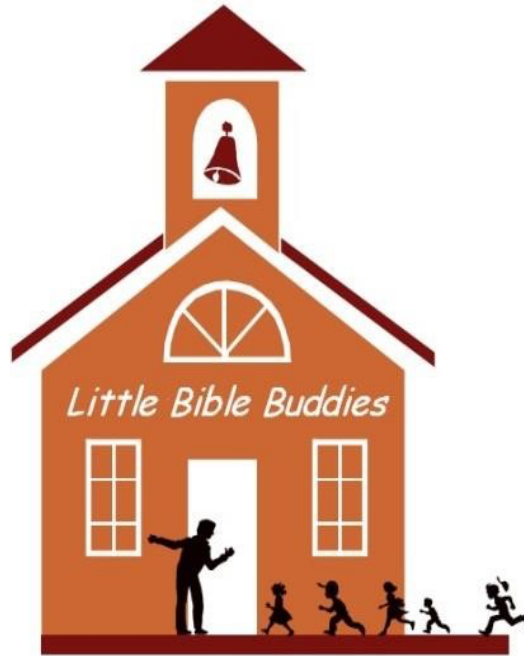


Welcome!



Little Bible Buddies Child Care Center

“Where we serve God through servicing the community”

500 Midvale Road
Upper Darby, PA 19082
littlebiblebuddies.com
littlebiblebuddies@gmail.com
610-734-5900

Little Bible Buddies Child Care Center

Registration Form

Please check all that apply:

- Daycare Program Before & After School Program
 Full Time Part Time Before Only After Only

*If Part Time, circle all that apply (up to 3 days): M T W TH F

Enrollment Date _____ Start Date _____

Child's Name _____ DOB _____

School (if applicable) _____ Grade (if applicable) _____

Registering Parent/Guardian _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Email _____

Subsidy: Yes OR No

Record Number _____ Copay \$ _____

Caseworker _____ Phone # _____

I have read the enrollment agreement, behavior contract, parent handbook, and center policies enclosed within this packet and/or on our website. By signing, I agree to the contracts and policies and understand that failure to adhere may result in my child's dismissal from the program.

Parent/Guardian Signature

Date

Administrator's Signature

Date

Enrollment Agreement

- All children must be dropped off no later than 8:45AM. Upon drop-off and pick-up, all children must be escorted to/from their designated classroom or area and signed in/out via **Procare** app. In the instance of a doctor's appointment, you must give the office written notice at least one day in advance and provide a doctor's note upon arrival. A 15-minute grace period will be permitted should you land in traffic; however, you must call the office in advance of 9:00AM. **No entry will be permitted into the building after 9:00AM.**
- All children must be picked up by 6:00PM. A late fee of \$1.00 per minute per child will be applied after 6:00PM. Late fees must be paid at the time of late pick-up.
- All children are provided no more than 10 hours of care per day. A late fee of \$1.00 per minute per child will be applied after 10 hours of care has been provided.
- Under this contract, a child must remain enrolled for a minimum of 4 weeks. **TWO WEEKS' NOTICE IS REQUIRED FOR WITHDRAWAL FROM THE PROGRAM.**
- Upon enrollment, I agree to pay a registration fee of \$40.00 per child and first and last week's tuition prior to my child's start date.
- Tuition is due each Friday before the week of provided service. If tuition is unpaid by Monday at 6:00PM, then your child may not return until the tuition is paid in full and a \$20 late fee will apply. Acceptable forms of payment are cash, cash app (\$lbbdoe), or via ProCare.
- All tuition must be paid directly to the office or placed in the blue drop box outside of the office. Tuition should never be handed to a teacher or staff person.
- Each family is permitted **1 vacation week per year without paying tuition**. Two weeks' notice is required. Otherwise, tuition must be paid weekly regardless of sick days, holidays, snow days, vacation, etc., Please review our vacation/holiday closing schedule.
- All emergency contact information must be kept current and updated every 6 months at minimum. The financial agreement must be updated every 6 months.
- A health assessment must be provided within 30 days of enrollment. If your child's physical expires, they will not be permitted to return until an updated health assessment is provided.

Enrollment Agreement (cont.)

