



MY SPECTRUM SCHOOL/CENTER

*Early Childhood Education
Gifted & Talented Education*

11 Sintsink Drive East, Port Washington, New York 11050
516-883-8035

info@myspectrumschool.com myspectrumschool.com

Spectrum Science and Art Camp sparks children's curiosity, discovery, and creativity through our newly renovated outdoor playground and garden and indoor STEAM designed environment. Children embark on weekly exploration of STEAM topics, participate in fun hands-on activities, and create personalized projects.

AWARDED 2021 BEST SUMMER CAMP OF NASSAU COUNTY
AWARDED 2021 BEST CHILD CARE OF NASSAU COUNTY

On-Site Weekly Sessions

Days: 3 days | 4 days | 5 days per week
Sessions: 9:00am-1:00pm | 9:00am-3:00pm per day
Extended Hours: 8:30am-9:00am | 3:00pm-3:30pm per day
Ages: Age 2 - Age 12 (separate groups)
**Age 2 - Age 3 children are encouraged to be potty trained.*

STEAM Summer Camp Topics

June 27 - July 1 **World Travelers: Culture, Architecture & Fashion**

Young adventurers imagine traveling internationally overseas, and emerge themselves in different countries and cultures. Children explore famous landmarks, culturally diverse fashion trends and lifestyles from around the globe. Along the way, we'll build Paris' Eiffel Tower, design Tokyo's cool and unusual hotels, fabricate Milan's fashion trends, and more!

July 5 - 8 (4 DAYS) **Design. Make. Innovate.: Inventing & Engineering**

Young inventors research the different types of engineering behind the world's coolest inventions from the stone age to the digital age. Children channel their inner engineer to imagine, design, tinker, and play in Spectrum's makerspace. Along the way, we'll explore how the brightest engineers think and recreate some of the coolest inventions that forever changed the world!

July 11 - July 15 **Mad Science: Simple Chemistry & Experiments**

Young chemists create a mad scientist lab, learn how to use professional lab tools, science materials, and safe chemicals to bring out their inner mad scientist. Along the way, we'll explore the scientific method, experiment with crazy chemical reactions, and engage in fun experiments that defy the laws of science!

July 18 - July 22 **Backyard Science: Nature Exploration & Living Things**

Young naturalists explore the local flora and fauna of Port Washington's trails and Spectrum's lush garden and playground. Children embark on nature walks in search of diverse wildlife hidden in Port. Along the way, we'll collect live samples, investigate our findings with professional science equipment, and learn to appreciate the great outdoors!

**Parental permission is required for children to be taken on local nature walks.*

July 25 - July 29 **Underwater Explorers: Oceanography**

Young marine biologists dive into the cool waters of the open ocean in search of Earth's most bizarre creatures. Children explore the ocean's five zones and discover different exotic sea creatures that live in each. Along the way, we'll investigate how these organisms have evolved to survive life underwater!

August 1 - August 5 **Wild Earth: Ecology & Zoology**

Young ecologists explore planet Earth's biomes and examine the diversity of animal and plant life that thrive in rainforests, taigas, deserts, tundras, and grasslands. Children investigate the intricate relationships between animals and their natural habitats, and discover how the need for survival drives animals to adapt in wild ways!

August 8 - August 12 Dino-Might: Dinosaurs & Paleontology

Young paleontologists explore prehistoric times when dinosaurs roamed the earth. Children investigate when, where, and how dinosaurs lived. Along the way, we'll discover amazing facts about these "terrible lizards," recreate our favorite Mesozoic era, excavate fossils, and answer the age-old question if dinosaurs really are extinct!

August 15 - August 19 Outer Space: Astronomy & Cosmology

Young cosmologists blast off and explore the fascinating mysteries of outer space! Children discover how galaxies are formed, how stars are born, and why nothing can escape black holes. Along the way, we'll explore the planets of our solar system, map-out constellations, and recreate NASA's greatest inventions, and more!

August 22 - August 26 Natural Beauty: Visual Arts & Geometry

Young artists investigate how mathematics creates the beauty found in art and nature. Children use numbers, shapes, and patterns to create stunning works of art. Along the way, we will discover the mind blowing connections between mathematics, art, and nature to create unique masterpieces, tie-dyed T-shirts, and more!

Enjoy our outdoor playground with music, movement, sprinklers, sand and water exploration, fruit and vegetable garden, picnic, natural snow cones, and more!



