



Welcome to “Camp Adventure 2017” at Adventure Park USA. We are very excited to bring you all the great trips, activities and best of all the entire park of rides and attractions. We have many of our counselors from last summer returning for our outrageously super fun and one of a kind summer camp. We look forward to seeing many returning campers as well as many new campers this year. It’s going to be a BLAST!

### **What to Bring:**

Each Day

- Back Pack
- Extra Clothes
- Self sustaining lunch or \$ for lunch from café
- Extra Snacks
- Sunscreen

Thursdays: Swim Day

- Swim suit
- Towel
- Sunscreen
- Extra clothes to change into
- Self Sustaining lunch

### **Drop Off/Pick Up:**

The front doors are locked until 8:00am. To gain entry before 8:00am you will need to be buzzed in by a staff member. The buzzer is located on the right side of the doors. Please hold that button down until you hear a faint ding. A staff member will unlock the first door so you can gain entry. The extended care room is up the stairs and to the left.

Camp is from 8:00am-4:00pm. All campers will be dropped off and picked up in the café area of the park. If utilizing extended care, you will drop off and pick up your camper in the classroom upstairs and to the left.

### **What’s included?**

Included in your registration fee and weekly tuition are all weekly fieldtrips and swimming, unlimited park attractions daily, \$10.00 in arcade credits each day and camp T-shirt. No additional money required except for week 6 (\$15.00).

**Weekly Tuition Fee:** Basic Summer Camp 8:00am-4:00pm

5 full days \$193.00

3 Full days \$150.00

2 Full days \$103.00

**Extended Care:** 6:30am-8:00am and/or 4:00pm-6:30pm

\$25.00 additional per week

### **Registration Fee and Enrollment**

Completed enrollment forms and all associated fees are required for your child to have a space at camp.

There is a non- refundable registration fee of \$55.00 per camper. **This fee does not get applied to any week of camp.** The registration fee along with the **first** week of tuition including extended care if needed is required when forms are returned to camp. We will only accept cash or credit card at time of enrollment.

### **Extra Cost:**

There is an extra cost associated with week 6, “No Walking Allowed”. This \$15.00 fee is for three hours at Sky Zone in Hagerstown. For this trip the campers will have full access to the Hagerstown Sky Zone arena. We will be playing basketball, dodgeball, climbing the warrior course and everything else they have to offer.

**Grouping:**

The campers are divided into 1:10 Counselor to camper ratio with ages (5), (6-7), (8-10), and (11-13+) grouped together. Each camper will be assigned to one counselor for the time in which they attend camp, whether it is consecutive weeks or a week here and there.

**Lunch:**

All campers are required to provide a self-sustaining lunch each day. I recommend providing extra food for snacking during the day. The campers will have access to plenty of water so no need to provide extra water. Be sure to label your child's lunch box and any containers. Campers will NOT have access to a microwave for heating of any food.

**Café Lunch:**

Campers will have the option to purchase lunch from the café at a discounted price of \$5.00. Included is choice of pizza, hot dog, nuggets, chips and drink. Any additional food must be purchased at full price. **No lunch service on fieldtrip days.**

**Snack:**

A morning snack and afternoon snack is provided for all extended care campers. If you have a picky eater, you are encouraged to pack some extra food for them and they will be able to snack from their lunch box.

**Field Trips:**

Some trips we will leave the park by either a yellow school bus or the Adventure Park mini buses. For the days that we stay at the park (In House Trips) there will be activities being brought to park for the campers to take part in. Typically, we will leave the park between 9:00am and 10:00am depending on the distance we must travel to get there. Arrival back to the park is usually between 3:00pm and 4:00pm. So, parents please do not schedule any appointments for your child on Tuesday and Thursdays between the hours of 9:00am and 4:00pm.

***Campers must wear the camp assigned t-shirt on all off-site trips. This year that would be on Thursday's for swimming***

**Swimming:**

Swimming takes place at several different swimming facilities each Thursday. Swimming is an all-day activity leaving the park between 9:00am and 10:00am to return between 3:00pm and 4:00pm. Each camper is required to take a swim test prior to entering any deep area of the swimming area. All swim tests are given by a certified life guard along with the director and or head counselor. If a camper passes the test they are given a specific color wrist band and this band must be present to swim in the deep end of the pool. No Band-No Deep End. Each swim sight is specifically chosen for its ability to accommodate many different swimming levels. Counselors are also strategically positioned around the pool during active swim time in order to monitor the safety of the campers in the water. Life vests are allowed but they must be certified by the coast guard for your child's weight and height.

