperwork need to be completed and returned to the Spring Grove Recreation Center office with all other registration paperwork.

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

## LIABILITY

I fully understand and accept the risks involved in participating in any strenuous activity. I absolve the Spring Grove Regional Parks and Recreation Center, Spring Grove Borough, Paradise Township, Jackson Township from all liability for any personal injury incurred to my child through participation in SGRPRC Before & After Care Program or any Spring Grove Regional Parks & Recreation Center sponsored education and/or physical activity program.

I have read, understand, and agree to the Spring Grove Regional Parks & Recreation Center Before & After Care liability.

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

## COMMUNICATION WITH SITES

I am aware that it is my responsibility to notify site staff of any of the following scenarios:

1. My child(ren) will be absent from the program (AM and/or PM).
2. I will be later than my contracted pick-up time in the evening.
3. Someone different is picking up my child(ren) from the program.

*This information can be written in the site's Communication Notebook or sites can be notified directly via phone.*

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

## DROP-OFF and PICK-UP

### AM DROP-OFF

All before care services are provided at the Recreation Center. New Salem & Paradise students MUST arrive by 7:15 AM. Spring Grove Intermediate & Elementary students MUST arrive by 7:35 AM. If you are running late, please contact staff.

### PM PICK-UP

After care locations for New Salem and Paradise Elementary are held in the school's cafeteria. Please use door #6 unless informed otherwise by staff. **Pick-up STARTS at 4:15 PM** to allow students and staff to smoothly transition into the after care program (daily wellness checks, snack, etc.) before parents arrive. Please make other arrangements if you must pick up before 3:30 PM, or please notify staff IN ADVANCE if you have to pick up between 3:30-4:15 for any circumstance.

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

## PUBLICATION PERMISSION

Staff take pictures of students participating in activities during the program to share with families as well as promote the program to the public. Consent allows SGRPRC to use your pictures for presentations, the SGRPRC website, SGRPRC Facebook Page, and general advertising for the SGRPRC Before/After School Care Program.

\_\_\_\_\_ I give permission for my child's picture to be taken.

\_\_\_\_\_ I **do not** give permission for my child's picture to be taken.

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

## ELECTRONICS PERMISSION

Be advised, allowing your child to bring their electronics is risky. Electronic devices MAY be used by students in the Before & After School Care Program for the 2020-21 school year. Usage will be limited to SCHEDULED times during homework and/or quiet times. Students using devices as recreational equipment will also be limited to 20 minutes a service per day.

Staff will monitor usage. If ANY staff member notices inappropriate use of an electronic device, the student will be instructed to put it away IMMEDIATELY for the remainder of the program that day and notify the Childcare Director. Multiple offenses may lead to loss of electronic device privileges for the remainder of the 2020-21 school year.

Students are NOT allowed to share devices. **Please label your child's device** with his or name.

*Site staff, SGRPRC staff, and ANY SGASD employees or administrators ARE **NOT RESPONSIBLE** for any broken, lost, stolen, or misplaced electronics. Giving permission for your child to bring such items is solely the responsibility of the parents and child.*

\_\_\_\_\_ I will allow my child to bring an electronic device to the SGRPRC program AND understand that I cannot hold anyone responsible for the possibilities as listed above.

\_\_\_\_\_ I **will not** be giving ANY permission for such equipment to come to the program or site.

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

## HAND SANITIZER PERMISSION

SGRPRC takes precautions to avoid the spread of germs at all sites. While hand washing with soap and water is best practice, hand sanitizer (with a minimum of 60% alcohol) will be used during the 2020-21 school year as part of the COVID-19 Health & Safety Plan. For example, students will use hand sanitizer when first arriving to the program from home or school. **Sanitizers will remain in the possession of the staff and be distributed by adults only. STUDENTS MAY NOT CARRY INDIVIDUAL HAND SANITIZERS ON THEIR BACKPACKS.**

The state is requiring us to have permission by parents to allow the use of hand sanitizers.

\_\_\_\_\_ I give permission for my child to use hand sanitizer under the supervision of staff.

\_\_\_\_\_ I **do not** give permission for my child to use hand sanitizer under the supervision of staff.

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

## Getting to Know You (Parent Form)

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

Parent(s)/ Guardian(s) Name(s) \_\_\_\_\_

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### COMMUNICATION

We use **REMIND** as our tool for quick communication with parents. This is SGRPRC Childcare's main source for **IMMEDIATE** updates: closings, delays, emergency dismissals, reminders, and notices. Please provide your E-MAIL ADDRESS, CELL PHONE NUMBER, or BOTH. (More than 1 contact person can be provided if necessary.) You will be invited to join my group and prompted to follow directions.

