



*Early Childhood Program*



A Ministry of  
 Cedar Bayou Grace Methodist Church  
 3700 N Hwy 146 Baytown, TX 77520  
 Church # 281-427-4754  
 \*Day School Direct # 281-422-3449  
 Email: [dayschool@cedarbayougrace.org](mailto:dayschool@cedarbayougrace.org)  
[www.cedarbayougrace.org/dayschool](http://www.cedarbayougrace.org/dayschool)

## PRESCHOOL REGISTRATION PACKET 2024-2025

Welcome to Day School for Little People!  
 Children can start Day School the following week after the paperwork is complete.  
 Please carefully read through the packet and fill out all forms.  
**All children must be 12 months or older by 9/1/2024 to enroll.**

Before submitting your completed packet – check to ensure you have all the proper documents and fees:

	*Registration Fee \$125 ( <b>*Registration Fee increases to \$150 after March 7, 2024</b> ) <b>**Non-Refundable</b> *Advanced May 2025 Fee \$425 (Due by June 12, 2025)
	Completed Registration Packet
	Birth Certificate <b>*For new students only</b>
	Completed and signed Health Information Forms
	Current Immunization Record <b>*Must be signed by pediatrician or rubber stamped by office</b>
	*May 2025 Advanced Tuition (due by June 12, 2024) <b>**Non-Refundable after July 10, 2024.</b>
	*Allergy Action Plan (completed and signed by doctor), <b>*If applicable</b> <b>(Not included in packet, Allergy Action Plan forms can be picked up in Day School Office or printed from website.)</b>

**INCOMPLETE RECORDS WILL NOT BE ACCEPTED.**  
 Please make all checks payable to “Cedar Bayou Grace,” with “DS” in memo line.



## A LOOK AT DAY SCHOOL FOR LITTLE PEOPLE

Day School for Little People was established in 1971 and is a non-profit organization operated by the Day School Board of Directors. The Board of Directors has final authority over all aspects of the program, unless a decision directly affects Cedar Bayou Grace United Methodist Church. Day School is a ministry of CBGUMC, and as such, spiritual growth is a key component of the goals for all children and staff. Christian beliefs will be expressed to the children, as well as the importance of faith and trust in God. Chapel will be held weekly, and education in the classrooms will include prayer recital before meals, Bible verses, and Christian songs.

Day School is licensed by Texas Health and Human Services (formerly Dept. of Family Protective Services), and follows the Minimum Standard Rules developed by THHS. Day School ensures the program is operated according to these high standards with the use of annual inspections, continually updated record keeping, and monitored safety practices.

### **Mission:**

Our mission is to provide a high-quality early education in a Christian based environment that enhances child's self-esteem and encourages a life-long love for learning. We believe by providing this environment we can stimulate growth and development in early childhood while opening the hearts and minds of our children and their families.

The ultimate goal of Day School early childhood education is to ensure that our children not only learn their ABC's and 123's but also the three basic truths of their young faith... God made me, God loves me, and Jesus is my friend forever.

Day School promotes physical, social, emotional, cognitive and spiritual development of every young child.

**KEEP THIS PAGE FOR YOUR RECORDS**



## 2024-2025 REGISTRATION PROCEDURES

**PLEASE READ COMPLETELY AND CAREFULLY!**

### Registration Packet Includes:

- Registration Procedures
- Application for Enrollment
- Programs and Rates Information
- Health Information Forms

### Registration Instructions:

1. Complete all blanks (or write n/a) on the Application for Enrollment.
2. Complete, sign, and have your physician sign the Health Information Form.
3. If you have two or more children, *each child needs his/her own form*. You can place all the registration forms together and return in ONE envelope.
4. Registration packets not completely filled out or without payment will be returned to finish and may risk losing his or her spot in the program.
5. *Registration packets will be processed in the order they are received.*
6. *Return your registration with payment.*
7. In order to hold your child's place in our program, the Health Information Forms are due by Wed. June 12, 2024.
8. **In order to hold your child's place in our program, the Advanced May 2025 Tuition will be due by June 12, 2024. The Advanced May 2025 Tuition is non-refundable after July 10, 2024. Day School for Little People requires written notification if you wish to cancel your child's enrollment.**
9. All forms must be signed by the legal guardian.
10. Incomplete forms and forms without registration fee will not be accepted.

