



133 Brennan Street  
Watsonville, CA 95076  
831.728.2051 main  
831.728.2052 fax  
www.mndschoool.org

Dear Parents,

It's that time of year again. We are starting re-registration of all current K-7 students for the 2018-2019 school year. Some of the classes at Moreland are full, and before we accept external students, we would like to ensure that our existing families have priority and the opportunity to confirm their places.

As we go forward with our plans for next year, it is important for budgetary purposes to know as early as possible, our rate of re-registration. Our Open House was well attended, and we have many new families inquiring about registration for their child for next year. This is certainly welcome news as we continue to grow Notre Dame; however we certainly hope that all our present families re-register.

*This year has been full of changes, some evident daily and some that will be more evident over time. These changes have been made with the long-term viability of the school in mind, and to ensure the best education for your child (ren). While there are more changes on the horizon, one thing will always remain the same and that is our commitment to our mission.*

The Board, faculty and I truly look forward to having your family return as part of our wonderful school community. Thank you for choosing Notre Dame and permitting us to play a meaningful role in the academic and spiritual preparation of your child (ren).

Please fill out the intent to return found attached to this letter and return it to the office by January 30, 2018. If anyone has concerns about paying the registration fee, please see me.

I would like to thank you for your support and cooperation.

Blessings,

Mrs. Mottau

Moreland Notre Dame School, mindful of its mission to be a witness to the love of Christ for all, admits students of any race, color, gender, and national and/or ethnic origin to all the rights, privileges, programs, and activities generally accorded to or made available to students at Moreland Notre Dame School. (For full text, see Parent-Student Handbook.)



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## **Re-Enrollment Procedure**

### **Application Forms:**

Complete an application including all forms in this packet and return to the school office. No student with a delinquent account will be allowed to sign up for early registration.

**The NON-REFUNDABLE Registration Fee must accompany the application. Applications cannot be held if there is not a Registration Fee attached.**

### **Registration Fee is \$400**

(Applications cannot be accepted nor a place reserved for your child unless accompanied by the appropriate Non-Refundable Fee of \$400)

The Medical Release form must be signed in order for your child to be enrolled. New students applying to enroll in Kindergarten are required to take a placement test upon registration. Parents will be notified of placement once enrollment has been accepted. Please fill out all forms completely and sign where indicated. All new and returning students must have a completed packet in order to register for the 2018-2019 school year.

**Tuition:** Annual tuition rates and a schedule of fees are listed in the Financial Information section in this packet. Monthly payment plan are available for the convenience of our parents, provided payments are received by the due date. Payments are made by automatic debit from your checking account or an \$8 monthly processing/monitoring fee will apply to pay by cash or check or e-payments.

**Fees not covered by tuition such as hot lunch, after school sports, Extended Care, etc. There may also occasionally be additional charges for school activities.**



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# Moreland Notre Dame School

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## Registration Packet

Your registration check list, please list:

\_\_\_ **Application**

\_\_\_ **\$400 NON-REFUNDABLE** Registration Fee and/or

\_\_\_ **\$20** Assessment Fee must accompany the application. **This is for new students only.** Application cannot be accepted nor a place reserved for your child unless a Registration Fee is attached.

\_\_\_ The Medical and Photo Release forms must be signed.

\_\_\_ Fully completed Emergency Card

\_\_\_ For students entering into Kindergarten or New Student (any grade):

\_\_\_ Baptism certificate or birth certificate if child if not baptized

\_\_\_ Copy of current Immunization Records

(A Report of Health Examination for School Entry form must be completed by the student's physician and turned into the office before August 1.)

**All forms must be filled out completely. Applications cannot be accepted if paperwork is not fully completed. Please turn in all paperwork to the school office.**



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## 2018-2019 Fees & Tuition

(All Fees are Non-Refundable and Non-Transferable)

### All Students:

Assessment Fee	\$20
Registration Fee	\$400
Parent Club	\$60

### Tuition

(Tuition includes all academic and materials fees not listed below.)