When contacting the Childcare Director on an individual matter, please call the office (717-225-9733 ext 4.) or e-mail ***megan\_slothour@sgrprc.com*** and NOT REMIND.

Cell Phone #: \_\_\_\_\_ / \_\_\_\_\_

E-mail Address: \_\_\_\_\_ / \_\_\_\_\_

*Parents NOT using REMIND for communication will be responsible for keeping themselves informed through posted messages and printed newsletters at the sites. They will also be responsible for watching the television for weather and emergency related closings or delays and contacting the office to receive detailed information.*

### QUESTIONNAIRE

Are there ANY family situations we should be aware of (custody agreement or court orders)? YES NO

If yes, (explain) \_\_\_\_\_

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***Be advised we are required to have a copy ON FILE, please submit a copy to the SGRPRC Childcare Office. Submitted: YES NO***

Do you have any special interests, talents or skills that you would be willing of offer to the program?

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Any other information you would like to share? \_\_\_\_\_

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#### Parents Meeting:

Follow-up Parent Meetings are offered to parents and scheduled four weeks after the child starts care to discuss the program and your child's needs. Please respond whether you are or are not interested in scheduling an appointment.

\_\_\_ YES, I would like to schedule an appt.

\_\_\_ NO, I am not interested.

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

**SPRPRC Staff is Getting to Know You (Student Form)**

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

Attending Site \_\_\_\_\_

Do you have any siblings attending the school district? Yes No

If yes, sibling(s) name and age \_\_\_\_\_

Do you have any pets? \_\_\_\_\_

Do you have any special interests? (Sports, hobbies, etc.) \_\_\_\_\_

What do you like most about school? \_\_\_\_\_

What kind of activities do you hope to have available for you here? \_\_\_\_\_

Snacks you like best? \_\_\_\_\_

Foods or snacks you do not like? \_\_\_\_\_

If you had the chance to learn something new, what would it be? \_\_\_\_\_

Anything else you would like to share about yourself? \_\_\_\_\_

***Follow-Up.....Get to Know You Meeting (with the child)***

Date of Conference: \_\_\_\_\_

Staff Name \_\_\_\_\_

***Staff Signature*** \_\_\_\_\_ ***Date*** \_\_\_\_\_

# 504 PLANS, INDIVIDUALIZED EDUCATION PLANS (IEP or GIEP), & INDIVIDUALIZED FAMILY SERVICE PLANS (IFSP) INFORMATION SHEET

Because of the diverse set of needs of the children in our program, it is important to gather as much information about the best ways to educate each child. IEP's and IFSP's are created by service providers working with children with special needs and include this information. The information found on an IEP/IFSP is protected by privacy laws including the Health Insurance Portability and Accountability Act (HIPAA).

Your child's growth and development is measured with developmental assessments. If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

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

- I am providing a copy of my child's 504 Plan, IEP, GIEP, or IFSP.
- I am not providing a copy of my child's 504 Plan, IEP, GIEP, or IFSP
- These are not applicable to my child.

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

**Printed Name:** \_\_\_\_\_



# SGRPRC Before & After School Care

## Behavior Policy



### General Procedure

SGRPRC is committed to providing a caring and safe environment for each student. Staff uses multiple strategies to encourage and support appropriate behavior. Examples of support include creating site rules collaboratively, creating a classroom management system, giving positive verbal praise, modeling good behavior, and rewards may be used.

In our program, we expect students to:

1. Be RESPECTFUL of staff and other students
2. Have a POSITIVE ATTITUDE/ TRY
3. Follow DIRECTIONS
4. Keep hands and feet to SELF

### Action Plan

When students do not demonstrate these expected behaviors and become verbally or physically aggressive or disrespectful, staff will intervene. If verbal redirection does not cease the inappropriate behavior, other disciplinary actions will be utilized.

1. Removal from Activity
2. Removal from Activity & a Write-Up (Note Communicating with Parents)

### Challenging Behavior

While it is the staff's goal to provide an environment for each child to become self-disciplined, extenuating circumstances may occur.

- After 2 Write-Ups are written for the same behavior, a **Discipline Report** will be completed.
- A Discipline Report may also be warranted on a FIRST offense for harmful physical contact.
- **After 2 Discipline Reports**, the Director will schedule a meeting with parents to discuss a plan of action. The Director may advise family to request a referral for Intervention Services.
  - **The Director may also contact the Rapid Response Team at ANY time if deemed necessary.**
- If inappropriate behaviors do not cease and the safety & well-being of the other children in the program or staff are a concern, suspension and/or termination from the program may result.

