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## Lil’ Learners, Explorers and Discovers

##  Enrollment Procedure

4 weeks – 35 months

The following forms must be completed by the parent/guardian and returned to the Center before the child will be able to attend.

\*\***Please initial as each item is completed and/or received**\*\* **Parent Director**

Holiday Schedule (Keep for your records)

Parent Enrollment Form (Complete & Return)

Acknowledgment of policies (Complete & Return)

Parent Enrollment Agreement (Keep for your records)

Emergency Data Form (Complete & Return)

Child and Adult Food Program Form (Complete and Return)

Child Health Appraisal (Completed by a Physician & Return)

Introduce us to your child (Complete and Return)

Biting Policy (Complete & Return)

Allergy Form (Complete & Return)

Supply List (Keep for your records)

Infant Feeding Plan (Complete & Return)

CACFP Infant Meal Approval Section (Complete & Return)

Swaddling & Cot Agreement (Complete & Return)

Parents Right to know \_\_\_\_\_\_ \_\_\_\_\_\_

We at Kidz Ink would like to say thank you for joining our family!

**OFFICE USE ONLY:**

Start Date: Full Time: Part Time:\_\_\_\_\_ M T W T F\_\_\_ a.m.\_\_\_ p.m.

Classroom:

Teacher(s):

Kangarootime Set-up and Reviewed with Parent:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Assigned a cubby space:

Welcome Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of

race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g.,

Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA’s TARGET Center at (202) 720-2600 (voice

and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027,

USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-

0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDAby:

1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov

## Holiday Schedule

**Holiday Schedule: 2023**

* Martin Luther King Jr. Day – Closed Monday, January 16th
* Presidents Day – Closed Monday, February 20th (Staff In-Service Day)
* Good Friday – Closed Friday, April 7th
* Memorial Day – Closed Monday, May 29th
* Independence Day – Closed, Tuesday July 4th
* Labor Day – Closed Monday, September 4th
* Veteran’s Day – Closed Friday, November 10th
* Thanksgiving – Closed Thursday, November 23rd and Friday, November 24th
* Christmas – Closed Monday, December 25th

**Holiday Schedule: 2024**

* New Years – Closed Monday, January 1st
* Martin Luther King Jr. Day – Closed Monday, January 15th
* Presidents Day – Closed Monday, February 19th (Staff In-Service Day)
* Good Friday – Closed Friday, March 29th
* Memorial Day – Closed Monday, May 27th
* Independence Day – Closed Thursday July 4th
* Labor Day – Closed Monday, September 2nd
* Veteran’s Day – Closed Monday, November 11th Staff In-Service
* Thanksgiving – Closed Thursday, November 28th and Friday, November 29th
* Christmas – Closed Wednesday, December 25th
* New Years – Closed Wednesday, January 1st

## Parent Enrollment Form

**Child’s Information**

NAME OF CHILD (LAST, FIRST M) Date of Birth Start Date

Nickname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Female Male

How did you hear about Kidz Ink? To whom may we thank for referring you to our program?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child’s Physical Description**

Eye Color Hair Color

Height Weight

Birthmarks Racial/Ethnic identity

**Parent/Guardian Information**

**Parent/Guardian #2**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town, State & Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian #1**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town, State & Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**My child will be participating in one of the following programs**:

My child (ren) will be attending from a.m. to p.m. (Infant Room closes at 5:30 p.m.)

**Please Circle One**:

5-Day Program 4-Day Program 3-Day Program 2-Day Program

 (Mon, Wed, Fri. only) (Tues/Thurs. only)

\*Please note: Kidz Ink does not offer a part-time program for children under 12 months

**Please Circle One:**

Lil’ Learners Explorers Discoverers Investigators Scholars Beyond the Bell

0-12 months 1-2 yrs 2-3 yrs 3-4 yrs 4-5 yrs 5-12 yrs.

Elementary School my child will be attending:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name (print): Parent Signature: Date

## Acknowledgment of Policies

 I understand that if payment is not received by Monday a $25.00 late fee will be added to my tuition. Repeated late payments will be considered grounds for terminating childcare services for your child.

