

316 N. Main Street
Johnstown, OH 43031
Phone: 740-967-8454 * Fax: 740-967-2748
Email: Brightstartlearningctr@gmail.com

Dear Parents,

years of your child's life committed to providing your family with the best possible care during the most formative We are pleased that you are interested in Bright Start Learning Center. We are

through the $5^{
m th}$ grade of school from 6:30 a.m. to 5:30 p.m. Monday through Friday. childcare services. We provide care and learning opportunities for children aged six weeks licensed by the Ohio Department of Job and Family Services and approved to provide The center is privately owned and operated as a local Johnstown Daycare and is

and acquire new concepts and skills. we provide learning experiences that build progressively as your child continues to grow sensitive to the needs of young children. Using age-appropriate curriculum and activities Our first and foremost goal is to provide a caring and nurturing environment that is

feel welcome. We know they all look forward to getting acquainted with your child. working with you through the enrollment process and will also assist with any future needs. We believe that Jessica and our teaching staff will do their best to make your family Our Director, Jessica, provides daily management of our center, and she will be

Punita Vakil,

Owner

316 N. Main Street * Johnstown, OH * 740-967-8454

Tuition Rates - Effective 09/04/2023

Annual Registration Fee(non-refundable) - \$55/child or \$75/family billed in Jan Tuition is due each week on Monday for that week's services

Infant - Preschool Age Childcare

Part Time - 3 days	rull lime	Schedule
220.00	275.00	Infant
200.00	250.00	Toddler
180.00	225.00	Preschool

School Age Students

Part Time - 3 days	Schedule Full Time- 4/5 days
80.00	Before OR After Grades K - 5 100.00
120.00	Before AND After Grades K - 5 150.00
160.00	Summer Grades K - 5 200.00

Additional Services Offered for School Age (K-5th)

	Christmas Break & Spring Break Weeks		NO school Day - Snow days, Holidays & Prof Days	N Sel Constown Elementary	Service
160.00 week Part-Time	200.00 week Full-Time	50.00 max weekly	20.00 daily	10.00 weekly	Additional Fee

Available Discounts

Multi-Child Discount

Oldest child - 5% discount on their tuition

Monthly Payment Option

discount on all tuition. This amount MUST be paid by the 5th of every month. If you prepay your child(ren)'s tuition monthly. You will receive a 5%

Late Payment

for your child will be termindated until the account is brought up to date. If your tuition account falls more than two (2) weeks behind, services



New Student Application Packet Bright Start Learning Center

Phone: 740-967-8454 * Fax: 740-967-2748 Johnstown, OH 43031 316 N. Main Street

What's Next? The Application and Enrollment Process

must be filled in completely leaving no empty spaces. Please complete all applicable forms in this packet for each child who will be enrolled in our center. The forms

Enrollment Forms Checklist (All Students)
Child Enrollment and Health Information
Child and Family Information
Schedules, Tuition and Financial Obligations
General Permission Form
————Licking County Child Enrollment form for Publicly Funded Childcare - only required for families applying for assistance from Job & Family Services (JFS) for their tuition
Food Program Enrollment (information page + enrollment form)
Food Program Income Eligibility Application (optional form, but necessary to the daycare if you are receiving food assistance thru SNAP, OWF or receiving Tuition Assistance thru JFS)
Additional Forms: Required as stated for Infant and Preschool children
Child Medical Statement – Infant, Toddler and Preschool children only. Shot record is required prior to first day of attendance; physical by Physician required within 30 days
Infant Only Packet – This packet provides us with all the details on feeding, diaper changes, etc.
Final Step
Meet with our Director! Return your forms and enrollment fee to our center office. Our Director will review your forms, complete your tuition information sheet and establish your child's first date of attendance.

