



## **Prescott Valley Charter Enrichment Program**

9451 E. Lorna Lane, Prescott Valley, AZ 86314

**Licensee:**

Monika Fuller

[info@pvschool.com](mailto:info@pvschool.com)

or

[mfuller@pvschool.com](mailto:mfuller@pvschool.com)

**Director:**

Kaci Mace

[kmace@pvschool.com](mailto:kmace@pvschool.com)

**Designee(s):**

Roxanne Briggs

**Forms of Contact:**

Email: [Info@prescottvalleyschools.com](mailto:Info@prescottvalleyschools.com) or [kmace@pvschool.com](mailto:kmace@pvschool.com)

Enrichment Phone: (928) 899-6666

Prescott Valley Charter School Phone: (928) 772-8744

# APPLICATION FOR PRESCOTT VALLEY CHARTER ENRICHMENT PROGRAM

**Please print.** Information is required for admission and will allow us appropriately help your child.

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Grade Level \_\_\_\_\_ Teacher: \_\_\_\_\_

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

Phone (\_\_\_\_\_) \_\_\_\_\_ Legal Last Name (If different) \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

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

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Cellular/Pager (\_\_\_\_\_) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Father/Guardian's Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

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

Employer \_\_\_\_\_ Occupation \_\_\_\_\_ Business Phone (\_\_\_\_\_) \_\_\_\_\_

Cellular/Pager (\_\_\_\_\_) \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Child Primarily Lives With (mark all that apply) \_\_\_ Mother \_\_\_ Father \_\_\_ Step-Parent (name) \_\_\_\_\_

\_\_\_ Grandparent(s) \_\_\_ Foster Parent(s) \_\_\_ Other (specify) \_\_\_\_\_

Sibling's names and ages \_\_\_\_\_

Do parents (if apart) have legal joint custody? \_\_\_ Yes \_\_\_ No

Copy of custody documents on file? \_\_\_ Yes \_\_\_ No

Please describe visitation arrangements (if applicable) \_\_\_\_\_

Are there any family circumstances we should be aware of? \_\_\_\_\_

Doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ Dentist \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Hospital Choice \_\_\_\_\_ May we contact doctor/dentist in an emergency? \_\_\_ Yes \_\_\_ No

Do we have permission to administer common first aid to your child? \_\_\_ Yes \_\_\_ No

Any known disabilities? \_\_\_ Yes \_\_\_ No If yes, please describe \_\_\_\_\_

Does your child take medication? \_\_\_ Yes \_\_\_ No If yes, please list \_\_\_\_\_

For what condition(s)? \_\_\_\_\_

I hereby grant the staff of Prescott Valley Charter Enrichment Program permission, in an emergency, to take my child to the above named doctor, hospital or nearest emergency center for treatment. The staff will try to reach the parent/guardian and/or other persons listed before arranging transportation to an emergency facility.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Statement of Services

## Description of Services:

Prescott Valley Charter School's goal is to provide a quality and affordable childcare for students and their families. Prescott Valley Charter Enrichment Program consist of a Before and After Care program where students participate in various constructive and hands on activities.

## Hours of Operation:

### **Regular Day**

Morning program: 6:30am to 7:30am  
Afternoon program: 2:45pm to 5:30pm

### **Half Day**

Morning program: 6:30am to 7:30am  
Afternoon program: 12:30pm to 5:30pm

**(Attendance after 5:30pm will accumulate late fees: \$5 per minute)**

**Holidays and Breaks:** Please note, program will not be held during school holidays or breaks.

## Daily Schedule(s):

### **Before Care**

6:30am- 7:00am Enrichment Time (Arts & Crafts, Games, Technology, and STEM activities)  
7:00am-7:30am Movement and Music Time (Yoga, Jump Rope, Dance, and Physical Activity)

### **After Care (Regular Day)**

3:30-3:45pm Snack (provided)  
3:45-4:10pm Homework Help or Reading Time  
4:10-4:45pm Enrichment Time (Arts & Crafts, Games, Technology, and STEM activities)  
4:45pm-5:15pm Movement and Music Time (Yoga, Jump Rope, Dance, and Physical Activity)  
5:15pm-5:30pm Clean up and pick up time

### **After Care (Half Day)**

12:30pm-12:45pm Snack (provided)  
12:45pm-1:15pm Homework Help or Reading Time  
1:15-3:15pm Movie Time  
3:15-4:00pm Enrichment Time (Arts & Crafts, Games, Technology, and STEM activities)  
4:00pm-5:15pm Movement and Music Time (Yoga, Jump Rope, Dance, and Physical Activity)  
5:15pm-5:30pm Clean up and pick up time

## Charges, Fees, and Agreement:

Prescott Valley Charter Enrichment Program accepts cash or credit cards payments. Payments can be accepted between 7:30am-2:30pm in the front office or over the phone; 928-772-8744 or 928-899-6666. Payments can be accepted at either program; attendance is prepaid.