**Registration is open to all children regardless of race, ethnic origin, or religious preference.**

**KEEP THIS PAGE FOR YOUR RECORDS**



## 2024-2025 PROGRAMS AND RATES

### Preschool Registration \$125 (\$150 after March 7, 2024)

Age Group	Child Teacher Ratio	Schedule	Monthly Tuition
1 year by 9/1/24	5:1 (8 per class) 1 class will be offered	M-Th 9-2	\$425
2 years by 9/1/24	Class 2A - 4.5:1 (9 per class) Class 2B - 6:1 (12 per class) 2 classes will be offered	M-Th 9-2	\$425
3 years by 9/1/24 <i>*must be fully potty trained</i>	7.5:1 (15 per class) 2 classes will be offered	M-Th 9-2	\$425
4 years by 9/1/24 <i>*must be fully potty trained</i>	9:1 (18 per class) 2 classes of 4s will be offered	M-Th 9-2	\$425

**THERE IS A \$25 SIBLING DISCOUNT ON ANNUAL REGISTRATION FEE, FOR THE 2<sup>ND</sup> AND SUBSEQUENT SIBLING(S).**

**KEEP THIS PAGE FOR YOUR RECORDS**



Office only: Registration # \_\_\_\_\_

<b>Office Use Only</b>	
Date of Registration _____	Reg. Amt. \$ _____
Date of Admission _____	Reg. Check/CR/MO/TE# _____
Date of Withdrawal _____	Adv. May Tuition (date pd): _____
	Adv. May Check/CR/MO/TE# _____

**2024-2025 APPLICATION FOR ENROLLMENT  
PLEASE COMPLETE ALL INFORMATION**

Child's Name \_\_\_\_\_  
Last Name First Name Middle Name Name used at School

Child's Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age as of 9/1/24 \_\_\_\_ Gender \_\_\_\_ Home Phone \_\_\_\_\_

Child Shirt Size – Please circle one YXS YS YM YL YXL (Chapel T-shirts are sold separately.)

Child's Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child Lives with: \_\_\_\_ Both Parent/Guardians \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Other(\_\_\_\_\_)

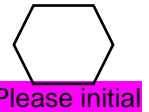
**Parents Listed on Birth Certificate:**

Mother's Name _____	Father's Name _____
Address _____	Address _____
Work# _____ Cell# _____	Work# _____ Cell# _____
Email _____	Email _____

**Guardians in the house, if different than above:**

Name _____	Name _____
Relationship _____	Relationship _____
Address _____	Address _____
Work# _____ Cell# _____	Work# _____ Cell# _____
Email _____	Email _____

Does law prevent us from releasing this child to either birth Parent/Guardian? ( ) YES ( ) NO  
\*If yes, we **MUST** have a certified copy of the court order in our files.



Siblings and Ages: \_\_\_\_\_

How did you hear about our program? \_\_\_\_\_

Are you a current Day School student?	( ) YES	( ) NO
Are you a member of CBG?	( ) YES	( ) NO
If not, are you a frequent visitor of CBG?	( ) YES	( ) NO
Do you currently have a home church?	( ) YES	( ) NO Where: _____
Has your child ever been evaluated for speech, physical, cognitive, or emotional delays?	( ) YES	( ) NO *If yes, please attach explanatory note.
Does your child have <i>identified</i> special needs?*	( ) YES	( ) NO *If yes, please attach explanatory note.

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



Student Name: \_\_\_\_\_  
Enrollment Year 2024-2025

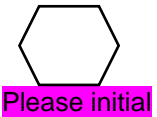
## EMERGENCY CONTACTS AND AUTHORIZED PERSONS FOR PICK UP

List emergency contacts in priority order that also have the authority to pick up your child. This is **extremely important** if you cannot be reached in case of emergency.

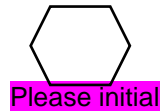
- Relationship to Child \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_
- Relationship to Child \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_
- Relationship to Child \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_
- Relationship to Child \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_
- Relationship to Child \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_
- Relationship to Child \_\_\_\_\_ Phone# \_\_\_\_\_  
Address: \_\_\_\_\_

**If you need to add additional emergency contacts and authorized persons for pick-up, please let the office know. All contacts must have both a phone number and complete address.**

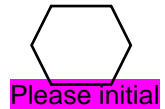
Unfamiliar person(s) authorized to pick up your child will be required to provide a valid Driver's License or other picture ID before child is released to them. **The child will not be allowed to leave with any other person without written authorization from the responsible Parent/Guardian or guardian.**