No. of Children	Basic Tuition	Fees \$400 per Child	Parent Club	Amt Due by July 1	Mo. Tuition Payment July-April
<b>1</b>	<b>\$5,550</b>	<b>\$400</b>	<b>\$60</b>	<b>\$460</b>	<b>\$555</b>
<b>2</b>	<b>\$10,780</b>	<b>\$800</b>	<b>\$60</b>	<b>\$860</b>	<b>\$1,078</b>
<b>3</b>	<b>\$15,740</b>	<b>\$1,200</b>	<b>\$60</b>	<b>\$1,260</b>	<b>\$1,574</b>
<b>4</b>	<b>\$19,680</b>	<b>\$1,600</b>	<b>\$60</b>	<b>\$1,660</b>	<b>\$1,968</b>

### Miscellaneous Fees

After School Sports Teams (6<sup>th</sup>-8<sup>th</sup> Grades): \$75 per year

School Extension Program Fees:

**Registered:** \$5/hour/child – 1<sup>st</sup> child \$4/hour/child – 2 children \$3/hour/child – 3+children

**Drop In:** \$6/hour/child

### Payment Options

Monthly, quarterly, and biannual payment plans are available. Moreland Notre Dame School requires automatic payments through an Electronic Funds Transfer for families that choose a payment plan. Tuition payments are deducted on the 10<sup>th</sup> or 25<sup>th</sup> of the month. A payment plan administration fee will be due for families that choose to pay in multiple installments-the amount of the fee depends of the length of the payment plan.

### Non-Payment of Fees and Tuition

Returned payments are subject to a \$25 returned check charge. A \$40 late fee will be assessed for tuition payments received after the account due date (unless prior arrangements have been made.) Accounts late for 30 days are considered delinquent.

### Financial Aid

A limited amount of tuition assistance is available. Please contact the school office for more information.



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## Financial Contract

Student Name: \_\_\_\_\_ Grade in 2018-19 \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade in 2018-19 \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade in 2018-19 \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade in 2018-19 \_\_\_\_\_

In consideration of the mutual acceptance of this contract by Moreland Notre Dame and the undersigned, the undersigned agrees to pay the 2017-2018 tuition and fees as specified in this contract and on the accompanying "Tuition and Fee Schedule"

Tuition is paid through FACTS Tuition Management Program. There are various payment plans available.

\_\_\_\_\_ In full payment by July 15, 2018, through the school office; payment may be made by check, cashier's check, or in cash. If you prefer to pay in full with cash, please contact the school office to make arrangements. **If you elect to pay in full by July 15, you will receive a 2% discount off the tuition.**  
\_\_\_\_\_ Trimester, on July 15, and in November on the 5<sup>th</sup> or 20<sup>th</sup>, and May on the 5<sup>th</sup> or 20<sup>th</sup>, through FACTS.

\_\_\_\_\_ By two payments. Payment for the first semester is due by July 15, 2018, and a second semester payment is due by January 5<sup>th</sup> or 20<sup>th</sup>, 2019.

\_\_\_\_\_ By ten monthly payments beginning July 5<sup>th</sup> or 20<sup>th</sup>, 2018, and a final payment due on April 5<sup>th</sup> or 20<sup>th</sup>, 2019.

It is understood by the undersigned parent(s) or guardian(s) of the above-named student(s) that this tuition and fee contract is an agreement with Moreland Notre Dame to provide educational services for the tuition, fees, and other charges during the 2017-2018 school year.

### FINANCIAL POLICIES

1. All tuition payments are due on time according to the tuition plan selected. All tuition payments will be administered by FACTS tuition management.
2. There is a \$25.00 charge by FACTS for any returned check, late payment, or attempted and denied automatic withdrawal.
3. MND has the right to take legal action to collect school tuition and fees. Parents/guardians will be responsible for all costs of collection, including court expenses and reasonable attorney fees.



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4. Tuition assistance is available to qualified families; however, the payment schedule agreed upon must be adhered to for continued attendance.
5. Should a student leave MND before the end of the school year, the parents/guardians are responsible for payment of tuition through the end of the trimester (A student leaves mid second trimester, 66% of the total tuition is due). If the parent/guardian has paid in excess of the amount due, the balance will be refunded. Written notification of withdrawal must be given to the school at least two weeks before the date of withdrawal.
6. **If you are unable to pay your monthly tuition on time, it is important that you contact the school office and make arrangements to pay the amount due.** It is critical that your tuition be paid or you contact the school regarding a payment plan. If neither of the options above is completed, your child will not be re-admitted to the school for the following trimester.