- The attached food program enrollment and eligibility forms must be completed in full.
- I agree to review and adhere to the sick child policy. I will not bring my child to school with any illness without first notifying the office.
- If your child has a temperature of 100.5 degrees or higher or displays any other symptoms that are considered contagious or unhealthy, you must retrieve the child from the center within one hour. Once a child is sent home with a suspected contagious illness, he or she may return only with a doctor's note. Please do not bring your child to school with a fever or diarrhea. They will be sent home immediately.
- If your child needs medication, parents must complete and sign a medication log and give the medication directly to the office. Medication must come in the original packaging, labelled with the child's name and detailed instructions. Children may not carry their own medication or administer medication themselves.
- Each week, all children must bring 2 labelled changes of clothes and a labelled fitted and top sheet for naptime inside of a labelled backpack. All linen must be taken home on Friday to be washed and returned fresh on Monday. Extra clothing should be appropriate for the current season. **Absolutely no plastic bags.**
- Children should be dressed appropriately daily. This means dressing properly for the weather (coat, hat, scarf, gloves, sunblock, etc.). Closed-toe shoes must be worn daily. **For safety reasons, open-toed sandals and flip flops are not permitted.**
- I agree to pay for all trips and extracurricular activities, center or classroom related.
- No outside food or toys are permitted.
- All children in the after-school program should come prepared with their supplies and homework.
- Children in the after-school program must come directly to the school bus or van after school. If your child misses our transportation, it is the responsibility of the parent to pick up the child from school.
- We appreciate and encourage parent/family volunteers and/or classroom donations! We will pay for the DHS required clearances for all family volunteers!

Behavior Contract

1. I will never physically, verbally, or emotionally harm others.
2. I will always treat others with respect and never use foul language.
3. I will not steal, destroy, or touch another's property without permission.
4. I will never tease, pick on, or call others by hurtful names.
5. I will treat all teachers and staff with respect.
6. I will use materials, supplies, and indoor/outdoor equipment properly.
7. I will not bring outside toys/electronics to school and never take any of LBB's toys home.
8. I will participate in all activities that are set up by the teacher(s).
9. I will dress appropriately for school each day, including proper footwear.
10. I will make proper use of all facilities including the restrooms and classrooms.
11. I will never walk away from a teacher without permission, especially during trips.
12. I will keep an open mind and have FUN!

***** The first violation of the behavior contract will result in a verbal warning.
A second violation will result in a written warning and parent conference.
A third violation will result in suspension with written plan of correction or probation.
Any further violations will result in automatic dismissal from the program.
Tuition and trip payments are non-refundable. *****

Photo Consent

We are requesting your signed permission to take pictures of your child for the purpose of decoration within the classroom/center, daily reporting on ProCare, and/or marketing purposes on our website or social media.

By signing below, I authorize LBB to take pictures or video of my child for use by the child care center only.

Parent/Guardian Signature

Date

Child Observation

Each classroom teacher will conduct a child observation **within 45 days of a child being enrolled in the program and in a new classroom**. A specific observation tool is used by each classroom and is appropriate to each child's age. This observation will be useful as we get familiar with your child and better assist his/her growth and development.

Please sign below that you have read and understood the terms of the Child Observation.

Parent/Guardian Signature

Date

Parent/Teacher Conferences

There are **two** parent/teacher conferences conducted each school year. The conferences are held during the **first weeks of November and May**. Parents will receive **notice 10 days prior** to each conference. The notice will include suggested dates and times for the conference. If you are unable to attend a face-to-face meeting, then a telephone or zoom call can be arranged.

Please sign below that you have read and understood the terms of the Parent/Teacher Conference.

Parent/Guardian Signature

Date

Getting To Know You Meeting

A “Getting to Know You” meeting is offered to parents within **45 days of enrollment** in the program and after moving up to a new class. Parents will **receive notice 10 days prior** to the meeting, which will include suggested dates and times for the meeting. The “Getting to Know You” meeting should last no more than **15-20 minutes**. This meeting will allow the teacher(s) to become more familiar with your child, his or her specific needs, goals for development, and incorporating your family and culture in our program. We look forward to having these meetings and find them to very useful and insightful.

Please sign below that you have read and understood the terms of the “Getting to Know You” meeting.

Parent/Guardian Signature

Date

Parents of Children with an IEP/IFSP

We request that each parent provide a copy of your child’s IEP/IFSP to the office for your child’s file, which will remain confidential and maintained as a matter of record. **We ask that a copy of the IEP is provided within 10 days of the child’s enrollment** in the program to insure a successful start. We would like to work with each family to provide quality care and support, and having this information is a great start in insuring we do so. If there are any questions, please feel free to speak with the child’s teacher or the director.