Other Important Notes Regarding Enrollment

Building Access - You will use a 4-digit access code to enter the building to drop off and pick up your child. Please provide this number on the Child and Family Information Form in the space designated.

we will use this means to communicate with you about closings, special events and other important information. Communication by E-mail — Please provide current e-mail addresses on the Child and Family Information form as

will be scheduled upon request by either the parent or teacher. Parent Participation – Parents are welcome to observe or volunteer in the classroom. Parent-Teacher conferences

Parent Handbook – A copy of the parent handbook is being provided for you to read and review at your leisure,



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e	Date		e	Director Signature
	Date		Signature	Parent/Guardian Signature
n guidelines.	dule and tuitio	agree to all sche	I have read the above information and agree to all schedule and tuition	I have read the al
z vacanon weeks per	is a illaxillidiri oi	ate: Out center one	calendar year.	calendar year
is given. Your notice	fadvance notice	this vacation week i	vacation week. There is no charge for this vacation week if advance notice is given. Your notice	vacation wee
ull week, you may use a	l be absent for a f	know your child wil	Vacation Week Guidelines: If you know your child will be absent for a full week, you may use	Vacation W
ged "vacation weeks."	cept for pre-arran	y child is absent, ex	I agree to pay the full tuition even if my child is absent, except for pre-arranged "vacation weeks."	lagree to pay
			apply	charges may apply
ability – additional	ı classroom availı	ailable but based or	Additional Days Services – May be available but based on classroom availabilit	 Additional D.
	ges ASAP	center of any chan	Child's schedule changes – Notify the center of any changes ASAP	 Child's scher
	Director	angements with our	monthly payment plans with prior arrangements with our Director	monthly pay
vailable for bi-weekly or	es. Options are av	our childcare servic	Tuition is due weekly in advance for your childcare services. Options are available for bi-weekly or	Tuition is due
attendance	nild's first day of a	will be due on my cl	I understand my first tuition payment will be due on my child's first day of atten	lunderstand
			le Obligations	Tuition & Schedule Obligations
first day of attendance	paperwork prior to 1	ovide proof of submitted	Note: Families applying for state assistance must provide proof of submitted paperwork prior to first day of attendance	Note: Families applyin
We Bi Mo				\$55 \$75
Tuition Payment Pre	Total Tuition	Transportation	Weekly Tuition/Fee	Registration Fee
or specific tuition information)	to our Rate Schedule fo	o complete – Please refer i	My Tuition and Fee Information (Director to complete - Please refer to our Rate Schedule for specific tuition information)	My Tuition and Fe
-	urs/week	Maximum hours of service are 50 hours/week	Maximum ho	
ents as space allows.	art-time 3-day stude	We will accommodate p	Priority Enrollment is given to 4/5-day students. We will accommodate part-time 3-day students as space allows.	Priority Enrollment
	Fri	Thurs	Tues Wed	Mon_
			lule (Time)	Daily Pick Up Schedule
	 - 	dThurs	TuesWed	Mon_
			dule (Time)	Daily Drop off Schedule (Time)
	ek	3 days per week	4/5 days per week	4/5 days
	e)	circle desired choic	Attendance Schedule Options (please circle desired choice)	Attendance Sch
outage.	travel or extended power o	When determined unsafe for	Severe Weather or Other Emergency: Example – When determined unsafe for travel or extended power outage.	Severe Weather or
e notification is provided.	nent for our staff. Advanc	year for professional developr	Professional Development: we dedicate 2 days/year for professional development for our staff, Advance notification is provided.	Professional Dev
ristmas Day and New Year's Eve	after), Christmas Eve, Ch	abor Day, Thanksgiving (& day	Holidays: New Year's Day, Memorial Day, Fourth of July, Labor Day, Thanksgiving (& day after), Christmas Eve, Christmas Day and New Year's Eve	Holidays: New Year
	center closures.	not reduced due to	Center Closings: Note: Tuition/Family Fee is not reduced due to center closures	Center Closings; N
			Center hours: 6:30 am to 5:30 pm, Mon – Fri	Center hours: 6:30
			S	Center Schedule
School Grade		Age		Child's Name

Ohio Department of Job and Family Services CHILD ENROLLMENT AND HEALTH INFORMATION FOR CHILD CARE

This form shall be completed prior to the child's first day of attendance and updated annually and as needed.

