

Register by May 15th  
to have your name  
entered into a  
drawing for a FREE  
week of Summer  
Camp!



# Wesleyan's **SONWORLD**

Adventure Park - Summer 2015

## **WESLEYAN Summer Camp '15**

**June 1st - August 7th**

Camp hours are 6:30 am to 6:00 pm  
Kindergarten thru 6th Graders



### **Join us for lots of great summer fun and activities!**

SOME OF OUR EXCITING ACTIVITIES AND FIELD TRIPS WILL INCLUDE:  
Daily Devotions, Sports, Chapel Programs, Art Projects, Airbound, STEM Activities,  
Reading Incentives, Swimming, Skating, Community Service Projects, Bowling, etc!



**Weekly Tuition: \$166.00**

Registration: \$48 (t-shirt included)  
Insurance: \$7 (N/A WCA students)

FOR MORE INFORMATION, PLEASE CALL

**884-3333 x237 OR x210**

**Wesleyan Christian Childcare**

1917 North Centennial Street  
High Point, NC 27262

# SUMMER CAMP 2015 - WEEK CHOICES

CHILD'S NAME: \_\_\_\_\_

CURRENT GRADE: \_\_\_\_\_

(2014-2015 SCHOOL YEAR)

CURRENT SCHOOL: \_\_\_\_\_

PLEASE INITIAL

WEEKS NEEDED

WEEKS AVAILABLE:

	JUNE 1 - 5, 2015
	JUNE 8 - 12, 2015
	JUNE 15 - 19, 2015
	JUNE 22 - 26, 2015
	JUNE 29 - JULY 2, 2015
	JULY 6 - 10, 2015
	JULY 13 - 17, 2015
	JULY 20 - 24, 2015
	JULY 27 - 31, 2015
	AUGUST 3 - 7, 2015

	TOTAL # WEEKS NEEDED
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CALCULATE DEPOSIT DUE  
AT REGISTRATION BELOW:

\_\_\_\_\_ # OF WEEKS ATTENDING

x \$30 DEPOSIT FEE PER WEEK

\$\_\_\_\_\_ TOTAL DEPOSIT DUE

OTHER FEES DUE:

\$48 REGISTRATION FEE

(all students)

\$ 7 INSURANCE FEE

(non-WCA students only)

Reminder: We will be closed 7/3 in  
observance of Independence Day.

GRAND TOTAL DUE AT REGISTRATION (\$30 DEPOSIT PER WEEK + REGISTRATION + INSURANCE):

\$\_\_\_\_\_ Total Deposit due + \$48 Registration + \$ 7 Insurance = \_\_\_\_\_ Grand Total due

(non WCA students)

BY SIGNING THIS FORM, I UNDERSTAND THAT I AM REQUIRED TO PAY A \$30 NON REFUNDABLE PER WEEK TUITION DEPOSIT FOR EACH WEEK THAT I REGISTER FOR. THIS \$30 DEPOSIT WILL BE DEDUCTED FROM THE WEEKLY TUITION DUE. THE BALANCE OF TUITION FOR EACH WEEK WILL BE DUE BY THE BEGINNING OF EACH WEEK.

Father's Signature: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

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

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

**WESLEYAN CHRISTIAN  
CHILDCARE**

**SUMMER CAMP  
(K-6<sup>TH</sup>)**

1917 North Centennial Street  
High Point, NC 27262  
Phone: (336) 884-3333  
Fax: (336) 884-3412  
<http://www.wesed.org>

**2015**

**For Office Use Only**

Date Application Received \_\_\_\_\_ [ ] New [ ] Returning  
Priority Status: [ ] Employee WEC [ ] Sibling WCC [ ] Sibling WCA [ ] N/A  
Interview Date \_\_\_\_\_ By \_\_\_\_\_  
Date Registration Received \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Date Insurance Received \_\_\_\_\_ Amount \$ \_\_\_\_\_  
# of Camp Weeks Register for \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Weekly Tuition \$ \_\_\_\_\_ Child's Application # \_\_\_\_\_  
Accounting Office Date \_\_\_\_\_ By \_\_\_\_\_  
Entrance Date \_\_\_\_\_ Room Placement \_\_\_\_\_ By \_\_\_\_\_