I understand that there will be a $35.00 service fee for all payments returned by my bank. All returned payment must be paid by credit card or money order.

I understand that if my child/children are not picked up by 6:00 pm there will be a $15.00 late pick-up charge (per child) for the 1st 15 minutes. After the initial 15 minutes there will be a charge of $5.00 per minute, per child, until the child/children are pick up. (Social Services will be contacted at 7:00 p.m. if you or a responsible party has not contacted us.)

I understand that I must provide a **2-week** written notice to withdraw and that my deposit will be applied to my last week as care is spot based not daily based.

I understand that the registration fee and deposit are **Non-Refundable**.

I understand that if my key fob is lost, damaged or not returned there will be a $50 charge per key.

I understand that there is a yearly Re-registration fee of $75.00 that will be assessed each August

I understand that if my child/children does not begin on my scheduled start date: (**if no other arrangements are made within 2 weeks of the scheduled start date**) 1. Kidz ink may apply all tuition & fees to my account. 2. My slot may be filled by another family on the waiting list.

I agree to update emergency information/permission to pick-up whenever changes occur.

I understand that a child health appraisal, completed by a physician, is due annually and is mandated by the State Licensing Office. If your child exhibits any of the symptoms listed on the health care plan your child may be excluded from care.

I understand that Kidz, Ink will not be able to provide services to my child without a current health appraisal and up to date immunization record including a lead screening test.

I have received the Parent Handbook and have read and understand all policies and procedures.

Parent(s)/guardian or authorized persons will always escort the child into and out of the center and confirm arrival and departure with the supervising staff member.

I have received a copy of the Schedule of fees and the parent enrollment agreement.

I understand that failure to comply with Kidz Ink Academy of Early Academics policies may result in termination of my contract.

I hereby release Kidz Ink Academy of Early Academics, its officers, Administrators, and employees from all liability for injury to my child, in excess of the amount payable under the insurance carried by Kidz Ink.

I give permission to allow my child to occasionally watch an age appropriate DVD as the Kidz, Ink staff deem appropriate. Length of time will not exceed one hour.

In the event of an emergency, Kidz, Ink will call 911 and I understand that my child will be transported by ambulance to the nearest hospital.

I understand that field trips are taken throughout the school year (ages 2 ½ yrs. – 11 yrs.). Kidz, Ink will provide individual permission slips listing dates, times, location and purpose of the trip.

I give permission for my child to be photographed for Kidz, Ink’s Newsletters, brochures, advertisements, websites and arts and crafts projects only.

I give permission for my child to participate in Kidz, Ink’s educational computer program for ages three and up. **Please note: Your child’s teacher will monitor computer use and the Internet is not accessible to children. Computer use will be limited to one hour.**

I understand that I will receive Developmental Evaluations/Progress for my child three times per year and Parent Teacher conferences will be conducted twice a year for Infants, One year olds, Two year olds and School- Age children. Parent Teacher conferences will be conducted twice yearly for Preschool and Pre-Kindergarten children.

Parent Name (print): Parent Signature: Date

## Parent Enrollment Agreement

**Policy on Tuition Payments**

In consideration, I/we, as a parent(s) or guardian, enroll or re-enroll our child(ren) at Kidz Ink Academy of Early Academics with the understanding of the following:

**A week’s deposit is required at registration.**

**This will be applied to the last week at the school, regardless**

**of attendance.**

**Payments are not based on attendance.**

**All charges are based on slots occupied.**

No deductions will be made for absences, vacations, or closings, as our tuition is based on slot occupation and not attendance.

An annual Re-registration fee will be charged the

 3rd week of August.

If Key tags are lost, damaged or not returned there is a $50 fee per key.

Two or more children – A 10% discount will be applied to the lowest tuition.

**(Does not apply to POC)**

**All fees are non-refundable**.

The registration, deposit, and 1st week’s tuition payment is due on or before the first day your child begins care.

Our billing system automatically charges a $25.00 fee to any account not paid by the close of Business Monday.

**Weekly Payments:** Due on Monday morning (pre-paid).

There will be a $35 service fee for all payments returned by your bank. Payments must be made via credit card or money order.