**Counselors:**

Each counselor is finger printed by the FBI and the State of Maryland. Counselors receive extensive training prior to the start of each camp season. They are First Aid and CPR certified. Each counselor reports directly to the director and head counselor. All full-time counselors are 18yrs or older, attending or completed college, or have completed specific certifications in education.

**Security:**

Each group is assigned a specific colored wrist band. Each morning counselors apply the wrist band to each camper. Counselors will also sign your child in and out each day using a printed roster which includes their enrolled children for the week. Counselors are required to wear the summer camp T-shirt each day. Thirty minute counts using the name to face attendance procedure are taken by each counselor. The head counselor or director will check these through out the day. Campers are required to stay with their counselor during all public time in the park, this includes any time spent doing attractions. All camp staff is equipped with walkie talkie's daily as well as on field trips. Walkie talkie's are used to communicate effectively with each other, especially if additional assistance is needed by a counselor.

### **Supervision**

The campers are assigned a specific counselor, which they will have each day of their attendance. They are then given a group specific wrist band each day. The counselor will provide direction throughout the camp day. When going through the park we utilize the buddy system.

### ***Bathroom***

If a camper needs to use the rest room they will be assigned a buddy and the two will go to the bathroom together. They are required to stay together the whole time and report back to their counselor before returning to any activity.

### ***Outside Attractions***

Counselors are stationed throughout the outside area of the park. We have found that strategically placing the counselors outside during ride time works best for the campers. A counselor is placed at each door and each area throughout the park. At no time are the children utilizing the inside and outside at the same time. Please see the detailed map to view the placement of counselors.

### ***Arcade***

Arcade is done between 9:00am and 10:00am before the park opens. During this time counselors are roaming the arcade area monitoring the campers and helping them with any of the games. During this time assigned counselors are getting ready for the specialized activity for the day.

### **Communication:**

The main method of communication is through email. I am not always at my desk to answer the phone. I can however check my email from anywhere. I will communicate any reminders, camp changes and happenings through email. It is very important you provide a correct and legible email address on your enrollment paperwork.

It is also the parent's responsibility to communicate and or provide legal documentation on any pickup restrictions at time of enrollment or anytime during attendance at camp. Please keep in mind that your child is one in about 90 campers who attend each week. We have many individual needs to keep track of so it is imperative that you provide any restrictions in writing.

Communicating with staff and asking questions is the best way to have a successful week at camp. Walking into camp can be very overwhelming so the staff and I encourage you to introduce yourself at drop off and pick up, ask us questions and don't hesitate to stick around for a bit. All of us here are very busy making sure each camper has the best camp experience so if you feel like you are not getting what you need from us, please let us know. Our mission is to not only give the camper the best experience but their parent as well.

### **Medication:**

If your child requires medication at camp, there are other forms that must be completed by a doctor. They can be found on the website under seasonal camps. We cannot use the medication forms from school. They typically expire at the end of the school year. I can however use forms that are from another camp if the dates of the form match up.

Below are the guidelines

- All prescription medication must be in its original box with the prescription label.
- Medication cannot be expired
- Over the Counter medication must be accompanied by the medication administration form and a letter from the doctor stating the reason for administration. The exception is if your child has a food allergy that requires an EpiPen, then Benadryl can be accepted with just a medication administration form.
- EpiPen's must be a full prescription (2 pen's)
- Controlled substances must be in original prescription bottle, accompanied by a medication administration form and I can only accept the amount to be used in one week.

## **Adventure Park Purchasing Card**

Beginning this summer 2017 parents will be able to load an adventure park card with money for your camper ONLINE. This card is only to be used for food purchases from the café. Parents will also be able to keep track of what their camper is purchasing. It will not keep your child's entire history but parents will be able to check within that week, as long as it does not exceed 20 purchases.

At time of enrollment you will be given a pre-activated adventure park purchasing card. This card will be your child's way of purchasing lunch or snacks from the café, kind of like the cash online for school. You will need to load money on your child's card in order for them to be able to purchase lunch or any other food item at the park. You can access this option by going to the academy website <http://wwwadventureparkacademy.com>

The counselors will no longer be accepting any cash for lunch or any other items for your camper to purchase. If your camper will be purchasing lunch at any time, their card will need to be loaded using the online system.