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2022 STEAM Summer Camp: Registration and Tuition Agreement

AWARDED 2021 BEST SUMMER CAMP OF NASSAU COUNTY

AWARDED 2021 BEST CHILD CARE OF NASSAU COUNTY

Child's Name: _____
(Last) (Middle) (First)

Child's Gender: Male Female

Child's Date of Birth (month/day/year): _____ Child's Current Age: _____

Child's Dominant Language _____

School District Zone: Daly Guggenheim Manorhaven Sousa South Salem Other _____

Child's food allergies (please check all that apply):

Eggs Milk Soy Wheat Shellfish Fish Peanuts Tree Nuts Other _____

Child's other allergies (please check all that apply):

Latex Bees Wasps Hornets Other _____

Child's domain strengths (please check all that apply):

Linguistic/Language Logical/Mathematical Naturalist/Science Spatial/Art Musical
 Intrapersonal/Interpersonal/Social Understanding Bodily-Kinesthetic/Movement

How did you hear about us?

Web Search Google Ad Facebook Ad Print Ad Friend Other _____

Parent/Legal Guardian Information:

Please check one:

Parent Step-Parent Legal Guardian Foster Parent
 Dr. Esq. Mr. Mrs. Ms.

(Last) (First)

Please check one:

Parent Step-Parent Legal Guardian Foster Parent
 Dr. Mr. Mrs. Ms.

(Last) (First)

Primary Contact Information:

Street Address: _____

City, Zip: _____

Email Address: _____

Emergency Phone: _____

Cell Phone: _____

Work Phone: _____

Sibling Information:

Name	Birth Date	Relationship	School & Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

STEAM Summer Camp Schedule:

Select week(s), session, 3 days, 4 days, or 5 days:

Week	Session	Monday	Tuesday	Wednesday	Thursday	Friday
June 27-July 1: <i>Culture, Architecture & Fashion</i>	8:30am - 9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3:00pm - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 5-July 8: <i>Inventing & Engineering</i>	8:30am - 9:00am	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 1:00pm	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3:00pm - 3:30pm	N/A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 11-July 15: <i>Chemistry & Experiments</i>	8:30am - 9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3:00pm - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 18-July 22: <i>Backyard Science</i> *Permission Form	8:30am - 9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3:00pm - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
July 25-July 29: <i>Oceanography</i>	8:30am - 9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3:00pm - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 1-August 5: <i>Ecology & Zoology</i>	8:30am - 9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3:00pm - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 8-August 12: <i>Dinosaurs & Paleontology</i>	8:30am - 9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3:00pm - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 15-August 19: <i>Astronomy & Cosmology</i>	8:30am - 9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3:00pm - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
August 22-August 26: <i>Visual Arts & Geometry</i>	8:30am - 9:00am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 1:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	9:00am - 3:00pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3:00pm - 3:30pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***NOTE: Age 2 - Age 12 (separate groups). Age 2 - Age 3 children are encouraged to be potty trained.**

Weekly tuition per child:

Session	3 Days	4 Days	5 Days	Weekly
9:00am - 1:00pm	<input type="checkbox"/> \$234	<input type="checkbox"/> \$296	<input type="checkbox"/> \$360	per week
9:00am - 3:00pm	<input type="checkbox"/> \$315	<input type="checkbox"/> \$396	<input type="checkbox"/> \$480	per week

Weekly extended hours tuition per child:

Session	3 Days	4 Days	5 Days	Weekly
8:30am - 9:00am OR 3:00pm - 3:30pm	<input type="checkbox"/> \$45	<input type="checkbox"/> \$60	<input type="checkbox"/> \$75	per week
8:30am - 9:00am AND 3:00pm - 3:30pm	<input type="checkbox"/> \$60	<input type="checkbox"/> \$80	<input type="checkbox"/> \$100	per week

Important Summer Camp Tuition Notes:

- No tuition refunds will be granted for any reason, including but not limited to Covid 19 and variants.
- No tuition credit will be granted for any reason, including but not limited to Covid 19 and variants.
- No tuition reimbursement for school/camp closures, student absences, personal matters, including but not limited to Covid 19 and variants.
- No make-up days, including but not limited to Covid 19 and variants.
- No switching days, including but not limited to Covid 19 and variants.
- Late pick up of 5 or more minutes is subject to late fee of \$1 per minute
- Delinquent and returned payments are subject to a \$30 fee.
- DSS and CARES 3 Scholarship accepted based on organization approval.
- Summer camp staff gratuity is not included in the tuition.