Accounts in arrears may be subject to termination and parent/guardian is responsible for litigation.

 **Policy on Care**

* It is important as care givers to maintain a secure and stable environment for your child (children). In order to accomplish this, we must also offer our staff the security of knowing that their employment with KIDZ, INK. is also secure and stable. This becomes an impossible task when some parents’ feel that they should not pay tuition when their child is absent from school for illness or vacation. Your tuition is what supports our staff salaries. Therefore, if tuition is not paid, it does not allow us to guarantee stability to our staff and quality to all concerned.
* Should you decide to keep your child home, for any reason, you will be required to pay your tuition in full for that period of absence as part of your contractual agreement with us. Your child cannot re-enter the center without this payment in full.
* In certain circumstances, it may be necessary for the Director to decide to discontinue a child’s attendance. Such a decision would be based on whether it is in the best interest of that child, the other children in the class and the overall operation of the center to terminate enrollment. Every effort will be made to correct a problematic situation before a final decision is made. Termination of enrollment may be the result of the following:
* Non or Consistent Late Payments
* Violation of Center Policies
* Disruptive or dangerous behavior
* Continued Violation of Kidz, Ink Policies
* The School’s inability to meet the child’s needs.

Parent Name (print): Parent Signature: Date

## Emergency Data Form

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

Instructions to Parents:

(1) Complete all items on this form. Sign and date where indicated.

I hereby authorize Kidz Ink to arrange for medical examination and/or treatment of my child should an emergency arise at school or on a field trip. It is understood that a conscientious effort will be made by the school to contact me at the emergency numbers I have provided before any medical action is taken. In the event of an emergency requiring medical care, your child will be taken to the NEAREST HOSPITAL EMERGENCY ROOM. I authorize Kidz Ink to act as the agent of the parents in an emergency situation for the health welfare of my child. I am responsible for expenses involved if the services of a physician or hospital are required.

Child’s Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician’s Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Physician’s Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Chronic Health Conditions\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Medication and Dosage\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Allergies (List All)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergic Reaction/Symptoms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1) Signs/Symptoms to look for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) If signs/symptoms appear, do this\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3) To prevent incidents\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Dietary Concerns\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information**

The following individual(s) may pick up my child as needed for departure and/or emergencies. I understand that any individual not listed will not be allowed to pick up unless I provide written permission in advance. Proper Photo ID is required for pick up of your child. All emergency contacts must be 18 years or older.

A designated person and contact information must always be available in the event of an emergency.

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, Town, State & Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Name**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, Town, State & Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Drivers License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Are there any circumstances regarding your child’s release? Yes No

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the Administrator. All information will be kept confidential.

Parent Name (print): Parent Signature: Date

**ANNUAL UPDATES**

Initials/Date

Initials/Date

Initials/Date

Initials/Date

Introduce Us to Your Child

*We are excited to learn more about your Family!*

Date Last Name: First Name: D.O.B:

What would you like us to call your child?:

Siblings’ Names & Ages:

Favorite Play Materials:

Special Interests:

With whom does your child reside?

What opportunities does your child have to play with others the same age?

**Eating Patterns**:

Are there any dietary concerns or restrictions?

Does your child feed himself or herself?

Are there any food dislikes?

Are there any food allergies?

When eating, uses fingers spoon fork cup Needs assistance\_\_\_\_\_\_\_\_\_\_\_\_

**Sleeping Patterns**:

What time is bedtime at home? Arise at?

What time is nap time? How long?

Does your child sleep in his/her bed?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have a special toy/blanket to nap with?

Please describe your child’s go-to-sleep routines (e.g., story time, quiet play, snack)

**Eliminating Patterns**: (2 yrs. and up)

Not potty trained yet? Yes No\_\_\_\_\_\_\_\_

In training? If trained, how long?

Independent–doesn’t require help.

Does your child need to be reminded?

Does your child have regular Bowel Movements?

Does your child have problems with diarrhea?\_\_\_\_\_\_\_\_\_

Does your child have problems with constipation?\_\_\_\_\_\_\_\_

Does your child have certain words to indicate a need to eliminate?