### **Before Care:**

**Per Day:** \$3/Non-refundable daily fee **must be pre-paid or the student may not attend.**  
**Per Week:** \$15/Non-refundable weekly fee **must be pre-paid or the student may not attend.**

### **After Care:**

**Per Day:** \$6/Non-refundable daily fee that **must be pre-paid or the student may not attend.**  
**Per Week:** \$30/Non-refundable weekly fee that **must be pre-paid or the student may not attend.**

### **Before and After Care:**

**Per Week:** \$45/Non-refundable weekly fee that **must be pre-paid or the student may not attend.**

### **After Care- Half Days:**

**Higher fee due to elongated hours on After Care on Half Days**

**Per day:** \$10/Non-refundable daily fee that **must be pre-paid or the student may not attend.**

Prescott Valley Charter Enrichment Program hours are billed on a daily basis and must be paid BEFORE the day of attendance/service. The Enrichment program is subject to rules and policies governing the school day, including student behavior. Prescott Valley School reserves the right to amend or supplement the rules and policies from time to time and to change the fees charged for the Enrichment program with written notice (letter, text, etc.).

**Late fees:** If the student is not picked up by 5:30pm fees will accumulate for attendance. The late fee consists of \$5 per minute. There is a three strike policy; the first two strikes the parent will be in charge of the student's accumulated late fees and the third strike will lead to contact with Child Protective Services.

**Parent Responsibilities:** Parents will be responsible for the following procedures...

- Complete the Enrollment Packet.
- Pay fees on time according to the fee schedule.
- Notify the Enrichment Program of any illnesses, allergies, or special needs.
- Notify the Enrichment Program of disenrollment.
- Notify the Enrichment Program of any changes regarding the person who will be picking up their child from the Enrichment Program.

**Enrollment/Disenrollment Policies:** To attend Prescott Valley Charter Enrichment Program students must be enrolled at Prescott Valley Charter School. Students must be of school age to attend the program. Parents must complete Prescott Valley Charter Enrichment Program application for their student to attend; there is no fee to enroll. If a parent wishes to enroll their student in the Enrichment Program, they will be given an enrollment packet that consists of:

- Statement of Services
- Policies and Procedures
- Enrichment Program Application
- Enrichment Program Contract
- Enrichment Program Fee Schedule

Parents can disenroll their student at any time by contacting Ms. Mace ([kmace@pvschool.com](mailto:kmace@pvschool.com) or (928) 899-6666)

**Termination of Enrollment:** Each student is accepted in the above program on a provisional basis. If Prescott Valley Charter Enrichment Program cannot meet the needs of your student and terminates the enrollment of the student(s), the fees will be computed on a daily basis and the remainder of fees already paid for the period of time after the effective date of termination of enrollment, will be refunded.

**Student Attendance and Release Requirements (Sign in and Out):**

**Before Care:** Students will be dropped off and signed in by their parent/guardian.

**After Care:** Staff will sign students in when they are dropped off at the program. Only parents/guardians or those listed on the sheet provided in enrollment packet are authorized to sign a student out. If for some reason the parent must send someone who is not on the list to pick up their student, the parent will need to notify the program staff with the person's name prior to being picked up. ID is required at pick up.

**Discipline Guidelines:** While in the Prescott Valley Charter Enrichment Program we expect students to listen to staff and follow all PVCS handbook policies, copy can be provided upon request. If a student does violate school handbook policies, the Discipline Matrix will be followed. The parent/guardian will be notified of the behavior and appropriate consequences.