**ALL CHANGES MADE TO AUTHORIZED PICKUPS MUST BE DONE IN PERSON AND IN WRITING BEFORE THE CHILD IS PICKED UP.**



**NO CHANGES WILL BE MADE VIA EMAIL, TEXT, OR PHONE CALL— NO EXCEPTIONS.**



**For the health and safety of your child, please keep all information current at all times.**

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_



Student Name: \_\_\_\_\_  
Enrollment Year 2024-2025

### EMERGENCY HEALTH INFORMATION

In case of a medical emergency while my child is attending Day School for Little People, I understand that the following procedure will be followed:

1. The program will contact person(s) at the telephone numbers listed on the registration form.
2. If neither Parent/Guardian is available in an emergency, the program will contact the emergency contacts listed below.
3. The program will provide first aid and take appropriate measures including contacting Emergency Medical Services.
4. The program will arrange for emergency transportation to the preferred emergency hospital listed below (or the nearest emergency medical facility, if necessary). When necessary, my child will be transported by an ambulance or other such emergency vehicle. In this case, the Director, Assistant Director, or Director of Children’s Ministries will accompany the child in the emergency vehicle and meet the parent(s) at the emergency medical facility.
5. The program may contact my child’s physician at the telephone number given below.

**If a medical emergency arises and a Parent/Guardian or persons designated above cannot be reached, I hereby authorize the Day School for Little People to authorize permission for emergency medical treatment from my child’s physician, emergency medical services, and/or local hospital to follow the above procedure.**

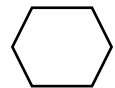
Child’s Physician \_\_\_\_\_ Phone \_\_\_\_\_

Physician’s Address \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_

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

Medical Insurance Provider \_\_\_\_\_ Policy# \_\_\_\_\_



Please initial

List any special problems your child may have:

\* **Diagnosed** Allergies:

\_\_\_ Egg \_\_\_ Milk \_\_\_ Peanut \_\_\_ Tree Nuts \_\_\_ Wheat \_\_\_ None known

\_\_\_ Other ( \_\_\_\_\_ )

**If your child has a diagnosed food allergy, please stop by the office to complete a Food Allergy Action Plan.**

Any existing illness? ( ) YES ( ) NO \*If yes, explain \_\_\_\_\_

Any injuries or hospitalizations in the past 12 months? ( ) YES ( ) NO \*If yes, explain \_\_\_\_\_

Any medications prescribed for long-term use? ( ) YES ( ) NO \*If yes, please list and describe any side effects we need to be alerted to: \_\_\_\_\_

Any other information which caregivers should be aware of? (Use the back if necessary.)

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

HIPPA PRIVACY POLICY ACKNOWLEDGMENT: I hereby ( ) give ( ) do not give my consent to disclose my child’s health information as necessary to maintain the health and safety of the program.

**Parent/Guardian Signature:** \_\_\_\_\_ **Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



Student Name: \_\_\_\_\_  
Enrollment Year 2024-2025

## FINANCIAL AGREEMENT

Classes will be held Monday through Thursday 9AM – 2PM.

Preschool Registration Fee \$125/year (\$150 after March 7, 2024)  
Preschool Tuition \$425/month (Due on the 1<sup>st</sup> of each month)

The **Advanced May 2025 Tuition payment** must be paid by June 12, 2024, to hold your child's place.

My signature below indicates I understand that:

1. **The registration fee is non-refundable under any circumstance.**
2. **The Advanced May 2025 Tuition payment must be made by June 12, 2024 in order to maintain my child's enrollment. This payment is non-refundable after July 10, 2024.**
3. Tuition is due on the 1<sup>st</sup> of each month. **There will be a \$25 late fee charged on payments received after the 5<sup>th</sup> of each month. Tuition not paid by the following month will result in your child not being allowed to attend until the past month and current month is paid in full.**
4. Day School uses Tuition Express for automated/online payment processing. Please complete the Tuition Express Payment Processing form (attached) and choose automatic processing or pay online.
5. **Returned payments will be charged an additional \$25 re-processing fee – regardless of the reason for why the payment did not process. It is the responsibility of the payers to update account information in a timely manner.**
6. *The Parent/Guardian is responsible for paying tuition for the entire month regardless of days missed due to illness, vacations, natural disasters resulting in school closures, or other unforeseen circumstances resulting in school closures.*
7. Failure to pay tuition can result in termination from the program.
8. I agree to give two (2) full weeks' written notice at the time of withdrawal.

**Parent/Guardian's Signature** \_\_\_\_\_ Date: \_\_\_\_\_





Student Name: \_\_\_\_\_  
Enrollment Year 2024-2025

## PHOTOGRAPH/VIDEO RELEASE FORM

I acknowledge that Day School for Little People ("Day School") may take photographs and videos of its students on different occasions such as birthdays and holidays for the sole purpose of capturing memories of these events for the benefit of the students and their families.

