



# Cortelyou Summer Camp Program 2024 (K-8<sup>th</sup> Grade)

Main Building 1110 Cortelyou Road Brooklyn, New York 11218. Phone: (718) 282-6077 Fax: (718) 282-2919

## SECTION A: Identification & Contact Information

**PLEASE PRINT ALL INFORMATION LEGIBLY**

Child #1 Name: \_\_\_\_\_

Child #2 Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  M  F

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  M  F

Grade/School in September '24: \_\_\_\_\_

Grade/School in September '24: \_\_\_\_\_

Allergies:  Yes  No (If yes, describe) \_\_\_\_\_

Allergies:  Yes  No (If yes, describe) \_\_\_\_\_

Medication  Yes  No (Type/Reason) \_\_\_\_\_

Medication  Yes  No (Type/Reason) \_\_\_\_\_

Is this camper limited from any activity?  Yes  No

Is this camper limited from any activity?  Yes  No

If yes, please explain: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does your child/ren have an IEP (Individual Education Plan)?  Yes  No **If yes, please attach a copy.**

Transportation:  Yes  No -- Preferred Pickup and Drop off Times: (Morning) \_\_\_\_\_ (Afternoon) \_\_\_\_\_

Pick Up Address: (Street) \_\_\_\_\_ (Apt) \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Drop Off Address: (Street) \_\_\_\_\_ (Apt) \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent #1: \_\_\_\_\_ Parent # 2: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Parent 2 Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Day Phone #: \_\_\_\_\_

## SECTION B: Weekly Enrollment

## SECTION C: Fees

Please choose the desired program for each week that your child will attend camp.  
**SEE SECTION G FOR PACKAGE DESCRIPTIONS!**

	FULL PACKAGE	"GET PHYSICAL"	"STAY SHARP"
<input type="checkbox"/> <b>Week 1:</b> (July 1 - 3)	<input type="checkbox"/> MTW only (closed 7/4 & 7/5 in observance of Holiday)		
<input type="checkbox"/> <b>Week 2:</b> (July 8 - 12)	<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/W/TH
<input type="checkbox"/> <b>Week 3:</b> (July 15 - 19)	<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/W/TH
<input type="checkbox"/> <b>Week 4:</b> (July 22 - 26)	<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/W/TH
<input type="checkbox"/> <b>Week 5:</b> (Jul 29 - Aug 2)	<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/W/TH
<input type="checkbox"/> <b>Week 6:</b> (August 5 - 9)	<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/W/TH
<input type="checkbox"/> <b>Week 7:</b> (August 12 - 16)	<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/W/TH
<input type="checkbox"/> <b>Week 8:</b> (August 19 - 23)	<input type="checkbox"/> M-F	<input type="checkbox"/> M/W/F	<input type="checkbox"/> T/W/TH

### EARLY BIRD

Description of fees if paid before 4/15/24

**Registration:**  
\$100

**Cost per week:**  
\$400/Full Week  
\$250/3-Day Week

*\*Additional fees apply for out-of-town Amusement Park trips.*

### STANDARD

Description of fees effective as of 4/16/24

**Registration:**  
\$150

**Cost per week:**  
\$450/Full Week  
\$300/3-Day Week

*\*Additional fees apply for out-of-town Amusement Park trips.*



# Cortelyou Summer Camp Program 2024 (K-8<sup>th</sup> Grade)

## **SECTION D: Release of Liability** (Permission for child to leave premises by themselves at the end of the day.)

I, (print full name) \_\_\_\_\_ hereby give my child/children:

1. \_\_\_\_\_ 2. \_\_\_\_\_

permission to leave their group and CECC premises at dismissal time for the days they're registered for. I release Cortelyou Enrichment Program of all liability as it relates to my child(ren) once they leave the facility.

## **SECTION E: Payment Information** Choose your payment method below: (3% processing fee for all cards)

- Cash/Money Order     
  Check     
  Credit Card (Visa /MC/Discover/Amex)     
  ACH (no fee)  
 ACS/HRA Voucher   
  1199 Approved Member     
  MTA Approved Member     
  Other \_\_\_\_\_

1199 PROGRAM or MTA, complete information below:

Member's Name \_\_\_\_\_ Member ID#: \_\_\_\_\_ Employer: \_\_\_\_\_

A completed application, as well as the registration fee and deposit (50% of your total summer balance) is required upon registration. Note: the registration fee is non-refundable, and the deposit is only refundable until **4/15/2024**. All registration and tuition balances are due in full by **6/28/2024**. Enrollment on or after 4/16/24 are subject to higher rates & fees. All physicals must be returned at the time of registration. Your child cannot begin our Summer Enrichment Program without a physical. **Incomplete applications will be returned.**