Summer Camp Payment Schedule: Full payment is required at the time of registration.

Form of Payment: Quickbooks invoice sent via email as Quickbooks direct payment (**\$10 fee applies**). Other forms of payment accepted are: credit card (**3.5% fee applies**), cash (**no fee**), or personal check (**no fee**) made payable to My Spectrum School/Center.

My Spectrum School/Center Closure: My Spectrum School/Center will be closed on legal holidays and whenever the health and safety of the children may be compromised, including but not limited to Covid 19 and variants.

Parent/Legal Guardian Consent: I give my consent to My Spectrum School/Center for my child to engage in school/center/camp water play, contests, photos/videos for use in social media, website, publications, advertisements, and apply parent/guardian provided sunscreen/insect repellent.

Signature of Parent/Legal Guardian: _____ Date: _____

Print Name of Parent/Legal Guardian: _____

Signature of My Spectrum School/Center: _____ Date: _____

Print Name of My Spectrum School/Center: _____



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July 18 - July 22

Backyard Science: Nature Exploration & Living Things

Young naturalists explore the local flora and fauna of Port Washington's trails and Spectrum's lush garden and playground. Children embark on nature walks in search of diverse wildlife hidden in Port. Along the way, we'll collect live samples, investigate our findings with professional science equipment, and learn to appreciate the great outdoors!

*Parental permission is required for children to be taken on local nature walks; **9:00am-3:00pm, age 4 - age 12.**

Dear Parent or Legal Guardian,

Your child **age 4 - age 12** is going on a Summer Camp field trip nature walks and preserves. Please read the information on this form, then sign and return this permission slip to My Spectrum School/Center Administrator **prior to July 17, 2022.**

Summer Camp Field Trip Nature Walk Information:

Date: July 18, July 19, July 20, July 21 and/ or July 22, 2022

Location: Adult supervised **walking** trip to and from **local** Manorhaven and Port Washington Nature Preserves

Purpose: STEAM Summer Camp, Backyard Science

Time: 9:00am-3:00pm

Complete and sign this part of the form and return it to My Spectrum School/Center Administrator:

_____ (Child First Name/Last Name) has permission to attend school/center summer camp field trip/ nature walks and preserves on July 18, July 19, July 20, July 21 and/ or July 22, 2022 from My Spectrum School/Center, 11 Sintsink Drive East, Port Washington, New York 11050 to **local Manorhaven and Port Washington Nature Preserves.**

I give my permission for _____ (Child First Name/Last Name) to receive emergency medical treatment. In an emergency, please contact:

Name: _____ Phone: _____

Parent/Guardian Signature: _____ Date: _____

Release Form

I request My Spectrum School/Center to allow my child _____ (Child First Name/Last Name) to participate in field trip-nature walks and preserves. As a condition of receiving this benefit, I, the undersigned, do hereby agree to the following: I understand that my child's participation in this activity can expose my child to dangers both from known and unanticipated risks. Acknowledging that such risks exist, I hereby release and discharge My Spectrum School/Center, its officers, agents, staff, and employees from any and all claims or liability for personal injury or property damage my child may suffer while participating in the activity; including, but not limited to, any claim arising out of any condition of the premises at which the activity is held or the conduct of any person in connection with the supervision of, or conduct of any activity, whether planned or unplanned. I specifically agree to release My Spectrum School/Center and its officers, agents, staff, and employees of the school/center for any negligence and liability of the school/center, its officers, agents, staff and employees.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name Printed: _____

Address of Parent/Legal Guardian Printed: _____

My Spectrum School/Center Officer Signature: _____ Date: _____

My Spectrum School/Center Officer Name Printed: _____

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
CHILD IN CARE MEDICAL STATEMENT

To Be Completed By Licensed Physician, Physician Assistant or Nurse Practitioner

Name of Child:	Date of Birth: / /	Date of Examination: / /
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Immunizations required for entry into day care

Medical Exemption The physical condition of the named child is such that one or more of the immunizations would endanger life or health. Attach certification specifying the exempt immunization(s). Yes No