**Name:** \_\_\_\_\_  
(First) (Middle) (Last) (Name Used By Parent)

**Desired Start Date:** \_\_\_\_\_ **T-shirt Size (circle one):** YM(10/12) YL(12/14) YXL(14/16) **Adult S**

Current Grade: \_\_\_\_\_ Current School: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Current Age: \_\_\_\_\_ Gender (circle one): Male or Female

Are siblings applying for enrollment at WCC/WCA? \_\_\_\_\_ If yes, list names and ages: \_\_\_\_\_

Who has legal custody of the child for whom application is being made? (circle one)

Both Parents \* Joint Custody between \_\_\_\_\_ \*Other: \_\_\_\_\_

\*It is the legal guardian's responsibility to provide current documentation of custody orders while the child is enrolled at WCC.\*

**FAMILY INFORMATION**

**Father's Name:** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
(Street)

(City) (State) (Zip)  
Employer's Name: \_\_\_\_\_ Business Phone # \_\_\_\_\_

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

Marital Status: ( ) Married ( ) Widowed ( ) Separated ( ) Divorced ( ) Remarried – Spouse's Name: \_\_\_\_\_

Church: \_\_\_\_\_ Attendance: ( ) Regularly ( ) Not Regularly ( ) Member ( ) Non-Member

**Mother's Name:** \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone # \_\_\_\_\_  
(Street)

(City) (State) (Zip)  
Employer's Name: \_\_\_\_\_ Business Phone # \_\_\_\_\_

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

Marital Status: ( ) Married ( ) Widowed ( ) Separated ( ) Divorced ( ) Remarried – Spouse's Name: \_\_\_\_\_

Church: \_\_\_\_\_ Attendance: ( ) Regularly ( ) Not Regularly ( ) Member ( ) Non-Member

Do you have any other children currently enrolled at Wesleyan? \_\_\_\_\_ If yes, how many? \_\_\_\_\_

Please list names and room # (WCC) or grade (WCA) of brothers and/or sisters: \_\_\_\_\_

**EMERGENCY INFORMATION**

Does your child have any known allergies? [ ] Yes [ ] No - If yes, please describe the type and reaction: \_\_\_\_\_

Student's Doctor \_\_\_\_\_  
(Required) (Name) (Address) (Phone No.)

Hospital Preference \_\_\_\_\_  
(Required) (Name) (Address) (Phone No.)

Student's Dentist \_\_\_\_\_  
(Required) (Name) (Address) (Phone No.)

I agree that the director or his designee may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately. I also give permission for the director or his/her designee to talk with my child's physician concerning health care related to his enrollment at Wesleyan.

Father's Signature: \_\_\_\_\_ Mother's Signature: \_\_\_\_\_

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

The following persons have my permission to pick up my child and to be called if neither the father nor the mother (or guardian) can be contacted:

Name	Relationship to Child	Phone Numbers
		Work: ( )
		Home: ( )
		Cell: ( )
		Work: ( )
		Home: ( )
		Cell: ( )
		Work: ( )
		Home: ( )
		Cell: ( )
		Work: ( )
		Home: ( )
		Cell: ( )
		Work: ( )
		Home: ( )
		Cell: ( )
		Work: ( )
		Home: ( )
		Cell: ( )

**ADDITIONAL INFORMATION**

Has your child been in a childcare center or summer camp program? [ ] Yes [ ] No - If yes, where and how long?