State State State Perent/Suardian Name 51 Home Address (#applicable) Email Address (#applicable)	Child's Name	Date of Birth		First Day at Progra	Program/Home
Parcon/Subdist Name #1	Home Address			City	
Recell Control Name (#1) Same as Child's S	Zip Code	ome Telephone Nur	nber		
Forme Address Same as Child's Same as Child'	Parent/Guardian Name#1	Rela	tionship to Chi	ld	
Email Address (if applicable) Email Phone II	☐ Same as	Home Telephor	ne Number ☐	Same as Child's	
Email Modress (if applicable) Parent's Work/School Address City Color	City	Slate		Zip	
Parent's Work/School Name Parent's Work/School Tolephone Number Parent's Work/School Address	Email Address (if applicable)	Cell Phone (if a	pplicable)		
Parent's Work/School Address Please indicate if this name should be released if a parent/guardian, of a child attending the program/home requests contact information for other parent/guardians.	Parent's Work/School Name	Parent's Work/S	School Telepho	one Number	
Please indicate if this name should be released if a parent/guardian, of a child alterding the program/home requests contact information from the program/home requests contact information increasion above to include on the list. Work # Cell # Home # Email Where can you be reached which information above to include on the list. Work # Cell # Home # Email Where can you be reached while your child is in this program/home? Parent/Suardian Name #2 Cell Phone State City State City Parent/S Work/School Address Can you be reached while your child is in this program/home? Parent/S Work/School Address Can you be reached while your child is in this program/home? Parent/S Work/School Address Can you be reached while your child is in this program/home? Parent/S Work/School Address Can you be reached while your child is in this program/home? Parent/S Work/School Address Can you be reached while your child is in this program/home? Parent/S Work/School Address Can you be reached while your child is in this program/home? Parent/S Work/School Address Can you be reached while your child is in this program/home? Parent/S Work/School Address Can you be reached while your child is in this program/home? Parent/S Work/School Address Can you be reached while your child is in this program/home? Parent/S Work/School Address Can you be reached while your child is in this program/home? Parent/S Work/School Address Can you be reached while your child is in this program/home? Parent/S Work/School Address Can you be reached while your child is in this program/home? Parent/S Work # Cell # Work # Cell # Work # Cell # Home # Email Work # Cell # Work # Cell # More # Email Work # Cell # More # Email Work # Cell #	Parent's Work/School Address		City		
Where can you be reached while your child is in this program/home? Parent/Guardian Name #2 Felationship to Child	Please indicate if this name should be released if a parent/guard for other parents/guardians. Yes No If you answered yes, please indicate which information above to	ian, of a child attendi include on the list	ing the prograr ☐ Work #	n/home requests c	ontact information me#
Parent/Guardian Name #2 Home Address Same as Child's Anderess Same as Child's Same as Child's Email Address Same as Child's Cell Phone Same as Child's Parent's Work/School Address City Cell Phone Parent's Work/School Address City City Parent's Work/School Telephone Number City City Parent's Work/School Telephone Number City City Parent's Work/School Telephone Number City State City City City City City Parent's Work/School Telephone Number City State City City City City City Parent's Work/School Telephone Number City State City City City City City Parent's Work/School Telephone Number City State City City City City City Parent's Work/School Telephone Number City City Parent's Work/School Telephone Number City State City City City City City Parent's Work/School Telephone Number City Pa	Where can you be reached while your child is in this program/ho	me?		*1	
City Email Address (If applicable) Farent's Work/School Name as Child's Parent's Work/School Address Farent's Work/School Address Wumber Farent's Work/School Address Farent's Work/School Address Farent's Work/School Address Wumber Farent'	Parent/Guardian Name #2	Re	lationship to C	hild	
Email Address (applicable) Email Address (applicable) Email Address (applicable) Earent's Work/School Name Parent's Work/School Address Please indicate if his name should be released if a parent/guardian, of a child attending the program/home, requests contactinformation for other parents/guardians. Yes No If you answered yes, please indicate which information above to include on the list: Work # Cell # Home # Email Where can you be reached while your child is in this program/home? Emergency Contacts: Parents cannot be reached. Any person inside should be able to assist in contacting you. At least one person itsed must be able to take responsibility for the child in case the parent/guardian cannot be contacted and should be at least 18 years of age. Name City Name City Cell # Home # Email Home #		Home Telephone	- 1	ame as Child's	
Email Address (If applicable) Parents Work/School Name Parents Work/School Address City	City		State		Zip
Parent's Work/School Address Parent's Work/School Address Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contact information for other parent/guardians. Yes	Email Address (if applicable)	Cell Phone			
Parent's Work/School Address City	Parent's Work/School Name	Parent's Work/Sch	nool Telephone	Number	
Please indicate if this name should be released if a parent/guardian, of a child attending the program/home, requests contactinformation for other parents/guardians.			City		
Emergency Contacts: Parents cannot be listed as emergency contacts. List the name of at least one person who can be contacted in the event of an emergency or illness if you cannot be reached. Any person listed should be able to assist in contacting you. At least 18 years of age. Name City Relationship to Child Other numbers where emergency contact can be reached (if applicable) Name of Physician or Clinic/Hospital Street Address Street Address Telephone Number State Telephone Number Telephone Number Telephone Number Telephone Number Telephone Number emergency contact can be reached (if applicable) State Telephone Number emergency contact can be reached (if applicable) Telephone Number emergency contact can be reached (if applicable)	Please indicate if this name should be released if a parent/guard for other parents/guardians. Yes No If you answered yes, please indicate which information above to Where can you be reached while your child is in this program/ho	lian, of a child attend include on the list ome?	ing the progra	m/home, requests	contact information
State City Shone Number Relationship to Child Telephone Number ar numbers where emergency contact can be reached (if applicable) ne of Physician or Clinic/Hospital et Address State Telephone Number Telephone Number	Emergency Contacts: Parents cannot be listed as emergency in the event of an emergency or illness if you cannot be reached one person listed must be able to take responsibility for the child 18 years of age.	y contacts. List the r gd. Any person listed in case the parent/ο	name <u>of at leas</u> 3 should be ab Juardian canno	<u>st one person</u> who le to assist in conta ot be contacted and	can be contacted acting you. At least I should be at least
sphone Number Relationship to Child Telephone Number ar numbers where emergency contact can be reached (if applicable) ne of Physician or Clinic/Hospital set Address State City Telephone Number applicable) Telephone Number	Name	Name	v		
Relationship to Child Telephone Number ontact can be reached (if applicable) State Telephone Number		City			State
Other numbers where emergency con applicable) State Telephone Number		Telephone	Vumber	Relati	ionship to Child
et Address State	Other numbers where emergency contact can be reached (if applicable) Name of Physician or Clinic/Hospital	Other numb applicable)	ers where em	ergency contact ca	n be reached (if
State	Street Address				
		Telephone	Number		

