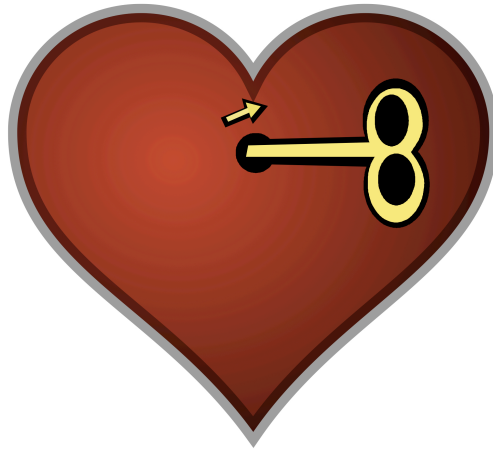


**Parkmead Keyspot Inc.
School-Age Day Care Center**



Registration Packet 2014-2015

**Parkmead Keyspot Inc.
1920 Magnolia Way
Walnut Creek, CA 94595
(925) 939-1543 – Office
(925) 939-5942 – Fax
www.keyspot.org**

Directions for this Packet

Please complete these forms in full. You will notice that some of the information requested has been crossed out. This is because this information is not required for school-age care centers such as Parkmead Keyspot. The following is a list of forms that are included in this packet and brief directions to help you complete the forms.

Please return a photocopy of your child's health insurance card along with this packet.

Please include \$200.00 New Family Registration Fee (Payable to Keyspot)

Identification and Emergency Information – Child Care Centers

- Please Fill Out Completely

Child's Preadmission Health History

- Please fill out completely. Note the section that has been crossed out because it does not apply to Parkmead Keyspot.

Consent for Emergency Treatment

- Please fill out completely

Child Care Center Notification of Parents' Rights

- Please read and keep the Parents' Rights portion of this form for your records.
- Please fill out the Acknowledgement of Notification of Parents' Rights portion in full. Detach and return this portion to Keyspot.

Personal Rights

- Please read and keep the Personal Rights portion of this form.
- Please fill out the Acknowledgement portion in full. Detach and return this portion to Keyspot.

Parkmead Keyspot Disciplinary Form

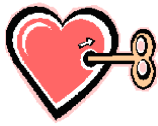
- Please read the Keyspot Policy Re: Suspension or expulsion of students from the program.
- Please fill out the top portion of this form in full and return to Keyspot.

Parkmead Keyspot Admission Agreement

- Please read, sign and date this form.
- Please keep the carbon portion of this form for your records.

Parkmead Keypot Info Emergency Sheet

Class Rm # - _____



Keypot
2011 -2011

Child's Last Name _____
Child's First Name _____
DOB _____ / _____ / _____ Grade _____

Mother's Name _____
Street _____
City _____ Home # () _____
State _____ ZIP _____ Work # () _____
Email Address _____ Cell # () _____

Father's Name _____
Street _____
City _____ Home # () _____
State _____ ZIP _____ Work # () _____
Email Address _____ Cell # () _____

Child is in the Custody of : (circle one) Mother Father Both Other _____

Doctor's Name _____ Phone # () _____
Health Ins. Co. _____ Policy # _____

I have NO health insurance (check here)

For emergencies pls take my child to : (circle one) Kaiser J. Muir Other _____

Dentist Name _____ Phone # () _____

Emergency Contact (within 10 miles)

Contact 1 _____ Phone # () _____
Contact 2 _____ Phone # () _____
Contact 3 _____ Phone # () _____

Authorized Pick Up List

Person 1 _____ Phone # () _____
Person 2 _____ Phone # () _____
Person 3 _____ Phone # () _____
Person 4 _____ Phone # () _____
Person 5 _____ Phone # () _____

Amount Paid _____ Check # _____ Date _____

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S NAME	DOES FATHER LIVE IN HOME WITH CHILD?	
MOTHER'S NAME	DOES MOTHER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT* n/a	MONTHS	BEGAN TALKING AT* n/a	MONTHS	TOILET TRAINING STARTED AT* n/a	MONTHS
-------------------	--------	--------------------------	--------	------------------------------------	--------

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
--	------------------------	---

DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	n/a	WHAT TIME DOES CHILD GO TO BED?*	n/a	DOES CHILD SLEEP WELL?*	n/a
DOES CHILD SLEEP DURING THE DAY?*	n/a	WHEN?*	n/a	HOW LONG?*	n/a
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST			WHAT ARE USUAL EATING HOURS?	
	LUNCH			BREAKFAST	
	DINNER			LUNCH	
				DINNER	

ANY FOOD DISLIKES? ANY EATING PROBLEMS?

IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE?*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
WORD USED FOR "BOWEL MOVEMENT"*		WORD USED FOR URINATION*	

PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE	DATE
--------------------	------

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes**PLEASE FILL OUT BOTH CONSENTS.
Second copy will go with paramedics.

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Parkmead Keyspot

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

(Child's Name)

NAME

. THIS CARE MAY BE GIVEN UNDER WHATEVER

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

LIC 627 (ENG/SP) (5/01) (CONFIDENTIAL)

Please fill out both sheets

**CONSENT FOR EMERGENCY MEDICAL TREATMENT-
Child Care Centers Or Family Child Care Homes**

PARAMEDIC COPY. PLEASE COMPLETE

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

Parkmead Keyspot

FACILITY NAME

TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

(Child's Name)

NAME

. THIS CARE MAY BE GIVEN UNDER WHATEVER

CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD NAMED
ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

DATE

PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

HOME ADDRESS

HOME PHONE

()

WORK PHONE

()

LIC 627 (ENG/SP) (5/01) (CONFIDENTIAL)

CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the child care center without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the child care center, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the child care center without discrimination or retaliation against you or your child.
5. Request in writing that a parent not be allowed to visit your child or take your child from the child care center, provided you have shown a certified copy of a court order.
6. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: CCLD

Licensing Office Address: 1515 Clay Street, Suite 1102, MS:29:04, Oakland CA 94612

Licensing Office Telephone #: (510) 622-2602

7. Be informed by the licensee, upon request, of the name and type of association to the child care center for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
8. Receive, from the licensee, the Caregiver Background Check Process form.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE CHILD CARE CENTER TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

LIC 995 (ENG/SP) (8/02)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "CHILD CARE CENTER NOTIFICATION OF PARENTS' RIGHTS" and the CAREGIVER BACKGROUND CHECK PROCESS form from the licensee.

Parkmead Keyspot Inc.
Name of Child Care Center

Signature (Parent/Authorized Representative)

Date

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to parent/authorized representative.

PERSONAL RIGHTS**Child Care Facilities**

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Facilities. Each child receiving services from a child care facility shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In child care facilities, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s) or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

Fred Gill

NAME

1515 Clay Street, Suite 1102, MS:29-04

ADDRESS

CITY

Oakland

ZIP CODE

94612

AREA CODE/TELEPHONE NUMBER

(510) 622-2602

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

Parkmead Keyspot Inc

(PRINT THE NAME OF THE CHILD)

(PRINT THE ADDRESS OF THE FACILITY)

1920 Magnolia Way Walnut Creek CA 94595

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

IMPORTANT INFORMATION FOR PARENTS

CAREGIVER BACKGROUND CHECK PROCESS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

The California Department of Social Services works to protect the safety of children in child care by licensing child care centers and family child care homes. Our highest priority is to be sure that children are in safe and healthy child care settings. California law requires a background check for any adult who owns, lives in, or works in a licensed child care home or center. Each of these adults must submit fingerprints so that a background check can be done to see if they have any history of crime. If we find that a person has been convicted of a crime other than a minor traffic violation, he/she cannot work or live in the licensed child care home or center unless approved by the Department. This approval is called an exemption.

A person convicted of a crime such as murder, rape, torture, kidnapping, crimes of sexual violence or molestation against children **cannot by law be given an exemption that would allow them to own, live in or work in** a licensed child care home or center. If the crime was a felony or a serious misdemeanor, the person must leave the facility while the request is being reviewed. If the crime is less serious, he/she may be allowed to remain in the licensed child care home or center while the exemption request is being reviewed.

How the Exemption Request is Reviewed

We request information from police departments, the FBI and the courts about the person's record. We consider the type of crime, how many crimes there were, how long ago the crime happened and whether the person has been honest in what they told us.

The person who needs the exemption must provide information about:

- The crime
- What they have done to change their life and obey the law
- Whether they are working, going to school, or receiving training
- Whether they have successfully completed a counseling or rehabilitation program

The person also gives us reference letters from people who aren't related to them who know about their history and their life now.

We look at all these things very carefully in making our decision on exemptions. By law this information cannot be shared with the public.