## **SECTION F: PARENT/LEGAL AGREEMENT**

By "agreeing", I represent and understand that I am the/a parent or legal guardian of the child(ren) being enrolled. The child being enrolled is healthy and capable of participating in all Cortelyou Early Childhood Center's (CECC) Summer Enrichment Program activities. I will provide the program with a completed, current, and signed medical form prior to my child's first day of attendance. An approved medical exam must be done within a year of my child's first day of attendance. I agree that no medications will be administered by CECC, unless provided to CECC by an authorized parent and/or legal guardian. Additionally, any medications must be accompanied by written and explicit instructions from said parent/guardian and may require physician authorization as well. In case of a medical emergency, I authorize CECC to transport my child for emergency medical treatment and to be hospitalized if deemed necessary.

By "agreeing", I understand that part of the enrichment experience involves activities, programs and interactions that may be new to my child and may come with certain risks and uncertainties beyond what my child may be used to at home. I am aware of these risks, and I am assuming responsibility for them on behalf of my child(ren). I realize that no environment is risk free, and so I have or will instruct my child on the importance of abiding by the rules, and I agree that he or she is familiar with these rules and will obey them.

By "agreeing", I represent and understand CECC reserves the right to suspend and/or expel any student. Refunds are the sole discretion of CECC. Behaviors such as profanity, disrespect for others, damaging property, inappropriate sexual or unsafe behavior are sufficient grounds for suspension or expulsion.

By "agreeing", I hereby allow my child(ren) to participate in the following summer enrichment activities including but not limited classroom instructions, field trips, neighborhood park visits, sports (soccer & basketball), STEM, & performing arts (dance). Permission is also given for my child(ren) to be photographed while participating in activities and permits its usage for social media, newsletters, and fliers.

By "agreeing", I represent and understand that the information I have provided is true and accurate & I agree to the terms & conditions of the parent agreement. **We further attest that all the facts relating to the student's physical condition, experience and age are true and accurate.**

**Signature of Parent I/Guardian I:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent II/Guardian II:** \_\_\_\_\_ **Date:** \_\_\_\_\_



# Cortelyou Summer Camp Program 2024 (K-8<sup>th</sup> Grade)

## **SECTION G: Program Description**

CECC Summers promise fun and excitement, integral for a child's growth and development. Our dynamic team ensures a quality education and a great camp experience. At Cortelyou, our multi-focused camp program caters to individual camper needs. Flexible scheduling fits your budget, vacation plans, and more. Choose the program that suits your child's needs, whether physical, academic, or both\*!

### **FULL PACKAGE**

Monday through Friday

The Full Package includes everything described below in both the “**Get Physical**” and “**Stay Sharp**” packages – offering campers a complete summer camp experience.

### **“GET PHYSICAL” PACKAGE**

Monday/Wednesday/Friday

Campers will enjoy ample fresh air and a range of outdoor adventures, sports, friendly competitions, and engaging activities. Activities will vary weekly, including visits to the local park for field sports, yard games, and scavenger hunts!



### **“STAY SHARP” PACKAGE**

Tuesday/Wednesday/Thursday

This program aims to enhance academic skills and knowledge in various subjects. Campers will be encouraged to excel intellectually, preparing them for the next school year, with qualified teachers will offer extra instruction and support. Each day will feature stimulating academic lessons in ELA and Math, alongside enjoyable STEAM activities related to the daily theme, such as arts and crafts, science experiments, and 3D printing.



\***All packages** include daily outdoor play, choice free time, and on/off-site local trip Wednesdays!

\*Out-of-town amusement park trips come with an additional fee.

**Informational Sessions** - We will host two summer camp information sessions. The dates are as follows:

- Wednesday, April 3<sup>rd</sup>, 6:00pm – **Virtual Zoom Session** (scan QR code to RSVP)
- Wednesday, May 1<sup>st</sup>, 6:00pm – **In Person** (386 Marlborough Road)



**Registration includes\*:** Two Camp Shirts, Bookbag, and Water Bottle (\*based on weekly enrollment)

**Required Application Materials:** Current Physical Examination Form, CACFP Form, and most recent Report Card or Assessment Report.