By signing this document, you give us permission to speak, communicate, and share information with your child’s specialist team and obtain a copy of your child’s IEP/ISFP.

Parent/Guardian Signature

Date



SICK CHILD POLICY

I SHOULD STAY HOME WHEN...		I CAN RETURN TO SCHOOL WHEN I AM...	
I HAVE A FEVER		Temperature of 100.5 F or higher	Fever free for 24 hours without medication (Tylenol, Motrin, etc)
I AM VOMITTING		Vomited within past 24 hours	Free from vomiting for 24 hours
I HAVE DIARRHEA		Diarrhea within past 24 hours	Free from diarrhea for 24 hours
I HAVE A RASH		Body rash with oozing, drainage, or fever	Free from rash, itching, or fever and evaluated by doctor, if needed
I HAVE HEAD LICE		Itchy head with active lice or nits	Under treatment with a doctor's note to return
I HAVE AN EYE INFECTION		Redness, itching, and/or pus drainage from eye	Free from drainage and/or under treatment w/ doctor's note to return
I HAVE STREP THROAT		Sore throat that is red & may have spots, usually w/ fever	Under treatment for more than 24 hours with no fever & a doctor's note to return
I HAVE A RINGWORM		Circular, itchy rash with clearer skin in the middle	Under treatment for more than 24 hours with a doctor's note to return
I HAVE BEEN IN THE HOSPITAL		Any hospital or stay, or visit to ER or urgent care center	Return with a doctor's note including any restrictions, medications, etc.

Please have your child remain home if any other symptoms are present that would impede his or her ability to participate in classroom activities. Some of these symptoms include but are not limited to earache, toothache, headache, stomachache, and/or other moderate to severe pain.

AGREEMENT


55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(c)

NAME OF CHILD		
FEE AMOUNT \$	PER-DAY- WEEK	DAY PAYMENT TO BE MADE
Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.)		
CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIME	PERSON(S) DESIGNATED BY PARENT TO WHOM CHILD MAY BE RELEASED
LATE FEE \$	PER MIN -HR	
Extra services to be provided at an additional fee if applicable		

I, the parent/guardian;

received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)



 SIGNATURE-OPERATOR

 DATE

 SIGNATURE-PARENT OR GUARDIAN

 DATE

DATE OF CHILD'S ADMISSION
DATE OF WITHDRAWAL

PERIODIC REVIEW	
_____ SIGNATURE-PARENT OR GUARDIAN	_____ DATE

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.						
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.

**Child and Adult Care Food Program
Child Enrollment Form (Sample)**

Sponsor/Center Name: Little Bible Buddies Child Care Center INC
Agreement #: 31323451-2

ENROLLMENT FORM FOR CHILDREN IN CHILD CARE (SAMPLE)

This document does not have to be completed for children in Emergency Shelters, Outside School Hours, and/or At-Risk programs. It is recommended to have new CACFP Annual Enrollment Forms completed each year during the Household Eligibility Application renewal period. Review completed enrollment form and enter the effective date in lower right hand section.

PARENTS: This institution participates in the Child and Adult Care Food Program (CACFP) and receives reimbursement to provide more nutritious meals for your child(ren). Federal CACFP regulations require all parents and guardians to complete a CACFP Annual Enrollment Form when enrolling their child(ren) and again every year thereafter. This information will help ensure all children receive appropriate meals during their care.

Please complete all areas to include signing and dating same.

FULL NAME OF ENROLLED CHILD (Include Birth Date/Age)	DAYS OF WEEK IN ATTENDANCE	TIMES CHILD NORMALLY ATTENDS DURING WEEK								MEALS RECEIVED
		TIME-IN			TIME OUT			TIME CHILD ATTENDS SCHOOL		
		AM	PM	TIME	AM	PM	TIME	LEAVES CENTER	RETURNS TO CENTER	
FIRST CHILD	<input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								
BIRTH DATE		Other:								
AGE		Enrollment Date:				Withdrawal Date:				
SECOND CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								
BIRTH DATE		Other:								
AGE		Enrollment Date:				Withdrawal Date:				
THIRD CHILD	<input type="checkbox"/> Same as Above <input type="checkbox"/> MONDAY <input type="checkbox"/> TUESDAY <input type="checkbox"/> WEDNESDAY <input type="checkbox"/> THURSDAY <input type="checkbox"/> FRIDAY <input type="checkbox"/> SATURDAY <input type="checkbox"/> SUNDAY									<input type="checkbox"/> Same Meals as Above <input type="checkbox"/> BREAKFAST <input type="checkbox"/> A.M. SNACK <input type="checkbox"/> LUNCH <input type="checkbox"/> P.M. SNACK <input type="checkbox"/> SUPPER <input type="checkbox"/> EVENING SNACK
NAME		<input type="checkbox"/> Yes <input type="checkbox"/> No I work multiple shifts and child(ren) may be in care different days/hours								
BIRTH DATE		Other:								
AGE		Enrollment Date:				Withdrawal Date:				