You will need the number on the back of the card in order to load the card with money. Once you set up your account, your card info will be saved in your account. You will not need to re-enter the card each time you go to load it.

Your child will be responsible for their card. This means that each camper will have to keep track of their card and follow the rules that you as the parent give them for use of the card. The counselors will of course assist the younger children under age 7yrs.

If your child happens to lose their card, we can restore it to the amount that is shown after their last transaction. Now, if someone, other than your child picks the card up and uses it, the new card will only be restored for the amount that is shown on our tracking system. (The amount after the last transaction, there is no fraud protection)

### **AP Purchase Card Tips**

- Be sure to write your campers full name on the card. DO NOT write on barcode.
- Remind them to keep it in their back pack and return it there when done.
- Attach it to a lanyard or key chain for easy identification purposes for your child
- Check with your child each evening to make sure they have it and followed your rules for the card.

# Outside Counselor Placement



These represent counselor placement in the park.



This counselor is optional if only 5 counselors are available



**Office Use Only**

- Complete Application
- Registration Paid
- Tuition Paid



**Special Group Request:**

**Application and Registration  
2017**

Child's Name (Print) \_\_\_\_\_

Male  Female Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Grade entering in Fall 2017 \_\_\_\_\_

**Camper Shirt Size (Please Check One):**

**Child Small** \_\_\_\_\_ **Child Medium** \_\_\_\_\_ **Child Large** \_\_\_\_\_  
**Adult Small** \_\_\_\_\_ **Adult Medium** \_\_\_\_\_ **Adult Large** \_\_\_\_\_ **Adult XL** \_\_\_\_\_

**Childs swimming level:** \_\_\_\_\_ **Beginner** (only shallow levels, not past shoulders)  
 \_\_\_\_\_ **Average** (Mid section of pool, over head) \_\_\_\_\_ **Advanced** (All areas)

Allergies/Special Needs \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian #1 \_\_\_\_\_ Parent/Guardian #2 \_\_\_\_\_

Home Address \_\_\_\_\_ Home Address: \_\_\_\_\_  
\_\_\_\_\_

Cell # \_\_\_\_\_ Cell # \_\_\_\_\_

Daytime # \_\_\_\_\_ Daytime# \_\_\_\_\_

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

**Child's Schedule:** *Please check off the appropriate schedule for your child on a weekly basis*

- 5 Full Days (\$193)
- 3 Full Days (\$150) Monday \_\_\_ Tuesday\_\_\_ Wednesday\_\_\_ Thursday\_\_\_ Friday\_\_\_
- 2 Full Days (\$103)
  
- Extended Care \$25.00 (additional per week) AM&PM\_\_\_ AM\_\_\_ PM\_\_\_  
6:30am-8:00am & 4:00pm-6:30pm



# Weekly Attendance and Fieldtrip Permission Form

*Check off weeks of attendance and sign to give permission for your child to participate in the fieldtrips*

Week #	Dates	Day Camp 8:00- 4:00	Extended Care AM&PM 6:30-8 &4-6:30	Field Trip/ Price	Parent/ Guardian Signature  <b>REQUIRED!</b>
Extra Week	June 12 <sup>th</sup> -June 16 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	No Trips This Week	
1 Summer Fun Begins	June 19-June 23	<input type="checkbox"/>	<input type="checkbox"/>	Summer Fun Party Potterfield Pool	
2 Maze Mania	June 26 <sup>th</sup> -June 30 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Giant Corn Maze Baker Park Pool	
3 Not Just For Eating	July 3 <sup>rd</sup> -July 7 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Camp Closed on 4 <sup>th</sup> Baker Park Pool	
4 We Are Warriors	July 10 <sup>th</sup> -July 14 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Velcro Jump Potterfield Pool	
5 Going Old School	July 17 <sup>th</sup> -July 21 <sup>st</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Dunk Tank Baker Park Pool	
6 No Walking Allowed Extra \$15.00 cost	July 24 <sup>th</sup> --July 28 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Sky Zone Giant Slip N Slide	
7 Twisted Sports	July 31 <sup>st</sup> -August 4 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Soccer Darts Baker Park Pool	
8 Foodies	Aug. 7 <sup>th</sup> -Aug. 11 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Hungry Hippo Chow Down Potterfield Pool	
9 Ultimate Party Zone	Aug. 14 <sup>th</sup> -Aug. 18 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	DJ Dance Party Baker Park Pool	
Week 10 Myth Busters	Aug. 21 <sup>st</sup> -Aug. 25 <sup>th</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Money Machine Potterfield Pool	
Week 11 The Last Hurrah	Aug. 28 <sup>th</sup> – Sept. 1 <sup>st</sup>	<input type="checkbox"/>	<input type="checkbox"/>	Human Foosball Baker Park Pool	