How to Obtain More Information

As a parent or authorized representative of a child in licensed child care, you have the right to ask the licensed child care home or center whether anyone working or living there has an exemption. If you request this information, and there is a person with an exemption, the child care home or center must tell you the person's name and how he or she is involved with the home or center and give you the name, address, and telephone number of the local licensing office. You may also get the person's name by contacting the local licensing office. You may find the address and phone number on our website. The website address is <http://cclcd.ca.gov/docs/maps/state.htm>

IMPORTANT INFORMATION

CAREGIVER BACKGROUND CHECK INFORMATION

The law requires that the Community Care Licensing Division check the criminal background of all adults who apply for a license to operate a community care facility. We also check the criminal background of all adults who want to work, reside in or have contact with clients being cared for in a community care facility.

What is a background check?

As part of the background check process you must be fingerprinted and tell whether you have ever been convicted of a crime other than a minor traffic violation. The Department of Justice and the FBI will check your fingerprints against their criminal record information. If you will have contact with children, your name will be checked against the Child Abuse Central Index registry. This is a listing of people who have been reported for suspected child abuse. If you have not been convicted of a crime and have no child abuse history, you will be given a "clearance."

What if I have a criminal conviction?

If you were ever convicted of a crime, other than a minor traffic violation, even if it happened a long time ago, you cannot own, live or work (including some volunteers) in a facility unless we give you an "exemption." If the Department of Justice notifies us that you were convicted of a crime, we will notify the facility operator that an exemption is needed. If you were convicted of a serious crime or if you are on supervised probation after being convicted of a crime, you probably won't be given an exemption.

You do not qualify for a criminal record exemption if you have ever been convicted of a serious crime such as robbery, sexual battery, child abuse, elder or dependent adult abuse, rape, first degree burglary, arson, or kidnapping. These kinds of crimes are **nonexemptible** and if you were convicted of one of them, by law you will never be allowed in a facility.

How do I get a criminal record exemption?

As part of the request for an exemption, the facility operator or you must send us convincing proof that you are of good character in spite of your conviction. We will review any information you submit as well as the number and type of crimes committed, how long ago the crime(s) happened, what kind of work you will be doing and whether you will be working with children, adults, or the elderly. If we find that you were not truthful in the information you submitted for your exemption, we will deny your exemption request. In most cases, if you are currently on supervised probation or on parole you will **not** be granted an exemption. If your exemption is denied, and you are married to or living with someone who is applying for a license and care will be provided in your home, his or her application will be denied because everyone who lives in the home must have a clearance or exemption. If a criminal record exemption is granted to you and you later move, or want to work in a different facility, your exemption will be re-evaluated based on your new role and our current laws, regulations, and policies. If you are arrested or convicted after an exemption is granted to you, your exemption may be cancelled. If you are married to or living with someone who is licensed, and care is provided in your home, the facility license may be suspended or revoked.

You are strongly encouraged to read the licensing criminal record exemption regulations to find out the amount of time that must pass following your conviction, before you can qualify for an exemption. Some convictions require longer periods of time following conviction than others. The regulations and other information can be found on our web site at www.cclcd.ca.gov.

How long does the criminal record exemption process take to complete?

If you do not have a criminal record, a clearance is normally available in a few days. If an exemption is needed, it may take three months or longer to complete the process.

DISCLOSURE OF CRIMINAL RECORD EXEMPTION INFORMATION UNDER THE CALIFORNIA PUBLIC RECORDS ACT

If you are granted a criminal record exemption, your name will be given out to the public, upon request. If you own a facility and you have staff, residents or volunteers who have a criminal record exemption, the name of your facility will be given out to the public, upon request.

Parkmead Keyspot Disciplinary Policy Statement

Please Sign and return this portion of the form to Keyspot with the Packet.

I have read and understand the Parkmead Keyspot policy statement regarding student suspension and expulsion.

Child's Name

Signature of Authorized Representative

Date

Detach and save bottom portion for your records.

Parkmead Keyspot Disciplinary Policy Statement

The following policy has been adopted by the Parent Governing Board to insure that Parkmead Keyspot can offer all the children a safe and healthy Environment. It is recognized that all children misbehave from time to time. This policy is intended to apply to serious, dangerous, anti-social behavior.

Students who behave in such a way to be a serious threat to others either physically or emotionally, or who repeatedly disrupt the activities and operations of Parkmead Keyspot will be subject to the following disciplinary procedures.

First Occurrence: A Keyspot Program coordinator or Director will counsel the child. The offending behavior will clearly be spelled out to the child and the appropriate behavior will clearly be explained to the child. The parents of the child will be sent a note that is to be read, signed, and returned to Keyspot the next day.