**Transportation Procedures:** Prescott Valley Charter Enrichment Program will not provide any form of transportation.

**Field Trip Procedures:** Prescott Valley Charter Enrichment Program will not be participating in field trips.

**Medication Procedures:** Prescott Valley Charter Enrichment Program will not be administering medication in any form.

**Liability Insurance:** Prescott Valley Charter Enrichment Program complies with the State of Arizona Liability Insurance Requirements for Charter Schools.

**Emergency Medical Procedures:** In the event of a medical emergency we will first contact 911 if the emergency is life threatening. We will then notify the parent/guardian of the student. If the parent/guardian is unable to be reached, we will call the contacts listed on the emergency part of the enrollment package. The person contacted will either make arrangements for the child to be picked up, or give the program coordinator further instructions.

**Inspections Notice:** Please note that there are inspection reports on-site (in the front office, with the staff member, in the gymnasium, etc.)

**Nutritional Snacks:** We will provide a healthy snack for each student to eat at the beginning of the After Care Program. We ask parents that no soda or candy is sent with your student.

**Notifying for Pesticide Application:** Students parents will be notified at least 48 hours before a pesticide is applied on a facility's premises. Staff member will send out an email and/or text message regarding the application (place, date, time, etc.)

**Absence rule:** Please remember, Prescott Valley Charter School must staff the Enrichment program whether your student is present or not. For this reason, the per session fee(s) will not be discounted or credited to another session if your student is absent.

**Parent Access:** Parents have access to Before and/or After Care during hours of operation. Parents will have to call or check in with the office to notify staff that they are coming and to sign in/out.

**Department of Health Services:** Prescott Valley Charter Enrichment Program is licensed and regulated by DHS

**Address:** Arizona Department of Health Services

150 North 18th Avenue

Phoenix, Arizona 85007

**Phone:** (602) 542-1025

**Fax:** (602) 542-0883

### **Prescott Valley Charter Enrichment Program Contract**

#### **Agreement:**

By executing this contract, each of the undersigned agrees to abide by all guidelines laid out in the Before and After Care Program Policies and Procedures presented herein and assumes full financial responsibility for the fee associated with any services rendered, and performance of the obligation of this contract. The term "contract" includes everything stated under the Statement of Services portion of the package, any amendments, and all additions as may be made from time to time, and commitment to timely payment of any charges accrued according to stipulations stated on the Prescott Valley School's fee schedule (above).

**Acknowledgement of Understanding and Agreement.** Be executing this Contract, each of the undersigned agrees to be bound by the terms of this Contract and acknowledges that (a) he/she understands all the terms of the Contract and has had the opportunity to ask all questions and has received satisfactory answers to all questions, and (b) he/she is not relying on any representations or warranties not contained in this Contract, and that no person at Prescott Valley Charter School has made any statements on which undersigned is relying in executing and entering this contract.

**Enrichment Program Statement of Services.** We the undersigned acknowledge and understand that we received a copy of the Statement of Services and the fee schedule. **(Please Initial)** \_\_\_\_\_

I, \_\_\_\_\_ understand Prescott Valley Charter School's Enrichment Program statement of services and understand that by signing below I am agreeing to and promising to abide by it.

Signature \_\_\_\_\_

Date \_\_\_\_\_



CDC/SGH# or name \_\_\_\_\_

**Arizona Department of Health Services  
Bureau of Child Care Licensing  
Emergency, Information and Immunization Record Card**

|   |                       |   |
|---|-----------------------|---|
| <b>Child's Name:</b>                                    | <b>Date Enrolled:</b> | <b>Updated:</b>   |
| <b>Home Address (#, Street, City, State, Zip Code):</b> |                       | <b>Date Disenrolled:</b>  |
| <b>Home Phone:</b>                                      | <b>Date of Birth:</b> | <b>Sex:</b> <input type="checkbox"/> male <input type="checkbox"/> female |

|                                 |   |
|---------------------------------|---|
| <b>Parent or Guardian Name:</b> | <b>Home Address (#, Street, City, State, Zip Code):</b> |
| <b>Cell Phone (optional):</b>   | <b>Contact Telephone Number:</b>                        |

|                                 |   |
|---------------------------------|---|
| <b>Parent or Guardian Name:</b> | <b>Home Address (#, Street, City, State, Zip Code):</b> |
| <b>Cell Phone (optional):</b>   | <b>Contact Telephone Number:</b>                        |

**I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:  
(Pursuant to R9-5-304.B, at least two contact persons are required.)**

|              |                                  |
|--------------|----------------------------------|
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |
| <b>Name:</b> | <b>Contact Telephone Number:</b> |