**Child wears:**

 Nap time diaper Disposable training pants

 Cloth underwear Plastic pants over cloth underwear

 **Stress/Coping Patterns:**

Uses pacifier Brand

Does your child have any fears: Storms Separation anxiety

Dark Animals Stranger anxiety

Being alone Other

When your child is upset, how do you soothe him or her?

**Health Patterns:**

Does your child have a history of hospitalization?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, when and why:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child had any recent medical problems?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, please describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Activity Patterns**:

 When did your child begin: Creeping Crawling Walking

Personality Traits (Circle all that apply): shy/reserved outgoing/curious sensitive/frightens easily

 very verbal cuddly active

 cautious restless stranger anxiety

 separation anxiety

Primary Language Spoken at home?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check any interest you may have in the following classroom volunteer opportunities?

* Read a book to my child’s classroom
* Help during a special activity or party
* Teach my child’s class a new skill
* Participate in School Fundraisers
* Be a classroom parent R.O.C Volunteer

Is there any other information we should know in order to help us know your child better?

What goals do you have for your child upon entering Kidz Ink Academy of Early Academics:

Thank you for taking the time to help us learn about your family? We look forward to using this information to help your child reach his/her fullest potential.

Parent/Guardian completing form

**Biting Policy**

**Is it normal for a child to bite**?

Most children younger than age 3 bite someone else at least once. Most children stop biting on their own; biting that persists past age 3 or occurs frequently at any age may need treatment. Biting is not always intentional and rarely causes serious injury to another person or poses any health risks.

**Why do children bite?**

Children bite for different reasons, depending on their age.

* **Between 5 and 7 months of age**, children usually bite other people when they feel discomfort around their mouths or when they are in pain caused by teething. Most often they bite their caregivers. Sometimes young babies bite their mother while breastfeeding. Children of this age learn not to bite as they see and hear the reaction of the person they have bitten.
* **Between 8 and 14 months of age**, children usually bite other people when they are excited. Most often they bite a caregiver or another child close to them. A firm “no” usually stops these children from biting again.
* **Between 15 and 36 months of age**, children may bite other people when they are frustrated or want power or control over another person. Usually they bite other children; less frequently they bite their caregivers. Children of this age usually stop biting as they learn that biting is not acceptable behavior.

**Reducing biting:**

Some ways to help prevent a child from biting include:

* Helping the child put words to his or her feelings, such as, “You must feel angry with Bobby for taking your toy.”
* Encouraging the child to use language to express himself or herself. Say, “Use your words, don’t bite.”
* Teaching your child empathy, which is understanding and being sensitive to the feelings of others.
* Encouraging activities appropriate for a child’s age and abilities. To prevent frustration, avoid activities that are too difficult or competitive.
* Distracting a child who is becoming frustrated with other types of play, such as dancing. Or you may want to suggest a calming activity, such as reading or working on a puzzle.
* Stopping a child who appears ready to bite someone. Get the child’s attention by looking straight in his or her eyes. Use a stern voice and expression and say, “No, we never bite people.”
* Praising a child who handles frustration successfully. Say, “Great job. You used your words when you felt angry.”

**Kidz, Ink’s Steps to handling a bite:**

**Step 1:** Immediately separate the children and tend to the child who has been bit. Check the area and console the child.

**Step 2**: Explain to the child who bit that it hurts to bite.

**Step 3:** Clean bite area with soap and water. (If the bite broke the skin, the Director will notify the parent by phone).

Step 4: A bite report will be filled out for both children.

**Kidz, Ink’s Course of Action:**

After all preventative steps have been tried by the staff members, if the child continues to bite routinely, the director or designee will call the parent to pick up the child for the remainder of the day. Chronic biting may require that a child be suspended from enrollment for a period of time (days, weeks, etc.). If a child is suspended, the parent will be informed that the child may return to the center as soon as the biting is abated.

If the child returns to the center, continues to bite, and is endangering the other children, the child may be terminated from Kidz, Ink.