Second Occurrence: A Keyspot Program coordinator or Director will counsel the child. The parents must attend a scheduled conference with the child and the Director. A plan to help modify the child's behavior will be worked between the Director, parents, and child.

Third Occurrence: The Director of Keyspot will counsel the child. The child will be suspended from the program for one week's time (5 days of normal attendance). No refund of unused portion of fees will be given.

Fourth Occurrence: The Director of Keyspot will counsel the child. The child will be expelled from the program for the remainder of the school year. A refund of the unused portion of fees will be given up to five days. A written appeal may be made to the Parent Board within ten days of the expulsion. The board will hear the matter within ten days of the receipt of the appeal.

Parkmead Keyspot Admission Agreement

California State Child Care Regulation Section 101219 requires that each children's day care facility maintain a signed current written admission agreement for each child in care. This form must be signed and returned before your child can use Parkmead Keyspot Inc.'s services.

This agreement is between the Keyspot Inc. School Age Child Care Center and

Parent/Guardian Name - _____

authorized representative of

Child's Name - _____

1. The authorized representative agrees that he/she is contracting for the monthly services as outlined on each month's usage contract and will pay the stipulated rate. The authorized representative understands that this usage may be modified in the usage form for the following month, but not until then. Credit is subject to approval by the Director as explained in the Parent Handbook.
2. Keyspot agrees to provide basic services as outlined in the Parent Handbook. That authorized representative agrees to pay all fees related to any Enrichment Classes their child participates in.
3. The authorized representative understands that basic Keyspot services are available on most business days. Keyspot is closed New Year's Day, President's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, The Day after Thanksgiving Day, and Christmas Day. Child Care during Summer Vacation is available through a separate registration and usage contract.
4. All monthly fees are due on the 1st of each month. The only exception to this rule is a written arrangement made with the Keyspot Director and Approved by the Financial Secretary of the Parent Board. Payments received after the 1st will be considered late and are subject to a late fee of \$5.00/day.
5. Keyspot reserves the right to modify any of the conditions of any agreements upon 30 days written notice to the authorized representative. Keyspot reserves the right to review and establish yearly rates at the end of each fiscal year. Any changes would go into effect with 30 days notice.
6. Each child is accepted into the program on an introductory basis for the first two weeks of attendance. During this time the child may be dismissed from the program without prior notice. Issuing a company check that will be sent to the family through the mail within two weeks of dismissal will refund any unused, pre-paid fees. Reasons for dismissal are discussed in the Parent Handbook. If the authorized representative wishes to remove their child from the program for any reason except a short vacation, the authorized representative must give at least two weeks notice prior to leaving the program. If no notice is given the authorized representative is subject to paying the agreed upon fees for a two week period. The authorized representative may take the child out for up to two week and retain a spot in the program. If the child is out of the program for more than two weeks, reinstatement into the program will be on a space-available basis. The exception to this rule is during winter break.
7. The authorized representative understands and complies with the rights of the Licensing Agency. The Department or Silencing Agency shall have the authority to interview children or staff, and to inspect and audit the child or facility records without prior consent. The Licensee shall make provisions for private interviews with any child or staff member, and for the examination of all records relating to the operation of the facility. The Department of Licensing Agency shall have the authority to observe the physical condition of the children, including conditions, which could indicate abuse, neglect, or inappropriate placement.
8. The authorized representative agrees to read a copy of the Parkmead Keyspot Parent Handbook and agrees to abide by all the Parkmead Keyspot operating policies and procedures as described therein.
9. The authorized representative agrees to hold harmless the Parkmead Elementary School and any of its officers connected with that agency from any occurrence which happens to their child while attending Parkmead Keyspot.
10. The agreement will be terminated by Parkmead Keyspot with two weeks notice for the following reasons:
 - a. The authorized representative has not cooperated with Parkmead Keyspot regarding the child's discipline needs and/or the child is a chronic threat to the safety and or well being to himself/herself, Parkmead Keyspot staff, or other children in the program.
 - b. The authorized representative has not paid the agreed upon fee within 30 days of being invoiced.
 - c. The authorized representative does not show evidence of maintaining either private health insurance for the child or purchase health and accident insurance through the Walnut Creek School District.
 - d. The authorized representative consistently fails to sign the child in or out of Parkmead Keyspot.
 - e. The authorized representative consistently fails to pick up a sick child after receiving a phone call regarding this occurrence from Parkmead Keyspot.

Parties to this agreement:

Director of Keyspot Inc: _____ Date: _____

Authorized Representative: _____ Date: _____

*****Please sign and date here to complete Registration*****