

Trinity Church CDF Freedom Schools®, TCA Preschool Summer Registration 2018



TCA Preschool is for 2-years-old through 4-years-old.

Freedom Schools® is for students entering Kindergarten (5yrs old by 9/1/18) through students entering 6th grade.

GENERATION2050 is for students entering 7th grade through 12th grade.

Child Name: _____

Age: _____

Office Hours for Summer Registration:
10:00am – 4:00pm
(other times may be scheduled by appointment only)

Grade for current **2017-18** School Year: _____ What school will your child attend next year? _____

Parent Name: _____

APPLICATION CHECK LIST:

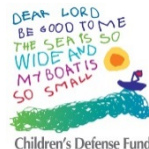
- Registration Fee (Non-refundable) plus First Week Tuition
(Money Order / Credit Card Payments Only)
- REGISTRATION PACKET COMPLETE
 - Child Information Form
 - Policies and Procedures Form
 - Emergency Contact Information
 - Health Information Form
 - Food Programs Form (Preschool and VPK receive daily lunch, snack, dinner)
 - Summer 2018 Financial Page
- IMMUNIZATION FORM (Physical and Blue Shot Records)
- TUITION EXPRESS FORM
- BIRTH CERTIFICATE of child
- PARENT PICTURE ID
- All ATTACHED FORMS ARE COMPLETE

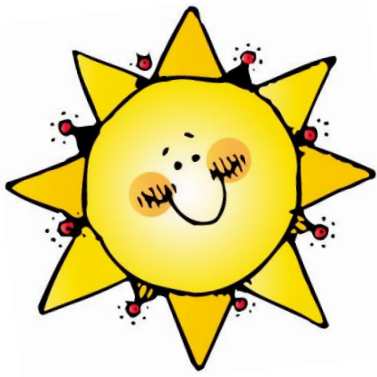


17801 NW 2nd Ave., Miami, FL 33169

DCF Childcare License #C11MD1596

School Office: 786-888-LIFE Church Office: 786-888-HOPE





SUMMER 2018

CDF Freedom Schools®: 2018-2019 School Year Kindergarten-6th Grade

(5 years old by 9/1/18)

June 18 to August 9 • 7:30AM to 4:00PM

After Care: 4pm-6pm \$5 per day

Preschool: Ages 2 – 4 years
June 11 – August 10
7:00AM – 6:00PM

Freedom Schools scholars registering for all 8 weeks of camp will receive first preference on waiting lists.
 Please note: Trinity Church Freedom Schools is subsidized in part by the Miami-Dade Children's Trust.
Scholars must have a Miami-Dade address or their tuition will not be subsidized.

- REGISTRATION FEE – FREEDOM SCHOOL (non-refundable)** \$ 70.00
- REGISTRATION FEE – PRE-SCHOOL (non-refundable)** \$ 100.00

	<u>K-5th</u> Currently	<u>Entering</u> <u>Kindergarten</u>	<u>Broward Rates</u> Special Scholarships available for Broward residents	<u>Preschool</u> <u>(2-4 years)</u>	
<input type="checkbox"/> Preschool only June 11-15	Closed	Closed	Closed	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 1 June 18 - 22	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 2 June 25 - 29	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 3 July 2 - 6*	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 4 July 9 - 13	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 5 July 16 - 20	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 6 July 23 - 27	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 7 July 30 - Aug 3	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> Week 8 August 6 - 9	<input type="checkbox"/> \$65	<input type="checkbox"/> \$85	<input type="checkbox"/> \$150	<input type="checkbox"/> \$150	\$ _____
<input type="checkbox"/> 5% Pre-payment discount for all 8 weeks	<input type="checkbox"/> -\$26.00	<input type="checkbox"/> -\$34.00	<input type="checkbox"/> -\$60	<input type="checkbox"/> -\$60	\$ _____

Deadline for pre-payment to receive the discount is June 15, 2018
 The pre-payment discount option is for the entire camp and **Non-refundable**
 except for medical reasons with a Doctor's note.