#### OTHER OBLIGATIONS

1. Every family is expected to work at least one fundraising event.
2. Every family is obligated to perform 30 hours of service to the school, as defined by the MND Service Points program. An unfulfilled service hour is \$20. If you are unable to give actual service, a donation of \$20 per hour will fulfill this obligation.
3. A non-refundable \$400 registration fee is due at the time of acceptance of new students as a condition of enrollment. A non-refundable \$400 registration fee is due for continuing students by July 1.

I have read the Moreland Notre Dame Financial Contract as stated above. I understand that my child (ren) will not be re-admitted to the school, beginning with the next school trimester, if tuition due is not paid as required. I agree and understand that in order for my child (ren) to remain in good standing at Moreland Notre Dame, I will be required to fulfill all the terms and conditions of this Financial Contract for the 2018-19 school years, and I hereby agree to fulfill all of the said terms and conditions.

Please sign and return this contract to the School Office.

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Signature of Parent/Guardian

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Date

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Signature(s) of Person(s) responsible for payment of tuition and fees

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Date



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## **Contract Acknowledgments & Signatures**

- **I have read this “Financial Contract” and agree to be personally responsible for all tuition and fees, and other financial expenses incurred by MND on behalf of my child (ren).**
- **I have read and agree with the “Uniform and Dress Code” and general guidelines with my child (ren). I agree to have my child (ren) follow the dress code rules.**
- **I have communicated the MND student rules with my child (ren) so they understand them.**
- **I acknowledge that the registration fee must accompany enrollment forms and this contract, and that the registration fee is completely non-refundable. Further, I acknowledge my students account must be current in order to enroll.**

**Parent Signature:** \_\_\_\_\_

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

**Parent Signature:** \_\_\_\_\_

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



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Dear Parents,

Financial Aid applications are reviewed annually. Consideration is limited to families who are registered for the academic year in which financial aid is being requested. The determination for financial aid is made by a committee. A request for assistance is not a guarantee that assistance will be given--but where need meets the threshold set by FACTS, and the spirit of prayerful sacrifice exists, Notre Dame School hopes to help families afford Catholic education.

This is our procedure for tuition assistance applications:

1. All accounts (tuition, SEP, sports, and lunch) must be current.
2. The registration fee for the year in which the family is applying must be paid.
3. Complete the online process through FACTS Grant and Aid at [www.factstuitionaid.com](http://www.factstuitionaid.com). If there is information missing in your application, please explain that in the next step.
4. Write a letter that explains your need AND the importance of a Catholic education--particularly a Notre Dame Education--for your child (ren). The letter may be written in English or Spanish. If there is information on your Grant and Aid application that is misleading or may not give us a glimpse of the true situation, please include that, too. These are the essential questions to answer:

I am requesting tuition assistance because...

In a spirit of prayer and sacrifice, this is how much we can afford to pay per month per student...

**We will not consider an application for aid without the letter, which should be sent to the school and addressed to the principal's attention.**





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## Authorization for Use of Child's Image

I \_\_\_\_\_ give permission to Moreland Notre Dame to use the  
image/likeness of my child (ren) \_\_\_\_\_ in the following ways:

- In advertisements for Moreland Notre Dame such as in print newspaper ads, magazine article photos, banners, and so forth.
- In Moreland Notre Dame's non-advertising communication such as on the school website, in the weekly mailer, on printed products, and on official school social media.

I do not give permission for my child's image to be used  in advertising  online  in print  for any reason.

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



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## Physician Order and Parental Authorization to Administer Medication (Transitional Kindergarten through Eighth Grade)

In order for a student to receive medication at school or during school-related activities, the following criteria must be met:

1. A new form must be completed each school year for each medication. A new form must also be completed whenever there is a change in the medication: name, form (tablet, capsule, liquid), dose (amount), or time given. If there are no changes, each form is good from August 1 of one year until July 31 of the following year.
2. A form is required for any medication: prescription, over-the-counter medicine or herbal supplement.
3. **For prescription medications both parent/guardian and physician must complete and sign this form.**
4. All medication must be in the original container or original package, and prescription medication must have the current prescription label.
5. The original form must be on file at the school. Medication and completed forms must be brought to the school by the parent.