Please sign below acknowledging Kidz, Ink’s Policy on Biting:

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

Parent/Guardian Signature Date

\*A copy of this policy will be provided to each pa

**Allergy Assessment Form**

**All allergies requiring medication and/or special meal requirements must be documented by the child’s physician.**

**Name of Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell/work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Food Allergy**

Check the foods that have caused an allergic reaction:

* Tree nuts (walnuts, almonds, pecans, etc.
* Fish/Shellfish
* Eggs
* Milk
* Peanuts
* Peanut or nut butter
* Peanut or nut oils
* Soy Products

Please list any others:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How many times has your child had a reaction?

* Never
* Once
* More than once, explain:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When was the last reaction?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the signs and symptoms of your child’s allergic reaction? (Be specific; include things your child might say.)

* I know of no known food allergy at this time or any other allergies.

**Bee or Insect Allergy**

To your knowledge is your child allergic to bee stings? Yes No

When was the last reaction?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are the reactions?

* Staying the same
* Getting worse
* Getting better

What treatment or medication has your health care provider recommended?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever received an EpiPen or other injection as treatment? Yes No Please describe\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How quickly do the signs and symptoms appear after the sting?\_\_\_\_\_seconds\_\_\_\_\_minutes\_\_\_\_\_\_hours\_\_\_\_\_days

**Asthma**

Severity Classification

* Mild Intermittent
* Mild Persistent
* Moderate Persistent
* Severe Persistent

Action/Medication to take:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To ensure the safety of your child we cannot delete an allergy which has previously been documented unless we have a note from the child’s physician stating that the child is no longer allergic to that item(s) (and may now have that specific food(s), nor can we add an item(s) or change a medication without a note from the child’s physician.

I understand that Kidz, Ink requires the most up to date information regarding my child’s allergy. This form will be updated each August.

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

##### Kidz Ink Supply List

**Lil’ Learners Classroom (0-12 Months):**

* Labeled Bottles
* Labeled Formula or Breast Milk (If applicable) Kidz Ink does provide Similac
* Diapers and Wipes
* 2 Sets of labeled change of clothes
* 2 Bibs
* 2 Labeled Crib Sheets
* 1 Swaddle (No Crib Blankets due to State Regulations)
* Labeled Baby Food (If applicable)

**Explorers (13 – 24 Months) Classroom:**

* 1 Labeled Spill Proof Cup
* 2 Large Plastic Bibs
* Diapers and Wipes
* 2 Labeled Crib Sheets
* 1 Blanket
* 2 Sets of Labeled change of clothes

**Discoverers Classroom (25 – 35 Months):**

* Two Labeled Sheets
* 1 Blanket
* Pull-ups and wipes
* 2 Sets of Labeled change of clothes. \*(If your child is potty training, please send in 3 sets of clothes and underwear daily)
* Smock or old long sleeve shirt for art

**Infant Feeding Plan**

**(6 weeks – 12 months)**

# Child’s Nme:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_D.O.B:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does the child take a bottle? Yes ( ) No ( )**

**Is the bottle warmed? Yes ( ) No ( )**

**Does the child hold his/her own bottle? Yes ( ) No ( )**

**Can the child feed self? Yes ( ) No ( )**

**Does the child eat:**

 **Strained Foods ( ) Whole Milk ( )**

 **Baby Foods ( ) Table Foods ( )**

 **Formula ( ) Other ( )**

**If formula is used, what brand is it?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**What type of water do you use for formula made bottles? (Tap, Nursery/Infant water, etc.)**

**Amount of ounces of formula/breast milk per bottle:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(1-3 months) how often:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(3-6 months) how often:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(6-9 months) how often:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(9-12 months) how often:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does the child take a pacifier? Yes ( ) No ( ) When?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Any allergies to food, milk, or formula?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s feeding Schedule:**

**Breakfast\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

##  Approximate Time Types of Food Amount of food

# Lunch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  Approximate Time Type of Food Amount of food

# Late meal/snacks\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##  Approximate Time Type of Food Amount of food

### Food likes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Food dislikes:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##

**Any updated instructions regarding adding new foods or other dietary changes please list as needed:**

 **Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Initial and Update Monthly:**

\_\_\_\_\_\_\_January \_\_\_\_\_\_\_February \_\_\_\_\_\_\_March \_\_\_\_\_\_April \_\_\_\_\_\_\_May \_\_\_\_\_\_June