TOTAL: \$ _____

*Tuesday, July 4th we will be closed for Independence Day Holiday

Parent / Guardian Signature: _____ Date: _____





**CHILD
Summer**



**ENROLLMENT
2018**



FORM

Today's Date:	
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CHILD INFORMATION

Child's Last Name _____ **First** _____ **Middle** _____

Child's Date of Birth (mo/day/yr) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>	Child's Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
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Last 4 Digits ONLY of Child's Social Security# (required) No SSN

Miami-Dade County Public School ID# (required) No MDCPS ID

Child's Current School:

Type of school your child attended this past school year:
 Public School Charter School Private Home School Other _____

Is your Child Proficient in English? Yes No

Other Language(s) Spoken in the Home Spanish Haitian-Creole Other _____ None

Street Address _____

City _____ State: _____ ZIP Code _____

Child's Ethnicity Hispanic Haitian Other

Child's Race (select only one) American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other Multiracial

Child's Current Grade 	Does your child receive or qualify for free/reduced price lunch at school during the academic school year? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Child's School Name: _____ City: _____ State: _____

Family Information

Child's Primary Caregiver (full name) _____ Male Female

Mother Father Grandmother Grandfather Guardian Other _____

Primary Caregiver Email _____

Primary Caregiver's Phone

Mother's Birthplace: USA Other: _____ Father's Birthplace: USA Other: _____

Mother's Ethnicity Hispanic Haitian Other **Father's Ethnicity** Hispanic Haitian Other

Mother's Race (select only one): <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multiracial	Father's Race (select only one): <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other <input type="checkbox"/> Multiracial
Mother's Education: <input type="checkbox"/> Highschool <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate Degree	Father's Education: <input type="checkbox"/> Highschool <input type="checkbox"/> Some College <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Graduate Degree
Has your child ever attended a <i>CDF Freedom Schools</i> Summer program before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever attended <i>Trinity Church Freedom Schools Summer Blast</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, how many years has your child participated in the <i>CDF Freedom Schools</i> Summer program? ____	
Does Child Have Health Insurance (ex., private insurance, KidCare, Medicaid)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If not, we may be able to help you find affordable coverage-call 211 or visit www.thechildrenstrust.org)	
If yes, what is your child's Health Insurance Carrier? _____	
Has your child been in foster care at any point in his or her life? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a doctor, health professional, teacher, or other official ever informed you that your child has a learning disability? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child participate in any of the following educational programs (check all that apply)? <input type="checkbox"/> Bilingual Education <input type="checkbox"/> ESL/LEP <input type="checkbox"/> Special Education <input type="checkbox"/> Gifted and Talented <input type="checkbox"/> Other _____	
We want to get to know your child better so we can provide the best possible experience in our programs. Please tell us more about your child...	
What are the main ways your child communicates? (Mark all that apply)	
<input type="checkbox"/> Speaks and is easily understood <input type="checkbox"/> Uses communication devices like pictures or a board <input type="checkbox"/> Speaks but is difficult to understand <input type="checkbox"/> Uses gestures like pointing, pulling or blinking <input type="checkbox"/> Uses sign language <input type="checkbox"/> Uses sounds that are not words like crying or grunting	
What, if any, help does your child receive at this time? (Mark all that apply)	
<input type="checkbox"/> Speech/language therapy <input type="checkbox"/> Special education services in school <input type="checkbox"/> Occupational therapy (OT) <input type="checkbox"/> Behavioral therapy or services <input type="checkbox"/> Physical therapy (PT) <input type="checkbox"/> Counseling for emotional concerns <input type="checkbox"/> Daily medication (not including vitamins) <input type="checkbox"/> None	
What conditions does your child have that are expected to last for a year or more? (Mark all that apply)	
<input type="checkbox"/> Physical disability or impairment <input type="checkbox"/> Developmental delay (only if under age 5) <input type="checkbox"/> Medical condition or illness <input type="checkbox"/> Learning disability (school-age) <input type="checkbox"/> Hearing impairment or deaf <input type="checkbox"/> Problems with attention or hyperactivity (ADHD/ADD) <input type="checkbox"/> Visual impairment or blind <input type="checkbox"/> Problems with depression or anxiety <input type="checkbox"/> Speech or language condition <input type="checkbox"/> Problems with aggression or temper <input type="checkbox"/> Autism spectrum disorder <input type="checkbox"/> Intellectual/developmental disability (over age 5) <input type="checkbox"/> Asthma <input type="checkbox"/> Developmental delay or physical impairment <input type="checkbox"/> Behavior or conduct problems <input type="checkbox"/> Bone, joint, or muscle problems <input type="checkbox"/> Obesity <input type="checkbox"/> None of the above <input type="checkbox"/> Diabetes	
If you marked "None of the above" on the question above, please skip the next two questions and sign below. If you marked any other answer above, please answer the remaining questions and sign below.	
Do any of the conditions marked above make it harder for your child to do things that other children of the same age can do? <input type="checkbox"/> Yes <input type="checkbox"/> No	
To support your child's successful participation in this program, in what areas might s/he need extra assistance? <input type="checkbox"/> No specific help needed	
<input type="checkbox"/> Holding a crayon/pencil, writing, using scissors or other fine motor tasks <input type="checkbox"/> Sports or physical activities like running or other gross motor tasks <input type="checkbox"/> Managing feelings and behavior <input type="checkbox"/> Academic, learning or reading activities <input type="checkbox"/> Adapting activities to take into account a visual or hearing impairment <input type="checkbox"/> Using assistive device(s) like a wheelchair, crutches, brace or walker <input type="checkbox"/> Personal services like help with feeding, toileting or changing clothes <input type="checkbox"/> Other _____	