Does this dietary restriction require a modified diet that eliminates all types of fluid milk or an entire food group? No Yes - written instructions from the child's health care provider must be on file. N/A - program does not provide meals or snacks to the child.
If yes, does this medication or medical food need to be administered at the child care program/home? No Yes - a JFS 01217 "Request for Administration of Medication" must be completed and kept on file for each medication and a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed for the medical food. Does your child have any dietary restrictions, including those for medical, religious or cultural reasons? (checkone) No Yes - please explain
Is your child currently using any medication or medical food? (check one) □ No □ Yes - please explain
Does the special health or medical condition require child care staff to perform a procedure, or perform child specific care such as: to monitor your child for symptoms or administer medication during child care hours? (checkone) No Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.
Does your child have a developmental delay or special health or medical condition? (<i>checkone</i>) ☐ No ☐ Yes - please explain
Does your child's allergy/allergies require child care staff to monitor your child for symptoms to take action if a reaction occurs, or give emergency medication to your child? (<i>check one</i>) No Yes - a JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed.
Does your child have any food, medication or environmental allergies? (<i>check all that apply</i>) No Yes - <i>check all that apply</i> Food Medication Environmental Please list and explain:
Allergies, Special Health or Medical Conditions, and Medical Foods Fill in this section accurately and completely. Please note that if your child has a current health or medical condition requiring child care staff to perform child specific care, such as: to monitor the condition, provide treatment, care, or to give medication, the JFS 01236 "Child Medical/Physical Care Plan for Child Care" must be completed and be kept on file at the program/home.
Child's Name