**Parent Authorization**

School Year: \_\_\_\_\_

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

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

School: \_\_\_\_\_

**If Parent/Guardian is Unavailable, Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*

My child will need to take (Medication Name): \_\_\_\_\_ at school. It is to be given at (Time/s \_\_\_\_\_). With the following special instructions:

I, the undersigned, who is the parent/guardian of the above-named student, requests that medication be administered to said child by a designated member of the school staff, in accordance with instructions outlined on the reverse side and authorized by our physician. I understand that there is no nurse on duty and non-medical staff will administer the medication. I understand that I have the right to come to the School and administer the medication myself.

I give my permission for the principal or designee, to communicate with my child's physician regarding the physicians' written statement for medication administration.

I understand the major responsibility for a child taking medication rests with the child and me as his/her parent/guardian, and that I am required personally to bring the medication to the School.

I also agree that the School and the Diocese of Monterey Parish & School Operating Corporation and its employees shall not be held liable for any loss, damage, injury or liability of any kind to any person caused or arising from acts, omissions or negligence of the School or the Diocese of Monterey Parish & School Operating Corporation related to the administration of medication or by the student's self-administration of medication.

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

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_



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**Physician Order for Prescription Medication (Print):**

1. Name of Medication: \_\_\_\_\_
2. Reason for Medication: \_\_\_\_\_
3. Dosage: \_\_\_\_\_
4. Time/s: \_\_\_\_\_
5. Method: Oral \_\_\_\_\_ Inhalation \_\_\_\_\_ Injection \_\_\_\_\_ Topical \_\_\_\_\_ Other/Explain: \_\_\_\_\_
6. Possible Side Effects: \_\_\_\_\_
7. Special Storage Requirements: \_\_\_\_\_
8. Special Instructions/Precautions: \_\_\_\_\_
9. Will student need to personally carry this medication? \_\_\_\_\_ Yes \_\_\_\_\_ No
10. Will the student be "self" administering this medication? \_\_\_\_\_ Yes \_\_\_\_\_ No

The listed medication/s is necessary for: \_\_\_\_\_ A potentially life-threatening condition  
 \_\_\_\_\_ Appropriate pupil interaction in school setting  
 \_\_\_\_\_ To treat a current illness  
 \_\_\_\_\_ Student comfort

Physician's Name (Print): \_\_\_\_\_  
 Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent Request for Medication Self-Administered by Student  
And Requiring Special Storage**

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

I, the undersigned, who is the parent/guardian of the above-named student, request and authorize the staff of \_\_\_\_\_ (School) to store my child's medication at the School site. As indicated in the physician's statement above, my child will self-administer his/her own medication when required, and I am not requesting School personnel to assist in the administration of my child's medication. However, I understand that all medication must be stored in the School office unless a physician orders that the student must personally carry the medication. I also understand that my child must self-administer the medications in the School office.

My child will need to self-administer his/her medication at School because he/she suffers from the following condition:

My child will need to take his/her medication \_\_\_\_\_ (number of times per day) with the following special instructions:

I request that my student's medication be stored in the following manner: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_



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## Emergency Contact Information, Medical & Other Release

Please list individuals that may be contacted to pick up your child, in case we cannot reach you.

Name	Relationship	Phone

I, the undersigned, the parent /legal guardian of \_\_\_\_\_, a minor, do hereby authorize Moreland Notre Dame staff, adult leaders, designated emergency contacts, and /or the licensed medical care provider, to act as agent for the undersigned to consent to my child to be transported to nearest hospital, to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is rendered under the supervision of any general or specialized physician and surgeon licensed under the provisions of the Medicine Practice Act. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of our foresaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which to aforementioned physician in the exercise of his best judgment may be advisable. This authorization is given pursuant to the provisions of section 25.8 of civil code of California. This authorization shall remain effective for the duration of attendance at Moreland Notre Dame, unless sooner revoked in writing to the school. I agree to hold harmless and release Moreland Notre Dame School and its staff and volunteers from liability for an accident, injury or illness that results from student's participation in school programs, classes, or activities.