Please check which weeks your child will be attending summer camp for the 2016 season. **Your account will be charged for each week checked unless prior written notice is given before the start of camp on June 19, 2017.** If the appropriate notice is not given you will be responsible for payment of the week originally contracted. You may add weeks at anytime as long as space is available.

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

\_\_\_\_\_  
Date



## Camper Emergency Information Form

**This form must be completed and returned to us with application.**

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

Camp Attending (Weeks): \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**When the parent cannot be reached, please list alternate emergency contacts:**

① Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Telephone (day time) \_\_\_\_\_

Cell \_\_\_\_\_

② Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Telephone (day time) \_\_\_\_\_

Cell \_\_\_\_\_

③ Name (last) \_\_\_\_\_ (first) \_\_\_\_\_

Telephone (day time) \_\_\_\_\_

Cell \_\_\_\_\_

**In emergencies requiring immediate medical attention, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. Your Signature authorizes our staff at the camp facility to have your child transported to the hospital.**

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

**CAMPER HEALTH HISTORY**

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

**The following information is required:**

1<sup>st</sup> Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact  
(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

1. Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?       NO

YES, Explain: \_\_\_\_\_

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

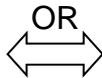
2. Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?       NO

YES, Explain: \_\_\_\_\_

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

**IMMUNIZATION INFORMATION:**

For campers who reside **within** the United States, a United States territory, or the District of Columbia:



For campers who reside **outside** the United States, a United States territory, or the District of Columbia:

1. State/territory in which child resides:

\_\_\_\_\_

2. Is this child exempt from any immunizations?       NO

YES, List them: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

1. Country in which child resides:

\_\_\_\_\_

2. Attach Department form DHMH-896 (record of vaccination or immunity)

Parent or Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## APPLICATION POLICIES AND AGREEMENT

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

**How to apply:** To reserve your child's spot the non refundable registration fee of \$55.00 and first weeks tuition is needed for each camper, along with a **COMPLETED AND SIGNED APPLICATION, CAMPER MEDICAL RECORD FORM, CAMPER EMERGENCY INFORMATION FORM, AND SITE PERMISSION SLIP FOR ATTRACTIONS, AND MEDICATION FORM.** If you need additional application and forms please call 301-865-6800 EXT. 107 or [melissa@adventureparkacademy.com](mailto:melissa@adventureparkacademy.com)

**Where to apply:** Please come into Adventure Park USA and fill out the application and pay deposit between 9-5 or fax the application with a credit card payment to: 301- 865-8919 CC: Melissa Brusini.

**Tuition Policies:** Cash, Credit Card or Tuition Express may make your camp payment. The weekly tuition of \$ \_\_\_\_\_ is due each Friday for the following week. Siblings receive a discount of 10% off the oldest child's tuition. **If payment is not received your child may be dis-enrolled from camp.**

**Refund Policies:** We are very flexible and allow registration changes. However, after June 17<sup>th</sup>, there will be a \$25.00 charge for each change made. Cancellations within 2 weeks or less of your child's camp start date will result in forfeiture of your registration fee and first week deposit.

**T-shirt Policy:** ALL children are required to wear the 2016 "Camp Adventure" camp trip shirts on **ALL** trip days. If a camper is without his/her t-shirt, another one will be issued at a charge of \$10.00. Additional t-shirts can be ordered for \$10.00.

### CONTRACTUAL AGREEMENT

I understand the tuition obligation and wish to enroll my child/children for the summer of 2017 at Adventure Park USA. I acknowledge that any enrollment changes after June 17<sup>th</sup> will be subject to a \$25.00 change fee. I also understand that no enrollment changes will be accepted 2 weeks prior to the start of summer camp week. Furthermore, withdrawal of my child 2 weeks prior to the start of the camp week will result in a forfeiture of my registration and first week deposit. In addition, I shall be responsible for any attorney or collection fees required to collect unpaid tuition and/or any other outstanding camp charges, which may include t-shirt, change, or cancellation fee. By signing this agreement, I also give my permission for my child/children to be transported to away activities by bus or Adventure Park USA vehicles. I understand that photographs may be taken for promotional usage. Weeks and dates are subject to change depending on the Frederick County school calendar. Adventure Park USA summer camp field trips are also schedule to change.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date:

**Weekly Payment Options:** Tuition is due every Friday for the following week. Late fee of \$30 will be assessed if not received by Wednesday of the current week.