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Child's Name
List any history of hospitalization, outpatient surgery, or previous health concerns that would be needed to assist the staff or medical personnel in an emergency situation.
☐ Not applicable
List any additional information about your child that would be useful for staff to know, such as fears or ways that your child prefers to be comforted.
Not applicable
List any additional information about your child that would be useful for staff to know, such as eating or sleeping habits.
□ Not applicable
List any additional information about your child that would be useful for staff to know, such as special routines, or behavior needs.
LI Not applicable

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(
Date of Review	Administrator/Designee Initials	Ac	Date of Review	Parent/Guardian InitiaIs
Date of Review	Administrator/Designee Initials	A	Date of Review	Parent/Guardian Initials
Date of Review	Administrator/Designee Initials	A	Date of Review	Parent/Guardian Initials
n. This is to indicate all	eviewed by the parent/guardiar	has been i If signifi	ed, at least annually, after it or changes have been noted	The form is to be initialed and dated, at least annually, after it has been reviewed by the parent/guardian. This is information has stayed the same or changes have been noted. If significant changes are needed in lease common the same of the sam
Date				
Date			е	Administrator/Designee Signature
ss and signed by the	ust be reviewed for completene	ıardian, m	l and signed by the parent/gue child receiving care.	administrator/designee prior to the child receiving care. Parent/Guardian Signature(s)
□Yes □No (check one)	Acknowledgement of Policies and Procedures e program's or home's policies and procedures/handbook.	nt of Polici ne's polici	Acknowledgemer copy of the program's or hon	Acknowledgement of Policies and Procedures I have reviewed and received a copy of the program's or home's policies and procedures/handbook.
Date	Parent's Signature		Date	Parent's Signature
atment. I wish for the following	transportation for my child in the event which requires emergency treatment. action to be taken:	Do not sign both	ss or injury which requires ergency transportation y to which my child will be	emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.
	does not have no maine	OR R	argency transportation for	has permission to secure emergency transportation for
Permission to Transport	Do Not Give Perm		700	Program or Home Name
	Emergency Transportation Authorization	Transport	Transport	Give Permission to
yhours.	l do not agree, please check my child's diaper every	gree, plea		☐ I agree with the program's schedule
hours. Please indicate if you want your child's diaper checked according to the	e indicate if you want your child's	rs. Please		program's policy is to check diapers every
	No (If no, fill out the following:)	ency Trans ing:)	No (If no, fill out the following:)	!
	Diapering Statement	iapering s	D Vac (IF inc. 1):	Is your child toilet trained?

Child's Name

J.

Note:
This is a prescribed form which must be used by child care providers to meet the requirements to rules 5101:2-12-15, 5101:2-13-15, and 5101:2-14-04.
This formmust be on file at the program or home on or before the child's first day of attendance and thereafter while the child is enrolled.



Bright Start Learning Center Child and Family Information

316 N. Main Street Johnstown, OH 43031 Phone: 740-967-8454 * Fax: 740-967-2748

By providing complete information about your child, you will be assisting staff in creating a positive experience for him/her while in our care.

List things your child might be anxious about as he/she starts in this program? home, with family, with parents, or any other pertinent info). Has your child had a previous care arrangement? Yes Birthdate Nickname (if any) Full Name Inside activity. Movie/TV show Character What are some of your child's favorites? Please check all the words that best describe your child's personality and behavior Tell Us About Your Child Are there things that frighten your child? Are there any special sleep / nap habits? Does your child/family have a pet? What kind? Name? Other Outside activity center and can be well cared for by our staff? Is there anything else we need to know about your child to ensure he or she makes a smooth transition to our What do you do to comfort your child in either of these situations? Are there things that cause your child to feel angry or frustrated? active social pnol friendly content mellow spontaneous adventurous gives-in easily creative _outgoing curious _stubborn _affectionate _happy Child's Age prefers adult attention easily angered tentative hesitant anxious M/F $\frac{2}{6}$ insecure other emotional bossy School Grade (if app) Ethnicity quiet Additional details? (center based, in _jealous calm energetic sensitive cautious _ likes routine shares well excitable cheerful

Child and Family Information (Cont.)