**CAPACITY IS LIMITED, APPLICATIONS SHOULD BE SUBMITTED ASAP!**

All children ages 3-4 are welcome to enroll in our summer pre-school program at 1110 Cortelyou Road, pending available capacity. If you have any additional questions or wish to schedule a brief tour – please feel free to call us at 718-282-6077 or email us at [info@mycecc.com](mailto:info@mycecc.com).



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# Cortelyou Summer Camp Program 2024 (K-8<sup>th</sup> Grade)

1110 Cortelyou Road Brooklyn, New York 11218. Phone: (718) 282-6077

## Out-of-Town Amusement Park Trip Information Sheet

### Guidelines for ALL Amusement Park Trips

- The **bus departs at 7:00AM sharp** from 386 Marlborough Road (Brooklyn, New York 11226).
- **Parents are responsible for arriving with their camper between 6:30-6:45AM** to ensure they make the bus. Camp van service should **NOT** be used on that day – your camper will miss the bus!
- The bus will return to the same address by 7:30PM to drop the campers back off. If your child is attending the trip unaccompanied - **please ensure an authorized pick up is there on time.**
- Please see the packing list below for the items campers should come prepared with, as well as the policies regarding outside food, drink and payment methods for each park.

### Packing List for ALL Amusement Park Trips

- Bathing suit
- Water shoes/sandals/flip-flops
- Comfortable walking shoes
- Extra set of dry clothes (include socks & underwear)
- Refillable water bottle
- Towel
- Hat/sunglasses
- Sunscreen/protective clothing
- At least \$40 for snacks & food
- (*optional*) Additional \$30 for a souvenir

#### Dorney Park

Date: Wednesday, 7/17/2024  
Departure time: 7AM (please arrive by 6:45)  
Return Time: 7:30PM

#### Dorney Park Policies

Visit [www.dorneypark.com](http://www.dorneypark.com) for more information.

- Hourly and all-day locker are available to rent.
- Guests are not permitted to bring coolers or outside food or beverages.
- Dorney Park is cashless. Credit and debit cards are accepted for payment as well as Apple Pay and Google Pay. Cash-to-Card kiosk available.

#### Sesame Place

Date: Wednesday, 8/7/2024  
Departure time: 7AM (please arrive by 6:45)  
Return Time: 7:30PM

#### Sesame Place Policies

Visit [www.sesameplace.com](http://www.sesameplace.com) for more information.

- Self-service lockers are available for rent.
- No outside food, beverages, or coolers are allowed.
- Sesame Place is cashless. Credit and debit cards are accepted for payment as well as Apple Pay and Google Pay. Cash-to-Card kiosk available.
- Swim diapers are required for diaper-wearing children.

### Cost Breakdown for Amusement Park Trips

- Out-of-town amusement park trips are not included in your camp rate and requires additional fees.
- The price of your ticket includes charter bus transportation and park admission. Our kitchen will provide some snacks for the bus ride, but lunch is **not** included.
- Parental supervision is **required** for all campers 9 years old and younger.
- Unaccompanied camper requests will require administrative approval.



*\*Parents of older campers are still welcome to join us! Additional family members are also welcome if space allows.*

**TO RESERVE A TICKET(S) FOR ANY TRIP – REMIT PAYMENT AT THE FRONT OFFICE. LIMITED SPACE AVAILABLE!**



## **Cortelyou Summer Camp Program 2024 (K-8<sup>th</sup> Grade)**

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### **Expectations & Consent for Unaccompanied Campers**

**Cortelyou campers over the age of 10 years old may be eligible to attend amusement park trips unaccompanied. Please see our policies below.**

In addition to following the before-mentioned guidelines including on-time arrival and proper preparation for the day – “*responsible campers*” must maintain a good standing with their camp counselors in order to attend the trip without a parent or guardian present.

- *Responsible campers* must be well behaved and follow summer camp rules – not only during the trip but throughout the entire duration of summer camp.
- *Responsible campers* must agree to listen to directions and be respectful to staff and other families.
- Campers with disciplinary concerns may have their unaccompanied trip privileges revoked.

**Please return this permission slip and remit payment to the office to register your unaccompanied camper.**

I, \_\_\_\_\_, hereby give my camper(s)

1) \_\_\_\_\_, & 2) \_\_\_\_\_ permission to attend the following out-of-town trip(s) accompanied by Cortelyou Camp staff.

