

# YMCA of the Northwoods

## School Age Program Questionnaire

### Section 1: Child Information

First Name	Middle Name	Last Name

**Child's Gender** (circle one)    Male    Female    Unspecified

**Child's Ethnicity** (circle one)    African American/Black    Alaskan Native    Asian/Pacific Islander    Caucasian/White  
Hispanic    Native American    Other    Unspecified

**Child's Date of Birth**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Child's Street Address	City	State	Zip *

**Child Lives With:** \_\_\_\_\_

If 'Other' was selected for 'Child lives with', please describe \_\_\_\_\_

**Grade for the current school year** (circle one)    Kindergarten    1st Grade    2nd Grade    3rd Grade    4th Grade  
5th Grade    6th Grade    7th Grade    8th Grade    Other: \_\_\_\_\_

**School child is attending** \_\_\_\_\_

Estimated drop-off time: \_\_\_\_\_ Estimated pick-up time: \_\_\_\_\_

### Section 2: Parent or Legal Guardian Information

**Parent #1 Name**

Title	First Name	Last Name	Suffix

**Parent #1 Date of Birth**    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent #1 Ethnicity (circle one)    African American/Black    Alaskan Native    Asian/Pacific Islander    Caucasian/White  
Hispanic    Native American    Other    Unspecified

**Parent #1 Total Household Income** \_\_\_\_\_

This should be the total income for your entire household.

**Parent #1 Relationship to Child** (circle one)    Mother    Father    Grandparent    Guardian    Other

Parent #1 Address	City	State	Zip

**Parent #1 Email** \_\_\_\_\_

This is our main way to communicate with parents.

**Parent #1 Primary Phone Number** \_\_\_\_\_

**Parent #1 Primary Phone is:** (circle one) Home Phone Cell Phone Work Phone

**Parent #1 Secondary Phone Number** \_\_\_\_\_

**Parent #1 Secondary Phone is:** (circle one) Home Phone Cell Phone Work Phone

**Parent #1 Place of Employment or Where Reachable While Child is in Care?** \_\_\_\_\_

**Parent #1 Preferred Communication Method** (circle one)

What is your preferred method of communication in regards to upcoming events, newsletters, and registrations?

Email Phone In person Other \_\_\_\_\_

**Parent #2 Name**

Title	First Name	Last Name	Suffix

**Parent #2 Date of Birth** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Parent #2 Ethnicity** (circle one) African American/Black Alaskan Native Asian/Pacific Islander Caucasian/White  
Hispanic Native American Other Unspecified

**Parent #2 Total Household Income (if in a different household than Parent #1)** \_\_\_\_\_

This should be the total income for our entire household.

**Parent #2 Relationship to Child** (circle one) Mother Father Grandparent Guardian Other

Parent #2 Address	City	State	Zip

**Parent #2 Email** \_\_\_\_\_

**Parent #2 Primary Phone Number** \_\_\_\_\_

**Parent #2 Primary Phone is:** (circle one) Home Phone Cell Phone Work Phone

**Parent #2 Secondary Phone Number** \_\_\_\_\_

**Parent #2 Secondary Phone is:** (circle one) Home Phone Cell Phone Work Phone

**Parent #2 Place of Employment or Where Reachable While Child is in Care?** \_\_\_\_\_

**Parent #2 Preferred Communication Method** (circle one)

What is your preferred method of communication in regards to upcoming events, newsletters, and registrations?

Email Phone None Other \_\_\_\_\_

Which parent should staff contact first, during the day while their child is in care? \_\_\_\_\_

**Section 3: Acknowledgement & Permissions** Parent #1 (listed above) Policies are available upon request

**Responsibility Statement** (circle one)

I understand that the YMCA's responsibility for the child begins after s/he has entered and has been signed into the program. I understand that the YMCA's responsibility for the child ends when s/he is transferred to another program or has been signed out.

Yes No

**Image Authorization:** (circle one)

I authorize the YMCA to use any photographs or videos taken of my child for promotional purposes, including web pages, cover issues, brochures or flyers that promote information about the YMCA programs.