Child's Name

Ohio Department of Job and Family Services CHILD MEDICAL STATEMENT FOR CHILD CARE

Date	conscience, including religious convictions against all of the diseases listed above or against the following disease(s):
Signature of Parent	Section C - To be completed by the child's parent ONLY IF WAIVING AN IMMUNIZATION(S):
Date	minonization(s).
	If an immunization is medically contraindicated or not medically appropriate for the child's age, note any exceptions by listing the specific
	☐ The above named child has been immunized against the diseases listed above.
Initials of Examining Health Care Practitioner	Section B - To be completed by the EXAMINING HEALTH CARE PRACTITIONER:
<i>s against the following diseases:</i> s B, Influenza, Measles, Mumps, Pertussis,	Section 5104.014 of the Ohio Revised Code requires immunizations against the following diseases: Chicken pox, Diphtheria, Haemophilus Influenzae type b, Hepatitis A, Hepatitis B, Influenza, Measles, Mumps, Pertuss Pneumococcal disease, Poliomyelitis, Rotavirus, Rubella and Tetanus.
NRD INCLUDING DATES NUNIZATIONS.	ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD INCLUDING DATES (MM/DD/YYYY FORMAT) OF DOSES OF ALL IMMUNIZATIONS.
Zip Code	Street Address City, State and Zip Code
Telephone Number	Name of Examining Health Care Practitioner
Date of Examination	Orginature of Examining Health Care Practitioner
	Signature of Evamining Books Comp.
Lead Yes No Hemoglobin Yes No Other:	
viding appropriate child care for the above is) accompanies this form.	Additional information that will assist the child care program in providing appropriate child care for the above named child (special health care and developmental considerations) accompanies this form. Optional: Measurements and Recommended Assessments/Screenings
	Check below, if applicable:
OR is allergic to the following (please list in space below):	Virie above named child does not have allergies OR is allergic to the
oup care (i.e. free of infectious disease,	Whe above named child is in suitable condition for participation in group care (i.e. free of infectious disease, mentally and physically fit to be in group care).
	√ The above named child has been examined.
, secure results from	Section A- EXAMINATION
ealth Care Practitioner Nurse/Certified Nurse Practitioner)	(Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner)
Date of Birth	Note: Sections A and B must be sometimes.
	Child's Name (print or type)



Authorized Pick Up List

This form must be updated annually

Child's Name
Authorized Fick up List The safety of children in our center is our top priority. Center staff will release your child only to individuals you have authorized. Please list below the names of individuals besides the parents/guardians who are authorized to pick up your child. Please note, ID may be requested to verify identity.
Name Phone Polationship
2
3
4
5
Walks Permission At various times throughout the year our children take short walks in proximity around the center, to the Library, or to nearby park and school. Please sign below and return this form to the office. Written permission shall be considered valid for all routine trips until withdrawn in writing by the parent/guardian. Yes, my child may participate in these walks No, my child may not participate in these walks
Parent/Guardian SignatureDate
Bus Transportation Permission (school age children) We provide transportation to and from school for students who attend Johnstown Elementary, Johnstown Intermediate and Northridge Schools by means of a BSLC bus or van for a small fee all within Johnstown City Limits. I give permission to BSLC to transport my child to and from school. Written permission shall be considered valid for all trips to/from school until withdrawn in writing by the parent/guardian.
My Child's school is
Parent/Guardian Signature Date



PHOTO RELEASE

	Relationship To Child
Date	Parent/Guardian Signature
With my signature below I grant permission for my child(ren) to be photographed, or their mages recorded for print or electronic use in promoting the Daycare's services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation in this release.	With my signature below I grant per mages recorded for print or electro hat it is my responsibility to update above uses. I agree that this form wunderstand that there will be no pay
	The child(ren) are known as:
I understand that my child(ren) whose name(s) are listed below may be photographed at the Daycare during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.	understand that my child(ren) who Daycare during normal daycare hou otherstaphs may be used in promo
the parent of a child/children at Bright Start Learning Center do	following
the parent of a child/children at Bright Start Learning Center	agree to the following:





Sunscreen

Director Signature	arent Signature	This permission is good effectivestay on file and effective for one year.	Learning Center permission to apply Equate Sunscreen 50 SPF Sport Lotion as a preventative measure on my child,
Date	Date	ear. This form will	apply Equate Sunscreen ventative measure on my