\_\_\_\_\_

May we contact the director/teacher/caregiver? [ ] Yes [ ] No - If no, please explain. \_\_\_\_\_

\_\_\_\_\_

Has your child had any discipline problems? [ ] Yes [ ] No - If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

How did you find out about Wesleyan? \_\_\_\_\_

Why do you want to enroll your child at Wesleyan? \_\_\_\_\_

\_\_\_\_\_

Please give any information concerning your child which will be helpful to his experience in summer camp (such as playing, eating, sleeping habits, special fears, special likes or dislikes). \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

# WESLEYAN CHRISTIAN CHILDCARE FINANCIAL AGREEMENT – SUMMER CAMP

So that parents will understand the financial policies for Wesleyan, we ask that you read the following information and sign this form indicating your agreement and understanding of the policies set forth.

## POLICIES

1. Upon enrolling my child in Wesleyan Christian Childcare's Summer Camp, I hereby agree to pay a \$30 non-refundable tuition deposit for each week of care I choose. I also agree to pay my tuition **in advance** of care on (check one) :  
 Monday of each calendar week  
 Every other Monday for the full two-week period  
 Beginning of each month for the entire month.
2. The student accident insurance fee is required and due upon enrollment and annually.
3. Regular closing time is 6:00 p.m. A Late Fee Charge of \$1.00 per minute after 6:00 p.m. will be charged per child.  
Example: 6:06 p.m. = \$6.00 late fee
4. I understand that my child will be withdrawn if his/her account becomes past due.
5. Registration fee, insurance fee, and \$30 tuition deposits per week are non-refundable and due at enrollment.
6. Due to staff commitments and general expenses, no reduction is made in fees due to absenteeism. Families must notify our Summer Camp Supervisor of any changes to the weeks they registered for. If a child does not attend a week that they had registered for, they will forfeit their deposit for that week.
7. We will be closed Friday, July 3<sup>rd</sup>, 2015, in observance of Independence Day. Regular tuition rates apply.
8. A partial week rate may be paid for children attending another camp on the Wesleyan campus if parents need care for the balance of the day/week. A Dual Camp Enrollment Form must be completed to receive the reduced fee for Summer Camp during that specific week and your child must be registered for each camp. The reduced rate will be \$55 for attending Summer Camp from 3 – 6 pm and \$120 for attending Summer Camp from 12 – 6 pm Monday thru Thursday and all day Friday. These are the only reduced rates we are able to offer for children who are enrolled in Wesleyan Summer Camps.
9. Regular operating hours are Monday – Friday, 6:30 a.m. – 6:00 p.m.
10. A service charge will be charged for returned checks.
11. A monthly late payment fee will be charged on accounts which have a balance of \$100.00 or more at the end of each month.
12. Have all financial obligations been met at your child's previous child care/summer camp? \_\_\_\_\_  
Name of Center/Camp \_\_\_\_\_ Telephone Number \_\_\_\_\_
13. All financial obligations must be paid in full from the previous year in order to begin the Summer Camp program. In addition, all Summer Camp fees must be paid in full in order to begin the next school year at Wesleyan Christian Academy.
14. All financial information will be given to the parent. It is the enrolling parent's (guardian's) responsibility to share this information with other appropriate adults.
15. **Summer Camp for children in grades K-6 will begin on Monday, June 1<sup>st</sup> and end on Friday, August 7<sup>th</sup>, 2015. Summer Camp care will not be available beyond this date.**

BY SIGNING THIS FORM, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD, AND AGREE WITH ITS PROVISIONS, AND ACCEPT RESPONSIBILITY FOR MY CHILD'S FINANCIAL ACCOUNT. CREDIT REFERENCES CAN BE CHECKED.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## **WESLEYAN CHRISTIAN CHILDCARE ENROLLMENT AGREEMENT – SUMMER CAMP**

So that each parent understands Wesleyan's policies, we ask that you read the following information and sign this form indicating your agreement and understanding of the policies set forth.