What is your household size? <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	# of children (under 18 yrs.?) <input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>
Is the Participant a Child of a Military Family? <input type="checkbox"/> Yes <input type="checkbox"/> No A member of the child's family is either: 1) an active duty member of the uniformed services; 2) a member of the National Guard or reserves; 3) a member or veteran who was severely injured and medically discharged or retired; or 4) a member killed in the line of duty.	
Please tell us anything else you think is important for us to know about your child: 	

How did you find out about TCA, Freedom Schools® or our Preschool program?

- | | |
|---|---|
| <input type="checkbox"/> Internet or email correspondence | <input type="checkbox"/> Research |
| <input type="checkbox"/> Personal contact or relationship | <input type="checkbox"/> School or educational institution |
| <input type="checkbox"/> Mailing | <input type="checkbox"/> Child or youth services agency/program |
| <input type="checkbox"/> Church | <input type="checkbox"/> Work |
| <input type="checkbox"/> Event advertising | |
| <input type="checkbox"/> Other _____ | |

Do you consider Trinity Church your home church? Yes No

If you attend a different church, what is the name of your church? _____

How often do you attend Sunday church services? About . . .

- | | |
|--|--|
| <input type="checkbox"/> Weekly | <input type="checkbox"/> Whenever there is a special event |
| <input type="checkbox"/> Twice a month | <input type="checkbox"/> Never |
| <input type="checkbox"/> Once a month | |

What is your annual household income? (Please select from the list below)

Note: Household income information is **confidential** and will NOT be shared with third parties. The *Children's Defense Fund* requests this information in order to better serve and assess the needs of our *CDF Freedom Schools®* program participants

- | | | |
|--|--|---|
| <input type="checkbox"/> \$0 - 20,000 | <input type="checkbox"/> \$45,001 - 50,000 | <input type="checkbox"/> \$75,001 - 80,000 |
| <input type="checkbox"/> \$20,001 - 25,000 | <input type="checkbox"/> \$50,001 - 55,000 | <input type="checkbox"/> \$80,001 - 90,000 |
| <input type="checkbox"/> \$25,001 - 30,000 | <input type="checkbox"/> \$55,001 - 60,000 | <input type="checkbox"/> \$90,001 - 100,000 |
| <input type="checkbox"/> \$30,001 - 35,000 | <input type="checkbox"/> \$60,001 - 65,000 | <input type="checkbox"/> Over \$100,000 |
| <input type="checkbox"/> \$35,001 - 40,000 | <input type="checkbox"/> \$65,001 - 70,000 | |
| <input type="checkbox"/> \$40,001 - 45,000 | <input type="checkbox"/> \$70,001 - 75,000 | |

To create the best program with the lowest possible price for families, Trinity Church partners with a number of different organizations that request demographic information for program quality, research, and evaluation. Please complete all information as carefully as possible. We keep all data confidential and secure. Published reports will not contain any personal identifiable information of your child or family.

I give my permission for this information to be submitted to Trinity Church, The Children's Trust and/or the Children's Defense Fund. I understand that this information may be used for program quality, academic research, and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____
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POLICIES AND PROCEDURES

The administration and the staff take the rules and guidelines seriously and I the undersigned parent/guardian acknowledge that I agree to cooperate with the policies stated in the Handbook and the Guidelines.

Daily Check In / Check Out: Parents/Guardians must use the computerized attendance system to check each child in and out each day. Each adult picking up or dropping off will be registered in our system with a fingerprint. If a sign-in sheet is necessary, the parent/guardian is asked to fill out the sheet appropriately. The time the child arrives and departs must be documented. Black or blue ink must be used. The signature or printing of the name must be legible. The use of pencil is not acceptable.