In addition, Cedar Bayou Grace Methodist ("CBG") church often uses pictures/videos to tell our story and promote our church.

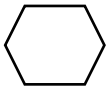
I, the undersigned, do hereby grant or deny permission to Day School and CBG to use the image of my child, \_\_\_\_\_, as marked by my selection below. Such use includes, but is not limited to: display, distribution, publication, transmission, or otherwise use of photographs, images, and videos taken of my child for use in the materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Cedar Bayou Grace website and social networking sites such as Facebook.

**Please INITIAL OR CHECK only one:**

**Unrestricted Usage:** I give unrestricted permission for my child's image to be used in print, video and digital media. I agree that these images may be used by CBG for a variety of purposes and that these images may be used without prior notification. I understand by agreeing to unrestricted usage I waive consideration. I do understand that the child's last name will not be used in conjunction with any video or digital images

**Restricted Usage:** I allow my child's picture to be used ONLY within my child's classroom for art projects, displays, student of the week, and other classroom only images.

**Deny:** I deny permission to use my child's image at all. **I UNDERSTAND AT EVENTS SUCH AS (BUT NOT LIMITED TO) GRADUATION, PARTIES, CHAPEL, FUNDRAISERS, THAT OTHER FAMILIES AND MEDIA OUTLETS WILL LIKELY BE TAKING PHOTOGRAPHS AND VIDEO IMAGES. IF I WISH FOR MY CHILDREN NOT TO BE IN THESE PICTURES, I WILL BE RESPONSIBLE FOR THE NECESSARY PRECAUTIONS.**



Please initial

*I HAVE RECEIVED THE POLICY, READ THE POLICY, UNDERSTAND THE POLICY, BEEN GIVEN THE CHANCE TO ASK QUESTIONS, AND AGREE TO FOLLOW IT. I UNDERSTAND THAT THIS RELEASE STAYS IN EFFECT UNTIL RESCINDED.*

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



Student Name: \_\_\_\_\_  
Enrollment Year 2024-2025

## DISCIPLINE AND GUIDANCE POLICY

### Discipline must be:

1. Individualized and consistent for each child.
2. Appropriate to the child's level of understanding.
3. Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior.
2. Reminding a child of behavior expectations daily by using clear, positive statements.
3. Redirecting behavior using positive statements.
4. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are **prohibited**.

1. Corporal punishment or threats of corporal punishment.
2. Punishment associated with food, naps, or toilet training.
3. Pinching, shaking, or biting a child.
4. Hitting a child with a hand or instrument.
5. Putting anything in or on a child's mouth.
6. Humiliating, ridiculing, rejecting, or yelling at a child.
7. Subjecting a child to harsh, abusive, or profane language.
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed.
9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

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



Student Name: \_\_\_\_\_  
Enrollment Year 2024-2025

## SUSPENSION/EXPULSION POLICY

Unfortunately, there are sometimes reasons we have to expel a child from our program either on a short term or permanent basis. We want you to know that we will do everything possible to work with the family of the child(ren) in order to prevent this policy from being enforced. The following are reasons we may have to expel or suspend a child from this center:

### IMMEDIATE CAUSES FOR EXPULSION

- The child is at risk of causing serious injury to other children or him/herself.
- Parent/Guardian threatens physical or intimidating actions towards staff members.
- Parent/Guardians exhibits verbal abuse to staff in front of enrolled children.

### PARENT/GUARDIAN ACTIONS FOR CHILD'S EXPULSION

- Failure to pay/habitual lateness in payments.
- Failure to complete required forms including the child's immunization records.
- Habitual tardiness when picking up your child.
- Verbal abuse to staff.

### CHILD'S ACTIONS FOR EXPULSION

- Failure of child to adjust after a reasonable amount of time.
- Uncontrollable tantrums/angry outbursts.
- Ongoing physical or verbal abuse to staff or other children.
- Excessive biting.

### PROACTIVE ACTIONS TO PREVENT EXPULSION

- Staff will try to redirect child from negative behavior.
- Staff will reassess the classroom environment, appropriateness of activities, supervision.
- Staff will always use positive methods and language while disciplining children.
- Staff will praise appropriate behaviors.
- Staff will consistently apply consequences for rules.
- Child will be given verbal warnings.
- Child's disruptive behavior will be documented and maintained in confidentiality.
- Parent/Guardian will be notified verbally.
- Parent/Guardian will be given written copies of the disruptive behaviors that might lead to expulsion.
- Staff/Director/Parent/Guardian meeting to discuss how to promote positive behaviors.
- The Parent/Guardian will be given literature or other resources regarding methods of improving behavior.
- Recommendations of evaluation by local school district.