Yes, you have my approval No, you do not have my approval

**Sunscreen can be applied by:** (circle one)

Please indicate if you authorize the application of non-prescription over-the-counter (OTC) sunscreen to your child by the child care center, by the child, or by both.

Center Child By Both Not Authorized

Sunscreen brand name & SPF I will provide for the child care center to administer. \_\_\_\_\_

If you will not provide sunscreen for your child, enter 'none'. Please list a specific product name such as Banana Boat, Coppertone, etc...may instead write 'any'.

**Insect repellent can be applied by:** (circle one)

Please indicate if you authorize the application of insect repellent to your child by the center, by the child, or by both.

Center Child By Both Not Authorized

Insect repellent I will provide to the center to administer: \_\_\_\_\_

If you will not provide repellent for your child, enter 'none'. Please list a specific product name such as OFF, etc...may instead write 'any'.

**Sunscreen & insect repellent** (circle one)

I understand that I am responsible for supplying the child with sunscreen and insect repellent. The YMCA staff will only apply what I provide. I am responsible for supplying more sunscreen and insect repellent when the child runs out.

Yes No

**Pets:** (circle one)

I have been informed of the number of pets in the center and their degree of contact with the enrolled children. Note: if pets are added after a child is enrolled, parents shall be notified in writing prior to the pet's addition to the center.

Yes No

I give permission for my child to participate in the following activities during operating hours: (circle all that apply)

If there is a scheduled field trip on the day of care and you select 'None' below, then your child will not be able to attend care on this specific day. We cannot leave any child behind on field trip days.

Transported field trips   Walking field trips   Other activities   None

## Section 4: Emergency Contacts

The following individuals are authorized to aid my child in emergency situations when parent or legal guardians cannot be contacted.

**Emergency Contact #1 Name** (Emergency contact cannot be a parent.)

First Name	Last Name

**Emergency Contact #1 Relationship to Child** \_\_\_\_\_

**Emergency Contact #1 Primary Phone Number** \_\_\_\_\_

**Emergency Contact #1 Secondary Phone Number** \_\_\_\_\_

**Emergency Contact #1 Address, City, State, Zip** \_\_\_\_\_

Please include full address including state and zip code.

**Emergency Contact #1 Authorized to Pick Up Child?** (Circle one)   Yes   No

**Emergency Contact #1 Place of Employment or Where Reachable While Child is in Care** \_\_\_\_\_

**Emergency Contact #2 Name** (Emergency contact cannot be a parent.)

First Name	Last Name

**Emergency Contact #2 Relationship to Child** \_\_\_\_\_

**Emergency Contact #2 Primary Phone Number** \_\_\_\_\_

**Emergency Contact #2 Secondary Phone Number** \_\_\_\_\_

**Emergency Contact #2 Address, City, State, Zip** \_\_\_\_\_

Please include full address including state and zip code.

**Emergency Contact #2 Authorized to Pick Up Child?** (Circle one)   Yes   No

**Emergency Contact #2 Place of Employment or Where Reachable While Child is in Care** \_\_\_\_\_

**Emergency Contact #3 Name** (Emergency contact cannot be a parent.)

First Name	Last Name

**Emergency Contact #3 Relationship to Child** \_\_\_\_\_

**Emergency Contact #3 Primary Phone Number** \_\_\_\_\_

**Emergency Contact #3 Secondary Phone Number** \_\_\_\_\_

**Emergency Contact #3 Address, City, State, Zip** \_\_\_\_\_

Please include full address including state and zip code.