**DORNEY PARK (7/17)**

**SESAME PLACE (8/7)**

Parent #1 Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent #2 Signature \_\_\_\_\_

Date \_\_\_\_\_

Administration Signature \_\_\_\_\_

Date \_\_\_\_\_

# HEALTH RECORD FOR CHILDREN IN DAY CAMP, AFTERSCHOOL & YOUTH CENTERS

(This side is to be completed by Parent before presenting to Physician)

**NAME OF PROGRAM:** Cortelyou Early Childhood Center

CHILD'S LAST NAME \_\_\_\_\_ CHILD'S FIRST NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  FEMALE  MALE

HOME ADDRESS \_\_\_\_\_ CITY/STATE/ZIP CODE \_\_\_\_\_ HOME TELEPHONE NUMBER \_\_\_\_\_

PARENT'S OR GUARDIAN'S NAME \_\_\_\_\_ CONTACT TELEPHONE \_\_\_\_\_

FATHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

MOTHER'S PLACE OF EMPLOYMENT \_\_\_\_\_ TELEPHONE \_\_\_\_\_

IN CASE OF EMERGENCY-NOTIFY \_\_\_\_\_ TELEPHONE \_\_\_\_\_

IF PARENT OR GUARDIAN IS NOT AVAILABLE IN AN EMERGENCY, NOTIFY: (FAMILY PHYSICIAN)

1. \_\_\_\_\_ TELEPHONE \_\_\_\_\_

OR TELEPHONE \_\_\_\_\_

2. \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**IMPORTANT:** Please notify Camp Officials if Child was/is exposed to any communicable disease at anytime three weeks prior to Camp attendance.

NO  YES If YES, please give type of exposure:

\_\_\_\_\_

## HEALTH HISTORY (Check, giving approximate dates):

Asthma: \_\_\_\_\_ Behavior: \_\_\_\_\_ Chicken Pox: \_\_\_\_\_

Convulsion: \_\_\_\_\_ Diabetic: \_\_\_\_\_ Ear Infection: \_\_\_\_\_

Hay Fever: \_\_\_\_\_ Insect Stings: \_\_\_\_\_ Ivy Poisoning, etc: \_\_\_\_\_

Measles: \_\_\_\_\_ German Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_

Past Illness: \_\_\_\_\_ Contagious illness: \_\_\_\_\_

Other Drugs: \_\_\_\_\_ Penicillin: \_\_\_\_\_ Rheumatic Fever: \_\_\_\_\_

Operations or Serious Injuries (Dates): \_\_\_\_\_

Hospitalization: \_\_\_\_\_

Chronic or Recurring Illness: \_\_\_\_\_

Other Diseases or details of above: \_\_\_\_\_

Any specific activities to be encouraged? \_\_\_\_\_

Any specific activities to be restricted? \_\_\_\_\_

Permission for all program activities unless otherwise noted by physician:

\_\_\_\_\_

**Suggestion from Parent(s) or Guardian:** \_\_\_\_\_

## SIGNIFICANT HEALTH HISTORY AND CURRENT CONDITIONS

PLEASE LIST:

Medication taken: \_\_\_\_\_

Appliance worn (Glasses, Hearing Aid, etc.): \_\_\_\_\_

Conditions that modify activity (seizures, asthma, heart condition, etc.): \_\_\_\_\_

## CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby give my consent/authority to the Staff of the Day Camp, year round Afterschool, and Youth Center Program to obtain the necessary emergency medical treatment for my child with the understanding that the family will be notified as soon as possible.

Relationship: \_\_\_\_\_ Signature: \_\_\_\_\_ Telephone: \_\_\_\_\_ Date: \_\_\_\_\_

(To be filled out by Physician – Please note information on reverse side)

The purpose of this health record is to provide the staff with pertinent information, which will help to serve the need of the aforementioned Child in Day Camp and Afterschool and Youth Center programs.

IMMUNIZATION HISTORY (This is a record of dates of basic immunization and most recent booster doses)

DPT or DT or TD – DATE: DATE: DATE: DATE: DATE:
POLIO - DATE: DATE: DATE: DATE: DATE:
MEASLES- DATE:
MUMPS- DATE:
RUBELLA- DATE:

(PPD-MANTOUX)

Tuberculin Test given: (most recent) Result: m m

MEDICAL EXAMINATION (To be completed by licensed Physician)

EXAMINATION IS ACCEPTABLE WHEN PERFORMED NO MORE THAN 12 MONTHS PRIOR TO ARRIVAL AT CAMP.
CODE: S = SATISFACTORY X = NOT SATISFACTORY (EXPLAIN) O = NOT EXAMINED