Signature _____

Signature of Parent or Guardian

_____ Date

_____ Telephone Number of Parent or Guardian

CHILD CARE REPRESENTATIVE USE ONLY: _____ <i>Name of Representative/Signature</i>	_____ Date
The effective date can be made retroactive back to the first day the child participates in the CACFP as long as it occurs in the same month this form is received.	

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotope, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Source of Income for Children	
Sources of Child Income	Examples
Earnings from work	<ul style="list-style-type: none"> A child has a regular full or part-time job where they earn a salary or wages
Social Security - Disability Payments - Survivors Benefits	<ul style="list-style-type: none"> A child is blind or disabled and receives Social Security benefits A parent is disabled, retired, or deceased, and their child receives Social Security benefits
Income from person outside of household	<ul style="list-style-type: none"> A friend or extended family member regularly gives a child spending money
Income from any other source	<ul style="list-style-type: none"> A child receives regular income from a private pension fund, annuity, or trust

Source of Income for Adults		
Earnings from Work	Public Assistance/Alimony/Child Support	Pensions/Retirement/All other sources of income
<ul style="list-style-type: none"> Salary, wages, cash bonuses Net income from self-employment (farm or business) <p>If you are in the U.S. Military:</p> <ul style="list-style-type: none"> Basic pay and cash bonuses (do NOT include combat pay, FSSA, or privatized housing allowances) Allowances for off-base housing, food, and clothing 	<ul style="list-style-type: none"> Unemployment benefits Workers compensation Supplemental Security Income (SSI) Cash assistance from State or local government Alimony payments Child support payments Veterans benefits Strike benefits 	<ul style="list-style-type: none"> Social Security (including railroad retirement and black lung benefits) Private Pensions or disability benefits Income from trusts or estates Annuities Investment income Earned interest Rental income Regular cash payments from outside household

OPTIONAL Children's Ethnic and Racial Identities (Optional)

We are required to ask for information about your children's race and ethnicity. This information is important and helps to make sure we are fully serving our community. Responding to this section is optional and does not affect your children's eligibility for receiving meals during care.

Ethnicity (check one): Hispanic or Latino Not Hispanic or Latino

Race (check one or more): American Indian or Alaskan Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

The **Richard B. Russell National School Lunch Act** requires the information on this application. You do not have to give the information, but if you do not, the funds your child care center/provider receives may be impacted. You must include the last four digits of the social security number of the adult household member who signs the application. The last four digits of the social security number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number or other FDPIR identifier for your child or when you indicate that the adult household member signing the application does not have a social security number. We will use your information to determine the meal reimbursement for your child care center/provider. We MAY share your eligibility information with education, health, and nutrition programs to help them evaluate, fund, or determine benefits for their programs, auditors for program reviews, and law enforcement officials to help them look into violations of program rules.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

FAX: (202) 690-7442; or
EMAIL: program.intake@usda.gov.

This institution is an equal opportunity provider.

***Only use this address if you are filing a complaint of discrimination.**

DO NOT FILL OUT For official use only

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice a Month x 24, Monthly x 12

Total Income	How often?	Household size	Categorial Eligibility <input type="checkbox"/>	Eligibility																	
<input type="text"/>	<table border="1"> <tr> <td>Weekly</td> <td>Bi-Weekly</td> <td>Monthly</td> <td>2x Month</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Weekly	Bi-Weekly	Monthly	2x Month	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="checkbox"/>	<table border="1"> <tr> <td>Free</td> <td>Reduced</td> <td>Denied</td> </tr> <tr> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </table>	Free	Reduced	Denied	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Weekly	Bi-Weekly	Monthly	2x Month																		
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Determining Official's Signature	Date	Confirming Official's Signature	Date	Follow-up Official's Signature	Date																