School Readiness Sign-in Sheets: \$15 per day will be added to the ledger for each day that the parent does not appropriately check in or out.

Permission for “Journey Walks”

I understand that periodically my child may participate in a “Journey Walk” to explore the Trinity Church campus. I give permission for my child to participate in these on-campus walks.

Written Policy for Recurring Behavior Problems and Accident / Injury reports

An incident report will be written for: **1) student behavior problems; 2) accidents or injury; 3) parent concerns.** At the time of pick-up, the parent must sign the incident report signifying that they have read and understand the contents of the report.

Our program will insure that age-appropriate, constructive disciplinary practices are used for your child. This care will allow the child time to look over his or her behavior. We will encourage children to choose alternatives to improper behavior. To insure a safe and successful program, discipline is a must. We welcome the ideas of parents, so feel free to share them with us.

1. Children will be corrected and asked to change their behavior.
2. Children will be re-directed from the situation.
3. Children will be placed in “Time Out.”
4. Parents will be contacted if behavior is not corrected.
5. Children will not be subjected to discipline which is severe, humiliating, or frightening.
6. Discipline will not be associated with food, rest, or toileting.
7. Spanking or any other form of physical punishment is prohibited.
8. We reserve the right to terminate students at any time.

TRANSPORTATION AGREEMENT

I hereby release, forever discharge and agree to hold harmless Trinity Church and Freedom Schools, its directors, employees and volunteers, from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the above named child that occur during any activities. Furthermore, I hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in these activities. The undersigned further agrees to hold harmless and indemnify the above mentioned Trinity Church Freedom Schools, its directors, employees, and volunteers, for any liability sustained by said organization(s) as the result of the negligent, willful or intentional acts of the below named child, including expenses incurred attendant thereto.

AUTHORIZATION FOR PHOTOGRAPHY / VIDEO

As the parent or guardian of the above named child, I hereby authorize and give consent to service providers and the staff of Trinity Church and The Children’s Trust as follows:

I hereby consent and authorize the staff of Trinity Church, The Children’s Defense Fund, or The Children’s Trust to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter “Recordings”) of me, my children, or my wards for educational, research, documentary and public relations purposes. Any such Recordings may reveal my identity through the image itself without any compensation to me, my children or my wards.

Any and all Recordings taken of me shall be the sole property of Trinity Church, CDF, or The Children’s Trust.

With regard to the use of any Recordings taken of me, my children or my wards, I hereby waive any and all present and future claims I may have against Trinity Church, The Children’s Trust, their staff, service providers, employees, agents, affiliates and Board members.

I, (Print Parent Name) _____ have received in writing the disciplinary practices used by this child care facility. I have read and understand the Policies and Procedures on this page.

Parent Signature

Date



PERMISSION FOR EMERGENCY MEDICAL TREATMENT

In case of an accident or serious illness, I request that the school notify me immediately. If the school is unable to reach me, I hereby authorize the school to call the physician indicated on the registration form and follow those instructions. If it is impossible to contact my child's physician, or if the situation requires immediate medical care, the school may make whatever emergency arrangements necessary. I guarantee payment of all charges incurred for medical treatment. All medical expenses for my child are my responsibility.

Child Name: _____							
DOES YOUR CHILD HAVE ANY MEDICAL CONDITIONS OR ALLERGIES? (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please check all that apply:							
ADD/ADHD	Asthma	Bee Sting	Diabetes	Hearing Loss	Heart Condition	Migraines	Severe Allergy/Anaphylaxis
Other		Describe					
Does your child need medication at SCHOOL? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, see below*) List medication(s) at school: _____							
Medication at home? <input type="checkbox"/> Yes <input type="checkbox"/> No List medication(s) at home: _____							
Physical Limitations? (Please check one) <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please describe: _____							
Please check the appropriate box if your child requires: <input type="checkbox"/> Glasses <input type="checkbox"/> Contacts							
Medical Insurance Information							
Insurer			Group #			ID #	
Physician			Address			Phone	
Dentist			Address			Phone	
Hospital(s) Preferred							

*The parent/guardian is responsible for keeping Trinity Church Freedom Schools and Trinity Christian Academy informed of updates or changes to the student's emergency and health information.

*It is the policy of Trinity Church Freedom Schools and Trinity Christian Academy NOT to administer medication.