**Emergency Contact #3 Authorized to Pick Up Child?** (Circle one) Yes No

**Emergency Contact #3 Place of Employment or Where Reachable While Child is in Care** \_\_\_\_\_

## Section 5: Physician or Medical Facility

Enter in Primary Physician and Medical Facility Information

### Emergency Medical Care

In emergencies requiring immediate medical attention, I authorize the child care provider to obtain emergency medical care including transporting my child to a hospital or other medical care facility. (Circle one) Yes No

Physician \_\_\_\_\_

Physician Phone Number \_\_\_\_\_

Physician Address, City, State, Zip \_\_\_\_\_

## Section 6: Health History and Emergency Care Plan

### Special Accommodations (Fall 2020)

\*In order to serve your child consistently and train our staff appropriately, would you be willing to share any documented accommodations, behavior or education plans needed for your child? If yes, we will reach out to you directly with an additional waiver request to confirm permissions. (Circle one)

My child does not need any special accommodations

Yes, I will share additional documentation

No, I will not share additional documentation

## Section 7: Immunizations

Enter Immunization information

I understand that if the child's immunization dates are not entered at the time of registration in the questions below, a spot may not be held for the child as the YMCA of the Northwoods will no longer accept paper copies of the child's shot information. (Circle one)

Agree    Disagree

### Immunization

All children are required to receive immunization vaccines unless they have a state-approved exemption. If the child is exempt from state immunization please provide us with the applicable exemption form and check 'Exempt' below.

- Required
- Exempt

### Compliance

If the child does not meet all requirements check the appropriate box below. If the child has not received all required doses of vaccine for his or her age group, I understand that it is my responsibility to obtain the remaining required doses of vaccines for this child WITHIN ONE YEAR and to notify the child care center in writing as each dose is received.

- Although the child has not received all required doses of vaccine for his or her age group, at least the first dose of each vaccine has been received.
- For religious reasons the child should not be immunized.
- For personal conviction reasons the child should not be immunized.

### Varicella Vaccine \*

If the child is exempt from receiving the varicella vaccine because he/she has had the varicella (chicken pox) disease, please check 'Exempt' below.

- Required
- Exempt

For health reasons, the child should not receive the following immunizations \_\_\_\_\_

DTaP dose 1 (Diphtheria, Tetanus, Pertussis)

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into program if immunization records are not entered during registration.

DTaP dose 1 type \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Enter the type of Diphtheria-Tetanus-Pertussis for each dose. If none, write 'none'.

DTaP dose 2 (Diphtheria, Tetanus, Pertussis)

The date must be entered as MM/DD/YYYY. If child has not received the immunization, write 'none'. The child will not be accepted into program if immunization records are not entered during registration.

DTaP dose 2 type \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Enter the type of Diphtheria-Tetanus-Pertussis for each dose. If none, write 'none'.

DTaP dose 3 (Diphtheria, Tetanus, Pertussis)

The date must be entered as MM/DD/YYYY. If child has not received the immunization, write 'none'. The child will not be accepted into program if immunization records are not entered during registration.

DTaP dose 3 type \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Enter the type of Diphtheria-Tetanus-Pertussis for each dose. If none, write 'none'.

DTap dose 4 (Diphtheria, Tetanus, Pertussis)

The date must be entered as MM/DD/YYYY. If child has not received the immunization, write 'none'. The child will not be accepted into program if immunization records are not entered during registration.

DTaP dose 4 type \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Enter the type of Diphtheria-Tetanus-Pertussis for each dose. If none, write 'none'.

DtaP dose 5 (Diphtheria, Tetanus, Pertussis)

The date must be entered as MM/DD/YYYY. If child has not received the immunization, write 'none'. The child will not be accepted into program if immunization records are not entered during registration.

DTap dose 5 type \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Enter the type of Diphtheria-Tetanus-Pertussis for each dose. If none, write 'none'.

IPV dose 1 (Polio) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

IPV dose 2 (Polio) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

IPV dose 3 (Polio) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

IPV dose 4 (Polio) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

HIB dose 1 (H. Influenza) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

HIB dose 2 (H. Influenza) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

HIB dose 3 (H. Influenza) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

HIB dose 4 (H. Influenza) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

PCV dose 1 (Pneumococcal) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

PCV dose 2 (Pneumococcal) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

PCV dose 3 (Pneumococcal) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

PCV dose 4 (Pneumococcal) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

Hepatitis B dose 1 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

Hepatitis B dose 2 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

Hepatitis B dose 3 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

MMR dose 1 (Measles, Mumps, Rubella) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

MMR dose 2 (Measles, Mumps, Rubella) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

Chicken Pox dose 1 (Varicella) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

Chicken Pox dose 2 (Varicella) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The date must be entered as MM/DD/YYYY. If the child has not received the immunization, write 'none'. The child will not be accepted into the program if immunization records are not entered during registration.