**\*Staff has the right to issue a write-up or discipline report at any point if deemed necessary.\***

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Parent Signature

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Date

My signature below acknowledges that I have received my copy of the 2020-2021 Parent Handbook for the SGRPRC Before and After School Care Program. I understand and agree that it is my responsibility to read and familiarize myself with the policies and procedures contained in this handbook. I also recognize that should I have any questions regarding the items in this handbook, I may contact the Childcare Director.

\_\_\_\_\_  
*Student Name*

\_\_\_\_\_  
*Parent / Guardian **Signature***

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

# CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

### DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT <a href="http://WWW.AAP.ORG">WWW.AAP.ORG</a> ) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.</b>
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

### RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER:                      DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

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**ACKNOWLEDGMENT OF RECEIPT OF PARENT HANDBOOK  
REVISIONS FOR SGRPRC BEFORE & AFTER CARE**

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By signing below, I acknowledge receipt of the July 2020 Addendum to the SGRPRC Before & After Care Parent Handbook regarding the COVID-19 Health and Safety Plan. I understand that the sections set forth in the Addendum take precedence over health and safety policies as stated in the general Parent Handbook which I have also received.

I further acknowledge that the specific revised topics in the Addendum are as follows:

- **Recognizing Symptoms of COVID-19**
- **Screening Procedures**
- **Child Drop-Off and Pick-Up Policies**
- **Sick Policies**
- **Mask Policy**
- **Cleaning and Sanitation Procedures**

I understand and agree that it is my responsibility to read and familiarize myself with all the policies and procedures contained in the Addendum, as well as others contained in the Parent Handbook, and to follow and adhere to them while my child is enrolled in the SGRPRC Program for the 2020-21 school year.

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Parent Signature

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Date

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Child's Name

# Bank Draft (ACH) Authorization/Change Form



*\* Retain a copy of this form for your records. Return the original to Spring Grove Regional Parks and Recreation Center.*

This agreement is made between \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, child's name, and the Spring Grove Regional Parks and Recreation Center.

The terms and conditions of your payment agreement are as follows:

Your weekly/daily fee is \$ \_\_\_\_\_, which will automatically be made by your financial institution in  Weekly,  Bi-weekly OR  Monthly installments (check box indicating ACH occurrence) on Fridays for the upcoming week(s) services are rendered. This arrangement is to begin on \_\_\_\_\_ (date). *\*NOTE: This amount will change based on In-Service services, Delays, Closings and Holidays Services when/if provided per agreement. Contact the Child Care Department for the most current service change charge(s).*

By signing this agreement, you indicate your approval to the Spring Grove Regional Parks and Recreation Center to authorize your financial institution, \_\_\_\_\_, to make payments per installment as noted above on your behalf from the checking or savings account listed below and transfer it to the Spring Grove Regional Parks and Recreation Center. An email confirmation notification will be sent to \_\_\_\_\_.

<b>COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY</b>			
Type of Account <small>Choose only One Type</small>	Bank Account Number*	Routing Number	Financial Institution ("Bank") Name
<input type="checkbox"/> Checking			
<input type="checkbox"/> Savings			

\*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

**One of the following is required to process this enrollment (check one):**

- Voided check with name imprinted (no starter checks, copies or facsimiles accepted)
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative **MUST** be included)

<b>COMPLETE IF CHANGING EXISTING DEPOSIT ACCOUNTS – PLEASE PRINT IN BLACK/BLUE INK ONLY</b>			
Type of Account <small>Choose only One Type</small>	Bank Account Number*	Routing Number	Financial Institution ("Bank") Name
<input type="checkbox"/> Checking			
<input type="checkbox"/> Savings			

\*Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

**ENROLLEE CONFIRMATION STATEMENT - PLEASE SIGN IN BLACK/BLUE INK ONLY**

I authorize Spring Grove Regional Parks and Recreation Center to withdrawal said fees from the bank accounts specified above. I agree that withdrawal transactions I authorize comply with all applicable law. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize Spring Grove Regional Parks and Recreation Center to make said transaction(s) to specified bank account(s). Any additional fees or charges associated to the transaction by my institution will be my responsibility.

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

Agreement valid from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

*Not to exceed 1 school year term. This document will be destroyed upon completion of term.*

Department:

B A B/A - NS P SGE YC LT/LE CQ