Please check which method of payment you will be using each week. *No Checks accepted.*

Tuition Express \_\_\_\_\_ (automated weekly payment credit or debit) Form located at end of packet.  
Credit Card \_\_\_\_\_



# Attraction Permission Slip

## Please fill out the below permission slip

My child \_\_\_\_\_ has permission to participate in the following activities if my child meets safety requirements.

- |                                          |                                       |                                            |
|------------------------------------------|---------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Go-Karts        | <input type="checkbox"/> Laser Tag    | <input type="checkbox"/> Climbing Wall     |
| <input type="checkbox"/> Ropes Course    | <input type="checkbox"/> Bumper Boats | <input type="checkbox"/> Roller Coaster(s) |
| <input type="checkbox"/> Amusement Rides | <input type="checkbox"/> Scrambler    | <input type="checkbox"/> Tilt-a-whirl      |
| <input type="checkbox"/> Spin Zone       |                                       |                                            |

### Parents Authorization

The health history is correct as far as I know, and the person herein described has permission to engage in all prescribed activities, except as noted by me. In the event I cannot be reached for emergency, I hereby give permission to the physician selected by the Camp Director to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child. I further authorize the camp director or his designee to provide over-the-counter medication to my child in case of necessity  
(\_\_\_\_\_Initial)

I understand that all trips are off site and that my child will be transported by bus or other vehicle to each off site location. I agree that in case of an injury to my child that is due to natural causes or by accident, which involved no neglect by any camp staff that I will not hold Adventure Park USA or the staff liable. Adventure Park USA reserves the right to change a trip location without prior notice to parent or guardian.  
(\_\_\_\_\_Initial)

As part of the overall Adventure Park USA Academy, participants may be photographed and videotaped. I hereby grant permission and approval that my child may be photographed or videotaped by Adventure Park USA staff and also that the participant's likeness, name, performance, artwork or written work may be used by Adventure Park USA in any Adventure Park USA publications, materials, advertisements, web-site and programs  
(\_\_\_\_\_Initial)

I understand that my child's participation in some of Adventure Park USA Academy's activities is potentially hazardous. My child is voluntarily participating in the Academy. I am aware of the potential risks of the activities checked above and I hold harmless Adventure Park USA, its agents, employees, representatives, and all others from any and all responsibilities or liability for injuries or damages, except those caused by the negligent act or omission of any of the foregoing persons or entities, arising out of, resulting from or in connection with the participants use of the Adventure Park USA's facility.  
(\_\_\_\_\_Initial)

**By signing below, I agree that I have received and read an Adventure Park USA handbook. I further agree to follow the policies, procedures, and practices placed before me within the Adventure Park USA Handbook.**

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

\_\_\_\_\_  
Date



## Sunscreen Consent Form

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

As a parent/guardian of the above child, I recognize that too much exposure to UV rays may increase my child's risk of getting skin cancer someday. Therefore, I give permission for the staff at Adventure Park USA to **HELP** apply a sunscreen to my child on a daily basis. I also understand that I must apply sunscreen to my child before arriving to camp each day. Camp staff will **HELP** reapply sunscreen prior to any outside activities occurring after 12:00pm to all exposed areas of the body except sensitive areas such as eyelids.

All sunscreen must be labeled with your child's first and last name with a permanent marker.

I understand **ALL** information regarding the use of sunscreen and my child while in the care of Adventure Park USA Summer camp.

Parent/Guardians Name: \_\_\_\_\_

Parent/Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**For Credit Card Authorization, complete and return to center management.**

**CREDIT CARD PAYMENT AUTHORIZATION**

I (we) hereby authorize \_\_\_\_\_ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express\* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. **I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.**

**PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.**

_____			_____
Cardholder Name			Phone #
_____			_____
Cardholder Billing Address			Account Number
_____	_____	_____	_____
City	State	Zip	Expiration Date
_____			_____
Cardholder Signature			Date

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.