1. Applying to and attending Wesleyan Christian Childcare (WCC) is a privilege and not a legal or contractual right. Acceptance to and continued enrollment in Wesleyan is exclusively conditioned upon this Enrollment Agreement.
2. WCC's expectation is that the relationship between WCC, its students and parents is based on the mutual cooperation and support among parents, students, and WCC staff. A positive and supportive attitude by each parent and student of WCC, its faculty and administration is critical to ongoing enrollment in WCC. Therefore, as a parent/student, I will support WCC and decisions of the WCC administration.
3. As parents, we sincerely pledge our loyalty to the goals and ideals of WCC.
4. As parents, we invest authority in the WCC faculty and administration as to the discipline of our child. We agree that we will support the WCC faculty and administration in discipline at home as well.
5. As parents, we agree, in accordance with the principle of Matthew 18:15-17, to bring any and all questions and criticisms to the persons most directly involved. If we have concerns regarding the care or program provided to our child, we agree to make these concerns known to the teacher. If a satisfactory conclusion is not reached, then we will contact the Camp Supervisor, the Childcare Director, and, if necessary, the Head of School. If for some reason my child seems unhappy or we are dissatisfied with the service rendered, we agree to withdraw our child from the Childcare program following proper withdrawal procedures.
6. Each student agrees to show due respect in interactions with WCC staff. It is expected that each student's primary conduct at all times is to be considerate and show respect for others.
7. I hereby agree that the WCC and staff are released from liabilities arising from illnesses that may be contracted by my child enrolled at Wesleyan. I fully realize that my child will be subjected to communicable diseases.
8. I give permission to WCC to take my child on field trips and places of interest. Announcements regarding field trips are normally posted one week prior to the date of the trip. I also give permission for my child to play in areas of our campus that are not fenced while under the supervision of a staff member.
9. Promotional advertisement is used by Wesleyan Christian Childcare and Academy. I understand and agree that my child may be used for such advertisements and that Wesleyan Christian Childcare and Academy are released from all liabilities. Although Wesleyan will not release addresses or identifying information of students, parents agree that their child's photograph/video may be used for Wesleyan promotional purposes/advertising and release Wesleyan from all liabilities for doing so.
10. Wesleyan is not responsible for the loss of personal property, regardless the method of loss.
11. Many individuals have, through their prayers and gifts, made this campus and program possible. Families should do all in their power to keep the buildings attractive and make the utmost use of all facilities. Any person known to deface or destroy school property will be assessed the full cost of repairs and be subject to possible disciplinary action including dismissal.
12. Wesleyan Christian Childcare and Academy admit children of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to children at Wesleyan. It does not discriminate in the administration of its personnel or educational policies, admission policies, or other programs.
13. Wesleyan reserves the right to withdraw a child that is not submissive to correction, who persistently misbehaves, shows disrespect to authority, and/or for any reason deemed appropriate by our sole discretion. Wesleyan reserves the absolute right in its sole discretion to reject any applicant and to dismiss any enrolled student at any time and for any reason. In the event an applicant is rejected before the school term begins, the application fee will be refunded. If an enrolled student is dismissed, the student's tuition will be pro-rated through the day of dismissal and any excess tuition paid will be refunded.

BY SIGNING THIS AGREEMENT, I AM INDICATING MY SUPPORT AND AGREEMENT TO THE POLICIES AS STATED. I AM ACKNOWLEDGING THAT I HAVE READ THIS ENROLLMENT AGREEMENT AND AGREE TO ACCEPT AND ABIDE BY THE RULES AND PHILOSOPHY OF WESLEYAN CHRISTIAN CHILDCARE AS WELL AS THE ITEMS LISTED ABOVE.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

## WESLEYAN CHRISTIAN CHILDCARE DISCIPLINE GUIDELINE STATEMENT – SUMMER CAMP

According to regulations approved by the Childcare Licensing Commission, Childcare Center Directors are required to explain the facility's discipline practices to each child's parent, guardian, or full time custodian at the time of enrollment. Each parent, guardian, or full time custodian must sign a statement which attests that the facility's discipline practices were discussed with him/her. The statement must bear the child's name, the date of enrollment, and if different, the date the parent, guardian, or full time custodian signs the statement. The signed, dated statement must be in the child's record and must remain on file in the facility as long as the child is enrolled. The following guidelines have been developed through much prayer, input from parents and staff, observation, experience, and Scripture relating to the subject of discipline.