## Section 8: Conditions

Select 'Agree' below indicating your agreement with each condition



### **School Breaks Enrollment**

All enrollment for scheduled School Breaks will be offered on a separate in paper form, given within the first week of attendance.

- Agree
- Disagree

### **County Child Care Assistance (Condition)**

Parents participating in the WI Child Care EBT Program must have enrolled in the program and been issued an EBT card before the child can attend. Participants agree to release EBT funds between the 1st and the 5th day of the month for the entire month of fees to the YMCA. If EBT funds are not released by the 5th day of the month, the changes become the responsibility of the guardian and all current and past due fees will be processed on the next Monday.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)
- Not Applicable

### **Nonpayment of Fees (Condition)**

Nonpayment of fees incurred will result in the termination of care for the child.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

### **Returned Payments (Condition)**

All child care fees are automated and a checking account or debit card/credit card is required to be listed on your account as a payment method. Returned payments will be assessed a \$30 service fee. The YMCA reserves the right to make additional attempts to process payments for all returned payments.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

### **Late Pick-up (Condition)**

If you are late (after 5:30pm) picking up your child, you will be charged a fee of \$1.00 per minute per child. This fee will be added directly to your bill.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

### **Deductions of Fees for Care (Condition)**

Fees will be deducted on the Monday of the week your child is attending. All fees will be deducted automatically out of a debit card/credit card or checking account. Payments are based on enrollment contract.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

### **Release from Liability**

I understand that all reasonable safety precautions are taken by the YMCA in the operation of facility, equipment & programs. I agree that the child's participation in the YMCA programs shall be undertaken at his/her sole risk & the YMCA, directors, employees, & volunteers shall not be liable for any claims, injuries, damages, losses,

diseases, wrongful death, actions or causes of action whatsoever, to the child or his/her own property, arising out of or connected to participate in any program.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

**Payment Method (Condition)**

In the event the provided billing method is not saved on your account before fees are due, or if payment is declined using the provided billing method, the YMCA of the Northwoods reserves the right to use any other payment method that is saved on your account.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

**Duplicate Accounts (Condition)**

If you create a duplicate account, these accounts will be merged and any outstanding balances will need to be paid or a payment plan will need to be agreed upon before attending the child care program. The YMCA may suspend any enrollment until outstanding balances are paid.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

**2020 Schedule Changes (Condition)**

A two week written notice is required to withdraw or change enrollment. There will be no exceptions and charges will be incurred. Parents are responsible for calling when the child will not be attending Camp.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

**Admission Policy (Condition)**

\*YMCA School Age Programs are open to children of all abilities. Parents have a duty to disclose significant medical, physical or behavioral needs at the time of enrollment. Due to the large group format of our Program, the Y is unable to provide one-on-one care. If your child has unique needs that require a more specific type of accommodation a meeting must be scheduled with the Director a minimum of 2 weeks prior to the child attending.

- Agree
- Disagree (I understand the child's acceptance in the program may be jeopardized)

**2020 Additional YMCA Youth Scheduling (Condition)**

\*I understand that I am responsible for notifying changes in my child's schedule and informing the staff of any extracurricular activities that may affect the child's schedule. There are additional fees for youth programming outside of Child Care.

- Yes
- Disagree (I understand the child's acceptance in the program may be jeopardized)

**Section 9: YoungStar School Age Enrollment Inventory**

The purpose of this inventory is to help the School Age Program become aware of the needs, interest, talents, abilities and skills of the child. This knowledge and insight is used to plan and adjust program activities, experiences, and environments.