*I give my permission for my child to take part in all school activities including sports and school-sponsored trips away from the school premises. If it should become necessary for my child to receive medical treatment for any reason during any of these activities, I authorize school personnel to make arrangements for my child to receive medical care, including transportation. I understand that my medical insurance acts in a primary position and I agree to bear all costs incurred. I hereby release Trinity Church and its staff from any liability related to personal damage or injury. Furthermore, I take full responsibility for my child's actions and will pay for any damages caused by my child.

I hereby certify that all the above information is true and correct to the best of my knowledge.

Parent/Guardian Signature

Print Name

Date

FINANCIAL RESPONSIBILITY

How to Pay Your Bill: We use Tuition Express for our billing. Please complete the TE form. We accept payments by all major credit cards, automatic debit from your bank account or money orders. We do NOT accept personal checks or cash.

An Online payment option is available. Ask the Office for your personal log-in information.

Tuition is due Friday, the week BEFORE attendance.

Initial

No tuition refunds or credit will be given for days your child is absent.

If your child is sick; you are still responsible for the tuition.

Initial

At 4:15 PM, all Freedom Schools® children will be transferred into Aftercare. It is your responsibility to clock your child out of the attendance system using the

Check Out program on one of the computers available.

Any child not clocked out by 4:15 PM will be charged an Aftercare fee for that day.

Initial

A \$1.00 per minute late fee will be charged for picking up your child later than 6:00 P.M. These fees will be added to your account and payment is expected immediately. Please be advised that Trinity Church is required to report to the Department of Children & Families repeated tardy pick-ups.

10% Sibling Discount (in the same family; living in the same household)

Age / Grade	Weekly Tuition	
Preschool (2-4 years)	7am – 6pm	\$150
Freedom Schools®, Going into Kindergarten <small>(Age 5 by September 1, 2018)</small>	7:30am – 4pm	\$85
Freedom Schools® Going into 1 st – 8 th <small>(Age 6 by September 1, 2018)</small>	7:30am – 4pm	\$65
Freedom School Aftercare	4pm – 6pm	\$5 per day

IF YOU ARE GOING TO BE LATE PICKING UP YOUR CHILD/CHILDREN, PLEASE CALL THE OFFICE AT:
786-888-5433

The late fees will still apply; however, we will be able to assure your child that you are on your way.

Withdrawal Procedures: A parent wishing to withdraw a student must complete a Withdrawal Notice Form which is available at the School Office. All student accounts must be paid in full, before withdrawal. Non-payment of an outstanding bill will be turned over to collections and reported to your funding agency that reserves the right to terminate your voucher.

If your child is absent for 5 days, their slot will not be held unless paid for in advance. A re-enrollment fee may be required. Weekly payment is due even if the child is out sick.

I the undersigned parent/guardian agree to comply with the financial policies. I *understand and agree to pay* for all tuition fees and services. Additionally, I understand that the registration fees are **NON-refundable**.

Parent Name (Please Print): _____

Parent Signature: _____ Date: _____

17801 NW 2nd Ave., Miami, FL 33169
DCF Childcare License #C11MD1596
School Office: 786-888-LIFE Church Office: 786-888-HOPE



Children's Defense Fund Freedom Schools® Program Parent/Guardian Commitment Form

Roles, Responsibilities and Commitments for Parents, Guardians and Families

I, _____, understand that the *Children's Defense Fund Freedom Schools*® program sponsored by Trinity Church uses models, curriculum, and training provided by the Children's Defense Fund (CDF). CDF seeks to ensure every child a **Healthy Start**, a **Head Start**, a **Fair Start**, a **Safe Start**, and a **Moral Start** in life and successful passage to adulthood with the help of caring families and communities. I understand that a key goal of the *CDF Freedom Schools*® program is to involve parents in the life of the program as active participants in the learning experiences of their children.

Because children **do what we do and not what we say**, I understand that all adults, including parents, guardians, and adult family members of children enrolled in the *CDF Freedom Schools*® program, are expected to be positive role models, to communicate the importance of academic achievement, and to contribute to the creation of a caring and nurturing learning environment in which every child is valued and seen as capable of achieving.

I agree that during the time my child(ren) is enrolled in the *CDF Freedom Schools*® program, I will:

- Volunteer in the school at least once a week;
- Participate in weekly parent workshops;
- Do my part to help make the CDF Freedom Schools® program a caring and nurturing learning environment; and
- Ensure that my child(ren) is/are in attendance on a daily basis.

Signature of Parent

Date

Signature of Site Coordinator

Date