Diphtheria, Tetanus and Pertussis (DPT) Diphtheria and Tetanus and acellular Pertussis (DTaP)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	5 th Date / /
Polio (IPV or OPV)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Haemophilus influenzae type B (Hib)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date OR 1 st Date (if given on or after 15 months of age) / /	
Pneumococcal Conjugate (PCV) for those born on or after 1/1/08)	1 st Date / /	2 nd Date / /	3 rd Date / /	4 th Date / /	
Hepatitis B	1 st Date / /	2 nd Date / /	3 rd Date / /		
Measles, Mumps and Rubella (MMR)	1 st Date / /	2 nd Date / /			
Varicella (also known as Chicken Pox)	1 st Date / /	2 nd Date / /			

Other Immunizations may include the recommended vaccines of Rotavirus, Influenza and Hepatitis A

Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /
Type of Immunization:	Date: / /	Type of Immunization:	Date: / /

Tests

Tuberculin Test Date: / / Mantoux Results: Positive Negative _____ mm
 TB Tests are at the physician's discretion. Acceptable tests include Mantoux or other federally approved test.
 If positive, or if x-ray ordered, attach physician's statement documenting treatment and follow-up.

Lead Screening Date: / /
 Attach lead level statement
Lead Screening (Include All Dates and Results)

1 year / / Result: _____ mcg/dL Venous Capillary
 2 years / / Result: _____ mcg/dL Venous Capillary

Most recent date of lead screening (if different from above):
 / / Result: _____ mcg/dL Venous Capillary

Per NYS law, a blood lead test is required at 1 and 2 years of age and whenever risk of lead poisoning is likely.
 If the child has not been tested for lead, the day care provider may not exclude the child from child day care, but must give the parent information on lead poisoning and prevention, and refer the parent to their health care provider or the county health department for a lead blood screening test.

(Continued on reverse side)

NEW YORK STATE
OFFICE OF CHILDREN AND FAMILY SERVICES
DAY CARE ENROLLMENT

PHOTO OF CHILD (Optional)	PROGRAM NAME:		ADDRESS:		PHONE NUMBER: () -	
	CHILD'S FULL NAME:				DATE OF BIRTH: / /	
	PREFERRED NAME/NICKNAME:				GENDER:	
	CHILD'S HOME ADDRESS:					
NAME OF PERSON ENROLLING CHILD:			RELATIONSHIP TO CHILD:			
			<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Caretaker <input type="checkbox"/> Relative _____ <input type="checkbox"/> Other _____			
PHONE NUMBER(S) OF PERSON ENROLLING CHILD: () - <input type="checkbox"/> ok to text			ADDRESS OF PERSON ENROLLING CHILD (IF DIFFERENT THAN CHILD):			
EMAIL ADDRESS:						
EMERGENCY INFO	EMERGENCY CONTACT NAMES / ADDRESSES		Authorized to Pick Up Child	PRIMARY PHONE NUMBER	OTHER PHONE NUMBER / EMAIL	
	PRIMARY CONTACT:		<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
			<input type="checkbox"/> Yes <input type="checkbox"/> No	() - <input type="checkbox"/> ok to text	() - <input type="checkbox"/> ok to text	
FOR PROGRAM USE ONLY			FOR PROGRAM USE ONLY			
DATE OF ENROLLMENT: / /			DATE OF DISENROLLMENT: / /			

CHILD'S FULL NAME:		DATE OF BIRTH: / /
Check boxes below to indicate if your child has any special needs/services: <input type="checkbox"/> None <input type="checkbox"/> Early Intervention/Special Education <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Speech/Language <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Allergies (Please list) _____ <input type="checkbox"/> Other _____		
Please provide information here AND discuss with your child care provider:		
CHILD'S PRIMARY CARE PHYSICIAN'S NAME/ GROUP:		PHONE NUMBER: () -
PREFERRED HOSPITAL:		PHONE NUMBER: () -
CHILD'S DENTAL CARE:		PHONE NUMBER: () -
Child health care information is available by calling toll-free 1-800-698-4543 or the NYS Health Marketplace website: https://nystateofhealth.ny.gov/		
AGREEMENTS		
• I consent to emergency medical treatment for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I provided information on my child's special needs to the program to assist in caring for my child.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
• I agree to review and update this information whenever a change occurs and at least once every year.....		<input type="checkbox"/> Yes <input type="checkbox"/> No
SIGNATURE – PARENT OR PERSON(S) LEGALLY RESPONSIBLE:		DATE: / /