Prior to expulsion, a Parent/Guardian will be called and/or correspondence will be sent home indicating what the problem is, and Teachers, Director, and Parent/Guardian will meet in person to discuss the situation. At this conference, the issues will be identified, and classroom observations and interventions made by both Teachers and the Director, will be shared with the Parent/Guardian. Parent/Guardian will be asked for helpful information and suggestions for the Teachers regarding the issue. Teachers, Director, and Parent/Guardian will agree to a course of action to prevent, or positively address future issues in writing. All will sign this plan, and Teachers and Parents will receive a copy. Teachers, Director, and Parent/Guardian will make every effort to partner and work together for the benefit and success of the child. If, after an appropriate period of time agreed upon by all parties and depending on the risk to other children's welfare or safety, the child's behavior does not improve, and the center finds that they can no longer accommodate the child, the Parent/Guardian will be asked to remove the child. In this event, the current monthly tuition will be non-refundable.

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



Student Name: \_\_\_\_\_  
Enrollment Year 2024-2025

### TUITION EXPRESS PAYMENT PROCESSING

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR *BANK ACCOUNT AND/OR CREDIT CARD*  
I (we) hereby authorize Day School to:

- initiate credit card/debit charges to the below referenced credit card or bank account (**Section A**)
- OR
- initiate Personal Tuition Express Online Account (**Section B**)

To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Please contact your Credit Union and Bank to verify account and routing numbers for automatic payments. Day School accepts Visa, MC, Discover (not American Express). It is the responsibility of the payer to update the school for account changes to avoid a \$25 re-processing fee. Returned payments will be charged a \$25 return payment fee regardless of the reason.

#### Section A

Choose:  Automatic Draft from your Credit Card **OR**  Automatic Draft from Bank Account

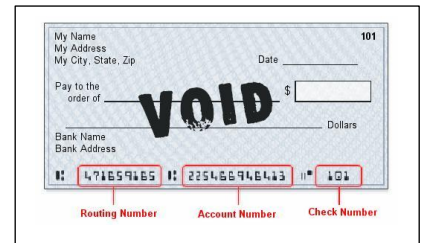
Cardholder/Account Name	Phone #		
Personal Address	City	State	Zip
Credit Card Number	Expiration Date	CVV	
Bank or Credit Union Name			

#### OR

Bank or Credit Union Address	City	State	Zip
Routing# _____	Account# _____		
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings		

**Cardholder/Account Signature** \_\_\_\_\_

Date \_\_\_\_\_



#### Section B

Choose:  Personal Tuition Express Online Payment

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
**Signature**

**Attach Voided Check Here**



Student Name: \_\_\_\_\_  
 Enrollment Year 2024-2025

## HEALTH INFORMATION FORM

**(ALSO PLEASE ATTACH CURRENT IMMUNIZATION RECORD)**

**DUE BY WEDNESDAY JUNE 12, 2024**

Texas Dept of Family and Protective Services

Form 2935

**SCHOOL AGE CHILDREN:**  
 My child attends the following school:  
 Day School for Little People 3700 N. HWY 146 Baytown, TX 77520 281-422-3449  
Name of School and Address School Ph.#

**CHECK ALL THAT APPLY:**

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:  be released to the care of his/her sibling(s) under 18 years old.

**IMMUNIZATION RECORD:**

I have provided the childcare operation with a copy of my child's most current immunization record, SIGNED/INITIALED BY PHYSICIAN OR RUBBER STAMPED BY DOCTOR'S OFFICE.

**ADMISSION REQUIREMENT:** If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.  
 Please check only one option:

1.  **HEALTH-CARE PROFESSIONAL'S STATEMENT:** I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

\_\_\_\_\_ **Health Care Professional's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

2.  A signed and dated copy of a health care professional's statement is attached.

3.  Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4.  My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

**Name and address of health care professional:**

\_\_\_\_\_

\_\_\_\_\_ **Signature - Parent/Guardian or Legal Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

<b>VISION</b>	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz
R			
L			
			<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
SIGNATURE _____		DATE _____	

**\*Hearing and Vision is required for all four year old students. We will have testing at our school in the fall semester. If your child has already been tested, please have your physician fill out the box above completely.**

\_\_\_\_\_ **Signature – Parent/Guardian or Legal Guardian.** \_\_\_\_\_ **Date** \_\_\_\_\_