**If Medical care is necessary, call:**

|                              |              |                                  |
|------------------------------|--------------|----------------------------------|
| <b>Health Care Provider*</b> | <b>Name:</b> | <b>Contact Telephone Number:</b> |
|------------------------------|--------------|----------------------------------|

**\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.**

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety.

|   |  |
|---|--|
| <b>In case of injury or sudden illness,<br/>I request that this individual be called first:</b> |  |
|---|--|

**The following individual(s) may NOT remove my child from the facility:**

|                 |
|-----------------|
| <b>Name(s):</b> |
|-----------------|

Custody papers have been provided and are on file at the facility.  yes  no

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency. Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://www.azdhs.gov/phs/immun/index.htm) or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | Copy of current official documented immunization record attached        |
| <input type="checkbox"/> | Religious Beliefs exemption form signed by parent/guardian attached     |
| <input type="checkbox"/> | Medical Exemption form signed by physician and parent/guardian attached |
| <input type="checkbox"/> | Signed Laboratory Proof of Immunity form attached                       |

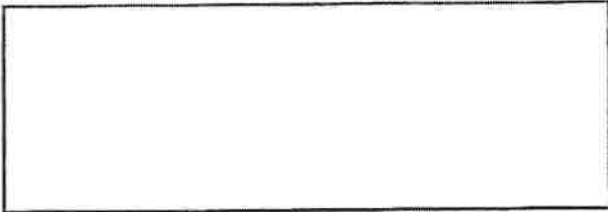
|  |             |             |             |
|--|-------------|-------------|-------------|
| Notification of immunizations needed sent to Parent(s) or Guardian(s): | mo /day/ yr | mo /day/ yr | mo /day /yr |
| Updated immunizations received and attached:                           | mo /day/ yr | mo /day/ yr | mo /day /yr |

**Medical Information**

|  |
|--|
| Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:                          |
| Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, list precautions:   |
| Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, specify procedure:   |
| Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes<br>If yes, list precautions: |
| Additional comments:   |
| Other special instructions:  |

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

|                               |              |       |
|-------------------------------|--------------|-------|
| Parent/Guardian PRINTED Name: | SIGNED Name: | DATE: |
|                               |              |       |



**Medical Exemption Form**

Arizona law requires that schools, preschools and child care facilities retain this form in order for a child to be exempted from immunization requirements for medical reasons.

This is the official ADHS-provided format used by licensed physicians and registered nurse practitioners to document that 1) due to the child's health or medical condition, the child may be adversely affected on a temporary or permanent basis by one or more of the required vaccine doses; 2) a child has laboratory evidence of immunity to one or more specific vaccine-preventable diseases and lab results are attached (**required** for measles, rubella, and varicella); or 3) the child has a documented medical history of disease OR laboratory evidence of immunity for diseases other than measles, rubella, and varicella.

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

To be completed by a licensed physician or registered nurse practitioner to exempt a child from school or child care immunization requirements.

Printed Name of Physician or Nurse \_\_\_\_\_

Signature of Physician or Nurse \_\_\_\_\_ Date \_\_\_\_\_

Please list each vaccine included in the exemption and the reason for the exemption:

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

Please indicate whether this is a permanent exemption  or a temporary exemption

If the exemption is temporary, please list the date the exemption ends \_\_\_\_\_

**Parent/Guardian Section:**

1. I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend child care and/or school until the risk period ends, which may be 3 weeks or longer.
2. I am aware that additional information about vaccine preventable diseases, vaccines, and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services. ([www.azdhs.gov/phs/immun/](http://www.azdhs.gov/phs/immun/)).

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

Arizona Revised Statutes 15-873, <http://www.azleg.gov/ArizonaRevisedStatutes.asp?Title=15>, and Arizona Administrative Code, R9-5-305, [http://apps.azsos.gov/public\\_services/Title\\_09/9-05.pdf](http://apps.azsos.gov/public_services/Title_09/9-05.pdf), and R9-5-706, [http://apps.azsos.gov/public\\_services/Title\\_09/9-06.pdf](http://apps.azsos.gov/public_services/Title_09/9-06.pdf) describe the requirements for medical exemptions in childcare and school settings.