1. Questions or suggestions relating to these guidelines should be directed to the teacher, Camp Director, Childcare Director and/or Head of School.
2. The use of positive reinforcement for good behavior is practiced by teachers in each classroom. This includes hugs, pats, words of praise, and/or special privileges.
3. When corrective discipline is necessary, teachers explain to children the reason for the punishment.
4. The methods used in correcting a child include the following:
  - (a) A verbal correction is the first step in correcting a child's behavior. Depending upon the nature of the misbehavior, the verbal correction may be given in a firm voice. Children need to understand the difference between acceptable and unacceptable behavior. This recognition may be accomplished through the voice quality of the teacher. A firm "No" may clarify a child's understanding of misbehavior.
  - (b) If verbal warnings do not correct the behavior, a child may need to be separated from the group for a reasonable period of time. This technique helps to reinforce within the child's mind that his behavior is not acceptable. A firm voice and separation from the classmates are techniques that often accomplish corrected behavior.
  - (c) In some cases, a strong-willed child does not respond to verbal corrections and/or separation from the group within the room or department. In this case, a child would spend time in the office of a childcare administrator or camp director.
  - (d) Parent contacts will be made indicating inappropriate behaviors (inappropriate language, hitting friends or teachers, and other aggressive behaviors). In the event that a child repetitively misbehaves during a given day, the parents will be notified and required to pick the child up for the remainder of the day. Consistent problems may result in "In-House" suspension, temporary suspension from the program, or withdrawal from the program.
5. Wesleyan supports the Biblical basis and appropriate parental use of corporal punishment, but the childcare does not permit the use of corporal punishment by childcare staff in conjunction with children in summer camp.
6. Parent conferences and good home school communication are vital for a successful program. We are always open to evaluating methods and techniques parents have found to be effective in correcting unacceptable behavior in their children.
7. If a child continually does not respond to corrective measure used by our school, it may become necessary to withdraw the child from the program. Wesleyan reserves the right to withdraw a family from our program for any reason deemed appropriate at our sole discretion.

I have read, understand, and agree with the discipline procedures of Wesleyan Christian Childcare.

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

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Enrollment Date: Summer Camp 2015 Current Grade: \_\_\_\_\_

# WESLEYAN CHRISTIAN CHILDCARE

## STATEMENT OF FAITH

1. We believe the Bible to be the inspired, the only infallible, authoritative, inerrant Word of God (II Timothy 3:15, II Peter 1:21).
2. We believe there is one God, eternally existent in three persons—Father, Son and Holy Spirit (Genesis 1:1, Matthew 28:19, John 10:30).
3. We believe in the deity of Christ (John 10:33); His virgin birth (Isaiah 7:14, Matthew 1:23, Luke 1:35); His sinless life (Hebrews 4:15, Hebrews 7:25); His miracles (John 2:11); His vicarious and atoning death (I Corinthians 15:3, Ephesians 1:7, Hebrews 2:9); His resurrection (John 11:25, I Corinthians 15:4); His ascension to the right hand of the Father (Mark 16:19); His personal return in power and glory (Acts 1:11, Revelation 19:11).
4. We believe in the absolute necessity of regeneration by the Holy Spirit for salvation because of the exceeding sinfulness of human nature; and that men are justified on the single ground of faith in the shed blood of Christ and that only by God's grace and through faith alone we are saved (John 3:16-19, John 5:24, Romans 3:23, Romans 5:8-9, Ephesians 2:8-10, Titus 3:5).
5. We believe in the bodily resurrection of the dead; of the believer to everlasting blessedness and joy with the Lord, of the unbeliever to judgment and everlasting separation from God (Corinthians 15:51-54).
6. We believe in the spiritual unity of believers in our Lord Jesus Christ (Romans 8:9, I Corinthians 12:12-13, Galatians 3:26-28).
7. We believe in the present ministry of the Holy Spirit by whose indwelling the Christian is enabled to live a godly life (Romans 8:13-14, I Corinthians 3:16, I Corinthians 6:19-20, Ephesians 4:30, 5-18).