\_\_\_\_\_\_July \_\_\_\_\_\_August \_\_\_\_\_\_September \_\_\_\_\_\_October \_\_\_\_\_\_November \_\_\_\_\_\_December

**CACFP INFANT MEAL APPROVAL SECTION**

**Center: K1**-Songsmith **K2**-Porter **K3**-Dover **K4** – School Bell **K5**-Smyrna **K6**-Milford

Dear Parent,

As part of the Child and Adult Care Food Program, we are going to supply the following foods for your infant when they are developmentally ready, following the CACFP Meal Pattern. Please check (✓) the foods that you have already introduced to your child at home. **As time progresses, the parent should date (mm/dd/yy) and initial individual food items as they are to be introduced.** When your child becomes of age to eat table foods from the Child’s menu, food items will replace baby food items.

Please check (✓) the appropriate food items that you would like us to serve to your child. You may check (✓) more than one item in a group.

**BREASTFEEDING/FORMULA** *(Indicate choice and specify type of formula)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Breast Milk or Iron Fortified Formula *(Parent provided)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Iron Fortified Formula *(Center provides formula)(Kidz Ink provides Similac)*

**IRON FORTIFIED DRY CEREAL** *(check, initial and date)*

\_\_\_Rice \_\_\_Oatmeal

\_\_\_Barley \_\_\_Other *(Breads/Crackers)*:\_\_\_\_\_\_\_\_\_\_\_\_

**FRUITS/VEGETABLES** *(check, initial and date)***-**Infant juice, desserts, and dinners are disallowed.

**Vegetables Others:**

\_\_\_\_ Carrots \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Green Beans \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Sweet Potatoes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Peas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Squash \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Fruits Others:**

\_\_\_\_ Applesauce \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Bananas \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Peaches \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Pears \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ Plums \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PROTEIN/POULTRY/MEAT ALTERNATE** *(check)*

\_\_\_\_ Chicken \_\_\_\_ Turkey

\_\_\_\_ Beef \_\_\_\_ Other *(Meat Alternates)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL REQUIREMENTS:** *(list, if any)*. Any modification from the infant meal pattern must be accompanied by a medical statement which explains the food substitution or modification. This would include infants eating a regular center diet.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Infant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB

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0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: 1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or 3. email: program.intake@usda.gov

**Swaddling Agreement**

Dear Infant Parents/Guardians:

Per Child Care Licensing Regulation 42, section iv, under Sleeping Accommodations it states:

Swaddling of infants requires written parent/guardian consent. The use of blankets for swaddling shall not be used when laying an infant down to sleep; swaddle-blanket sleepers may be used.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give written permission for my infant to be swaddled. I understand written permission is being required by the Office of Child Care Licensing.

Parent/Guardian Signature Date

Directors Signature Date

**Cot Agreement**

**12-18 month old children only**

Dear Parents/Guardians:

The office of Child Care Licensing requires that all children, ages 12 to 18 months, who rest/sleep on a cot have written permission from their parent(s)/legal guardians(s). The permission slip below must be filled out in order for Kidz, Ink to follow these standards. Please fill out the form and return it to the front desk.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the parent of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Give written permission for my child to rest/sleep on a cot while he/she attends Kidz, Ink. I understand written permission is being required by the Office of Child Care Licensing for toddler’s age 12 to 18 months.

Parent/Guardian Signature Date

Directors Signature Date

## Parents Right to know

**Parent’s Right to Know and Permissions:**

Per the Delaware code, you are entitled to inspect the active record and complaint files of any licensed child care facility. To review a record contact: administrative specialist, 3411Silverside Rd. Hagley Bld. Wilmington, DE 19810 302-892-5800. You may also view substantiated complaints and compliance review histories for the past five years by visiting the Office of Child Care Licensing’s child care search at <http://www.apex01.kids.delaware.gov:8081/occl/>

**I acknowledge that I received notice of a Parents Right to Know as part of the application and/or tour packet of materials from Kidz Ink.**

Child Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_