GENERAL APPERANCE

HEIGHT WEIGHT BLOOD PRESSURE HGB. TEST
URINALYSIS POSTURE & SPINE THROAT/TONSILS
EYES VISION GLASSES EXTREMETIES
HEART EARS HEARING FEET
LUNGS SKIN NOSE TEETH
ABDOMEN HERNIA GENITALIA

ALLERGY (PLEASE SPECIFY):

EUROLOGICAL FINDINGS:

DESCRIBE ABNORMAL FINDINGS AND/OR HANDICAPPING CONDITIONS:

HAS CHILD EVER RECEIVED PRODUCTS CONTAINING HORSE SERUM? NO YES If YES, Please explain.

SPECIAL DIET

MEDICAL MEDICATION (GIVE NAME AND DOSAGE)

PARENT/GUARDIAN SEEKING SPECIAL MEDIATION?

SWIMMING DIVING STRENUOUS ACTIVITY

GENERAL APPRAISAL:

I HAVE EXAMINED THE INDIVIDUAL HEREIN DESCRIBED, REVIEWED HIS/HER HEALTH HISTORY AND IT IS MY OPINION THAT HE/SHE IS PHYSICALLY ABLE TO ENGAGE IN CAMP/YEAR ROUND AFTERSCHOOL AND YOUTH CENTER ACTIVITIES, EXCEPT AS NOTED ABOVE.

PHYSICIAN'S SIGNATURE M.D. DATE

ADDRESS CITY/STATE ZIP CODE



See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME: Cortelyou Early Childhood Center

Print the name of the child(ren) enrolled in this child care center:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**DIRECTIONS:**

**Complete SECTION A if anyone in your household:**

1. Receives Food Stamps
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR)
4. Currently has a foster child enrolled in day care

SECTION A
Food Stamp Case Number _____
TANF Number _____
FDPIR Number _____
Foster Child's Name _____
Foster Child's Personal Monthly Income \$ _____
<p><b>An adult household member must sign the application before it can be approved.</b> After reading the following statement and the statement on the back, sign below.</p> <p>I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.</p>
Signature: _____
Date: _____

FOR SPONSOR USE ONLY
Sponsor Agreement Number <u>3409</u>
Total Household Members _____
Total Income \$ _____
Free _____ Reduced _____ Paid _____
Signature of Determining Official _____
Date Determined ____ / ____ / ____

**Complete SECTION B if SECTION A does not apply:**

Sign, date and indicate the Social Security number of the adult signing the certification and return the completed form to the day care center.

SECTION B	
List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received <b>last month</b> in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, welfare payments, child support and any other sources of income.	
Name of Household Members	Monthly Gross Income
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____

**An adult household member must sign the application before it can be approved.** After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and correct and that all income is reported. I understand this information is being given for the receipt of Federal funds, that officials may verify the information on the application; and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

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

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

SS#            -            -            Date: \_\_\_\_\_

**DAY CARE CENTER ENROLLMENT FORM**

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Center Name: CORTELYOU EARLY CHILDHOOD CENTER

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

Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ Home Phone \_\_\_\_\_

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

Mother/Guardian Name \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Parent/Guardian Address and Phone, if different \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_ Phone \_\_\_\_\_

Second person to notify \_\_\_\_\_ Phone \_\_\_\_\_

Physician's name \_\_\_\_\_ Phone \_\_\_\_\_

**TIME MEALS SERVED**

Breakfast \_\_\_\_\_ am to \_\_\_\_\_ am Lunch \_\_\_\_\_ am/pm and \_\_\_\_\_ pm Afternoon Snack \_\_\_\_\_ pm to \_\_\_\_\_ pm

If your child is in care during these times, he/she will receive the meal or snack that is being served.

What days will your child usually be at the center? M \_\_\_\_\_ Tu \_\_\_\_\_ W \_\_\_\_\_ Th \_\_\_\_\_ F \_\_\_\_\_ Sat \_\_\_\_\_ Su \_\_\_\_\_

What hours will your child usually be at the center? Arrive \_\_\_\_\_ am pm

Depart \_\_\_\_\_ am pm

Signature of a parent/guardian \_\_\_\_\_ Date \_\_\_\_\_



**After 1 year of care**

Is all the information above still correct? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, what has changed? \_\_\_\_\_

Signature of a parent/guardian \_\_\_\_\_ Date \_\_\_\_\_