### Medical and Insurance Information

**Medical**

Doctor's Name (required) \_\_\_\_\_ Phone (required) \_\_\_\_\_

Address (required) \_\_\_\_\_

Insurance Co. (optional) \_\_\_\_\_ Insurance # (optional) \_\_\_\_\_

**Dental**

Dentist Name (required) \_\_\_\_\_ Phone (required) \_\_\_\_\_

Address (required) \_\_\_\_\_

Insurance Co. (optional) \_\_\_\_\_ Insurance # (optional) \_\_\_\_\_

Please list any and all medical conditions or allergies that the school should be aware of: (i.e.: asthma, allergic to bee stings, food allergies, epilepsy): \_\_\_\_\_

\_\_\_\_\_

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

## **New Student Enrollment Procedure**

### **Age Requirements**

Students entering Moreland Notre Dame School must meet the following age requirements:

Transitional Kindergarten	Four years old by September 1
Kindergarten	Five years old by September 1
First grade	Six years old by September 1

**Complete and mail the Moreland Notre Dame Enrollment Application to us with the non-refundable \$20 assessment fee. In addition to the application please attach a copy of your child's Baptismal Certificate. If your child is not baptized, a birth certificate is required.**

### **All Applicants**

- The Administrative office will contact you after the application has been received to arrange a date for the basic skills assessment. This assessment consists of the evaluation of math skills, vocabulary, oral reading, writing, and reading comprehension.
- After the applicant's file is complete and the basic skills assessment is scored, an interview with the administration will be scheduled. Both the applicant and the parent/guardian should plan to attend the interview.

### **Second through Seventh Grade Applicants**

- Please send copies of current or most recent report cards as well as copies of any standardized tests scores (i.e. SAT, ITBS, STAR, etc.)

### **Financial Aid**

**There are two options of financial aid available to students:**

- General Financial Aid
- Multiple Child Discounts

**Financial aid may be awarded to families who have demonstrated need and have completed the financial aid application. Inquire about the financial aid process.**

### **Non-Discrimination Policy**

Moreland Notre Dame School in the Diocese of Monterey, mindful of its mission to be a witness to the love of Christ for all, admits students of any religion, race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school

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## Application for Enrollment

Date: \_\_\_\_\_ Grade Applying For: \_\_\_\_\_ School Year: \_\_\_\_\_

Student's Full Name: \_\_\_\_\_  
Last First Middle

\_\_\_\_\_ M F  
Date of Birth Place of Birth Social Security # Gender

Please complete for each living parent. For Guardian, use Father and/or Mother's space and indicate change.

Father/Parent 1

Mother/Parent 2

Full Name: \_\_\_\_\_

Occupation: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

### Additional Family Information (if applicable)

Step Mother Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Step Father Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

### Correspondence & Billing Information:

Student lives with:  
Both Parents  
Father  
Mother  
Other

Will you require duplicate correspondence sent to both parents?  
Yes No Send only to \_\_\_\_\_

Siblings at MND  
Name \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_  
Name \_\_\_\_\_ Grade \_\_\_\_\_



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Last School Attended: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address City State Zip

How did you first learn of MND?  Church  Friends  Website  Other

Name of Source: \_\_\_\_\_

What are your primary reasons for choosing MND?

Academics  Spiritual  Athletics  Art/Drama  Safety

If Other, please explain: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_

Date of First Communion: \_\_\_\_\_

Church: \_\_\_\_\_

Church: \_\_\_\_\_

Has your child had any behavioral issues at his/her previous school?  Yes  No

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

Specialized Tests: The information provided below will not be used to determine acceptance. This information will be used to better educate us in the needs of your child and to give us a tool to better equip your child for success.

Has your child ever been diagnosed with:

Learning Disabilities  ADD/ADHD  Emotional Difficulties

If any, please explain:

Does your child have any medical conditions that require learning assistance? (visual, hearing, etc.)

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

Ethnic Background: (for statistical purposes only)

Caucasian Hispanic American Asian African American Other

Mother

Father

Child

All of the above information is correct to the best of my knowledge:

Parent/Guardian Signature: \_\_\_\_\_

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