**In regard to continued learning success:**

What goals do you have for the child during the school age program? \_\_\_\_\_

\_\_\_\_\_

How does the child play or interact with other children? \_\_\_\_\_

\_\_\_\_\_

How adaptable is your child to change? \_\_\_\_\_

\_\_\_\_\_

How do you describe the child's temperament? \_\_\_\_\_

\_\_\_\_\_

**In regard to person/social development:**

What goals do you have for your child during the school year program? \_\_\_\_\_

\_\_\_\_\_

**In regard to healthy active living:**

What goals do you have for your child during the school year program in regard to nutrition and physical activity? \_\_\_\_\_

\_\_\_\_\_

**Active Play, Sports, & Youth Fitness**

Active play options help children develop physically and help them learn to devise and follow rules. Please check the activities below in which the child likes to participate? (Circle all that apply)

Soccer    Basketball    Football    Baseball/Softball    Dance    Hockey    Gymnastics    None    Other

If 'Other' was selected for 'Active Play, Sports & Youth Fitness', please describe \_\_\_\_\_

\_\_\_\_\_

**Expressive Art**

Expressive art, storytelling, and music help develop imagination. Please check the activities below in which the child likes to participate? (Circle all that apply)

Music    Storytelling    Singing    Dancing to music    None    Other

If 'Other' was selected for 'Expressive Art', please describe \_\_\_\_\_

\_\_\_\_\_

**Crafts & Construction**

Crafts and construction play help children develop small motor coordination and develop a sense of competence as they learn new skills. Please check the activities below in which the child likes to participate? (Circle all that apply)

Painting    Drawing    Designing    Repairing    Building    Making Products    None    Other

If 'Other' was selected for 'Crafts & Construction', please describe \_\_\_\_\_

**What new skills or interest would the child like to develop?** \_\_\_\_\_

## Section 10: Financial Responsibility

Enter financial information

### Responsible for payment:

Split payment limited to two household accounts.

- Both parents or guardians - joint account
- Both parents or guardians - separate accounts/split payment households
- Parent #1 or guardian above - only
- Parent #2 or guardian above - only
- Other

If 'Other' or 'Separate Accounts' was selected for 'Responsible for Payment', please describe: \_\_\_\_\_

How/who should the payments be billed to including the specific percentages if necessary. IF SPLIT PAYMENT, OTHER PARENT MUST COMPLETE THE SECOND HOUSEHOLD PAYMENT QUESTIONNAIRE BEFORE THE PAYMENTS WILL BE SPLIT. If the questionnaire is not completed by the second household, I will assume financial responsibility for all child care fees.

**Account holder name** \_\_\_\_\_

**Account holder phone number (if not the same as provided in section 2)** \_\_\_\_\_

**Account holder email (if not provided in section 2)** \_\_\_\_\_

**Account holder Address, City, State, Zip (if not the same as provided in section 2)** \_\_\_\_\_

## Preferred Billing Method

Complete the YMCA or the Northwoods Automatic Bank Draft or Credit Card Draft Authorization Form included with this questionnaire.

Credit cards accepted: MasterCard, Visa, and Discover. Credit Cards NOT accepted: American Express.

### Recurring Payment Authorization

I authorize recurring payments to the billing method below and any other accounts I subsequently authorize, verbally or online, for the purpose of collecting child care fees that are due and payable. All disputes will be directed to and addressed by and between the YMCA of the Northwoods and the below signed account holder. Please ensure this billing method is valid and on your YMCA account.

- Agree
- Disagree

### Recurring Payment Authorization Discontinuation

It is my responsibility to notify the YMCA if I discontinue my bank or debit/credit card account or wish to discontinue this authorization. Two weeks of written advance notice for discontinuation is required.

- Agree
- Disagree

### Recurring Payment Changes to Account

I understand if charges are made to my bank or credit/debit card account and it has been closed an additional \$30 service fee will be added to my child care bill. I understand that it is my responsibility to notify the YMCA when the credit/debit card expiration date changes or I will be charged the \$30 service fee.

- Agree
- Disagree

### Section 11: Parent or Legal Guardian Signature

I certify that the information I have provided is accurate and UPDATED to the best of my knowledge. I understand that by signing this form, I agree to all of the conditions listed above. Please enter your full name which serves as your electronic signature.

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Registration signature

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Registration date (Enter today's date)