**Religious Beliefs Exemption Form**

**For Child Care, Preschool and Head Start Programs**

Arizona Department of Health Services (ADHS) strongly supports immunization as one of the easiest and most effective tools in preventing diseases that can cause serious illness and even death. ADHS also respects the rights of parents who are raising their child in a religion whose teachings are in opposition to immunization to make the decision not to vaccinate their child.

Place an "X" in the box to the left of the disease(s) listed to exempt your child from the vaccine. Initial and date the box on the right.

|                          |  |                              |
|--------------------------|--|------------------------------|
| <input type="checkbox"/> | <b>Diphtheria (DTaP, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing diphtheria if exposed to this disease. Serious symptoms and effects of this disease include: heart failure, paralysis (can't move parts of the body), breathing problems, coma, and death.  | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Tetanus (DTaP, Tdap, Td):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing tetanus if exposed to this disease. Serious symptoms and effects of this disease include: "locking" of the jaw, difficulty in swallowing and breathing, seizures (jerking and staring), painful tightening of muscles in the head and neck, and death.   | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Pertussis (Whooping Cough) (DTaP, Tdap):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing pertussis (whooping cough) if exposed to this disease. Serious symptoms and effects of this disease include: severe coughing fits that can cause vomiting and exhaustion, pneumonia, seizures (jerking and staring), brain damage, and death.   | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Polio:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing polio if exposed to this disease. Serious symptoms and effects of this disease include: paralysis (can't move parts of the body), meningitis (infection of the brain and spinal cord covering), permanent disability, and death.  | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Measles, Mumps, Rubella (MMR):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing measles, mumps, and/or rubella if exposed to these diseases. Serious symptoms and effects of measles include: pneumonia, seizures (jerking and staring), brain damage, and death. Serious symptoms and effects of mumps include: meningitis (infection of the brain and spinal cord covering), painful swelling of the testicles or ovaries, sterility, deafness, and death. Serious symptoms and effects of rubella include: rash, arthritis, and muscle or joint pain. If a woman gets rubella while she is pregnant, she could have a miscarriage or her baby could be born with serious birth defects such as deafness, heart problems, and brain damage. | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Haemophilus Influenza type b (Hib):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing Hib if exposed to this disease. Serious symptoms and effects of this disease include: meningitis (infection of the brain and spinal cord covering), pneumonia, severe swelling in the throat that makes it hard to breathe, infections of the blood, joints, bones, and covering of the heart, and death.  | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Hepatitis B:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis B if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), life-long liver problems, such as scarring and liver cancer, and death.   | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Hepatitis A:</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing hepatitis A if exposed to this disease. Serious symptoms and effects of this disease include: jaundice (yellow skin or eyes), "flu-like" illness, hospitalization, and death.   | Initials _____<br>Date _____ |
| <input type="checkbox"/> | <b>Varicella (Chickenpox):</b> I have been informed that by not receiving this vaccine, my child may be at increased risk of developing varicella (chickenpox) if exposed to this disease. Serious symptoms and effects of this disease include: severe skin infections, pneumonia, brain damage, and death.   | Initials _____<br>Date _____ |

Due to my religious beliefs, I request an exemption for my child from the required vaccine doses selected above. I am aware that if I change my mind in the future, I can rescind this exemption and obtain immunizations for my child.

Initials \_\_\_\_\_

- I am aware that additional information about vaccine preventable diseases, vaccines and reduced or no cost vaccination services is available from my local county health department and Arizona Department of Health Services ([www.azdhs.gov/phs/immuniz/](http://www.azdhs.gov/phs/immuniz/)).
- I am aware that in the event the state or county health department declares an outbreak of a vaccine-preventable disease for which I cannot provide proof of immunity for my child, he or she may not be allowed to attend child care until the risk period ends, which may be 3 weeks or longer.

Child's Name \_\_\_\_\_ Date of Birth (month/day/year) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date (month/day/year) \_\_\_\_\_



**MOVIE RELEASE FOR PRESCOTT  
VALLEY CHARTER SCHOOL  
ENRICHMENT PROGRAM**

This form is to give my student permission to view age appropriate movies in the Prescott Valley Charter School Enrichment Program. Some of these movies will be of historical events. All movies will fall under the rating of G. By signing and dating below, you are giving your student permission to watch all movies shown in the Enrichment Program.

Name: \_\_\_\_\_

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

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