## STATEMENT OF PURPOSE

“Wesleyan is a private Christian school and childcare center which operates as a ministry of First Wesleyan Church.”

“Our goal is to develop the whole person, spiritually, academically, socially, emotionally, and physically. We believe Jesus Christ is the Savior of the world and we purpose to lead each person to salvation through His life, death and resurrection as man's only means of salvation, attainable through personal repentance and faith.”

“We promote Christian living in the home and school as the ideal setting for quality education and the development of healthy minds and bodies. WCC functions in a complementary role with the Christian home to provide, within a traditional, educational childcare setting, opportunities that integrate and nurture each child's spiritual, academic, social, physical, and emotional development. ”

## MISSION STATEMENT

The mission of Wesleyan Christian Childcare, in partnership with home and community, is to provide a safe, educational and developmentally appropriate environment for our diverse student population. We are committed to providing a positive, nurturing, secure and educationally sound environment which allows children the opportunity to grow and develop. We offer a curriculum that is based on Biblical principles, incorporates a variety of learning styles, and facilitates the growth of all children to their optimal level of spiritual, intellectual, social, physical, and emotional developmental potential.

I have read and am supportive of the STATEMENT OF FAITH, the STATEMENT OF PURPOSE, and the MISSION STATEMENT.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date



## Child and Adult Care Food Program (CACFP) Participant Enrollment Form

Institution Name: WESLEYAN EDUCATION CENTER

Agreement Number: Z104

Facility/Provider Name: WESLEYAN EDUCATION CENTER

**Dear Parent/Guardian,**

Your day care facility participates in the U.S. Department of Agriculture (USDA) Child and Adult Care Food Program (CACFP). CACFP needs verification of enrollment for each participant in this facility. Please complete the table below for all participants in your household that are enrolled at this facility. The information below should be completed by the parent or guardian. Please use the guides below the table to complete. Please sign and date this form below.

**SCHOOL AGE EXTENDED CARE (SAEC – AFTERSCHOOL PROGRAM):**

Participant's First Name	Participant's Last Name	Date of Birth	Normal/Typical Hours of Care	Normal/Typical Days of Care (circle all that apply)	Meals Normally Eaten (circle all that apply)
			_____ to _____ pm                      pm	M T W TH F	PM

**SUMMER CAMP:**

Participant's First Name	Participant's Last Name	Date of Birth	Normal/Typical Hours of Care (circle am or pm)	Normal/Typical Days of Care (circle all that apply)	Meals Normally Eaten (circle all that apply)
			_____ to _____ am or pm      am or pm	M T W TH F	B L PM

**Guide:**  
**Normal hours of care:** Please insert the usual arrival time and the usual departure time. Indicate a.m. or p.m.  
**Normal days of care:** Please circle the days of the week the participant(s) are usually in attendance at the facility.  
 (M=Monday; T=Tuesday; W=Wednesday; TH= Thursday; F=Friday; Sat =Saturday; Sun=Sunday)  
**Meals Normally Eaten:** Please circle the meals the participant(s) usually eats at the facility.  
 (B=Breakfast; AM=AM Snack; L=Lunch; PM=PM Snack; S=Supper; LPM=Late PM/Evening Snack)

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: ( ) \_\_\_\_\_

Work Telephone Number: ( ) \_\_\_\_\_

**For Facility/Provider Use Only:**

Signature of Facility Representative/Provider: _____	Date: _____
Date the participant withdrew: _____	

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 202509410 or call (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

<b>For State Use Only:</b> Complete: _____ Incomplete _____ Reason: _____ Verified by: _____ Date: _____
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