



ARTS ALTOONA LEARNING PODS

REGISTRATION AND INFORMATION PACKET

A NEW WAY TO LEARN

ArtsAltoona offers a new type of space for students to complete their distance learning for the Fall 2020 semester. Middle and high school students will complete assignments in a socially-distanced, clean, and supervised learning “pod” in our facilities.

[Microsoft Office User](#)



HOW TO REGISTER

To register, simply complete the attached registration packet and return it to the ArtsAltoona office, 2212 6th Avenue, Altoona, PA 16602.

Registration deadline is the first day of the program, Tuesday, September 8th. Late registrations will be accepted upon approval of staff. Space is limited to 15 students.

CONFIRMATIONS

- The Administrative Office will send a welcome packet to the email address provided once your registration is accepted. Incomplete paperwork will delay the registration process.
- Waiting List status will be notified by phone.

PAYMENT INFORMATION

- The first week’s tuition payment is due at the time of registration. The first payment should be made in the form of a check, made payable to ArtsAltoona.
- Each weekly payment will be \$100.00, including Week One.
- Tuition payments are Monday, the week before the service period; as per Parent Agreement Form Payment Option selected. Payments not received on time will result in a \$25.00 late fee.
- **Electronic Credit Card Payment:**
Credit Card Payments will automatically be processed on scheduled due dates as per your parent agreement.
- **Online Payments:**
Online parent access will be available. This information will be sent to you upon registration.

ACCOUNT STATEMENTS

Statements will be emailed as per parent’s request.

Account statements are available online in your parent portal or upon written request. Please email to request an account statement.

ENROLLMENT CHECKLIST

NAME: _____

PARENTS: (HIGHLIGHTED SECTIONS ARE INCOMPLETE. PLEASE UPDATE AND RESUBMIT DOCUMENTS TO COMPLETE YOUR REGISTRATION PACKET.)

- Student Getting to Know You Form: Signature and date required
- Agreement Form: Signature and date required
- Emergency Contact Form: Signature and date required
- Authorization and Permission for Medical Treatment Form
- Health Appraisal: Must be received 30 days from start date
- First week’s tuition payment (in the form of a check)
- Tuition express enrollment form: Must be completed before the start of week two

Paperwork must be updated every six months or as changes occur, as per DHS regulations.

CONTACTS

Leah Klevan
Director of Community Relations, ArtsAltoona
 info@artsaltoona.org
 814-942-0840

WELCOME PACKET CHECKLIST

- Staff Bio
- Classroom Schedule
- Parent Handbook
- Program Calendar
- Original Agreement



FAQs **LEARNING PODS**

When does the program start?

The program starts the first day of school in your school district.

Who is eligible for this program?

Any student attending distance learning in middle or high school up to age 16 in the Altoona Area School District.

What are the students going to do?

Please see the program schedule provided to you. The structure of the program supports block scheduling like many school districts in the Altoona Area. Students will have time to complete assigned schoolwork, extracurricular activities, physical education, and meal/snack time.

Who will be with the students?

ArtsAltoona staff. All staff has provisional approved clearances through PA state licensing.

What school supplies do I need to bring?

Participants are to bring all distance learning materials needed for the school day. Required materials could be a laptop/Chromebook/tablet, compatible headphones, chargers, school books, worksheets, etc.

What is your policy on masks?

Masks are to be worn by all peoples entering the building ages 2 and older; that includes adults and siblings at pick up and drop off. Families are asked to supply their own masks or face covering, any kind of covering will be acceptable. Masks will not be worn during times of eating or vigorous activity. This policy will be in place as long as the governor requires masks to be worn in public spaces.

What other COVID-19 policies are in place?

- **Temperature Checks-** the temperature will be taken of everyone that comes into the building. We will also be adding a mid-day temperature check for all students and staff daily. If there is a temperature of 100.0 or higher we will not allow entry for the individual or anyone in the household or same vehicle; families with temperatures of 100.0 or higher will be denied access until 24 hours fever free with no medication.
- **Pick up/drop off procedures-** outside if possible and weather permitting.

FAQs (CONTINUED)

How are you going to handle a student that becomes sick while in care (not COVID-19 related)?

The student will be isolated from the rest of the students; family will be contacted and the student will be removed from care until they are 24 hours free of symptoms without medication. The materials and area the student was occupying will be sanitized before being used by any other staff or students.

How are you going to handle a suspected case of COVID-19?

The student and/or household member will be isolated from the rest of the students if they are in the building, family will be contacted and the student will be removed from the classroom until they are 24 hours free of symptoms without medication. The materials and area the student was occupying will be sanitized before being used by other staff or students. An administrative staff person will contact the local board of health for the most current policies and next steps.

How are you going to handle a confirmed case of COVID-19 or if someone is being tested?

The student and/or household member will be isolated from the rest of the students if they are in the building, family will be contacted and the student will be removed from the classroom until they are 24 hours free of symptoms without medication. The materials and area the student was occupying will be sanitized before being used by any other staff or students. An administrative staff person will contact the local board of health for the most current policies and next steps. Families will be notified via email of the confirmed case, location within the building and a sign will be posted at check in/out.

How are we social distancing the students?

We will do our best to keep students within 10 ft. sq. pods as recommended by the CDC. However, as you are all caregivers of children, please recognize that this may not always be possible.

What forms of payment are accepted?

After the first payment by check, all subsequent payments will be in the form of credit card or EFT (Bank Draft) online.

What are the group sizes the students will be in?

1 staff person to 15 students.



LEARNING PODS PROGRAM SCHEDULE

SUPPORTIVE BLOCK SCHEDULE FOR DISTRICT VIRTUAL LEARNING

7:15-7:45 AM	Arrival, check in
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Note: Each student will be assigned an arrival/check in and a pick up time.

PROGRAMMING BEGINS AT 7:45 AM AND ENDS AT 2:45 PM

Monday and Wednesday	Synchronous learning for periods 1-4 Asynchronous learning (flexible teacher directed assignments, enrichment) for periods 5-8
Tuesday and Thursday	Asynchronous learning for periods 1-4 Synchronous learning for periods 5-8
Friday	Extracurricular support, enrichment, study supervision

2:45-3:15 PM	Pick up, check out
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This schedule is based on information from the Altoona Area School District and is subject to change based on the School District's guidelines.

ARTSALTOONA LEARNING PODS

2020 GETTING TO KNOW YOU FORM

Thank you for choosing ArtsAltoona for your child’s distance learning needs. We are happy to have you and your child with us! For us to best serve you, we ask that you please complete the following form with information regarding your child’s preferences.

Student’s Name _____ **Nickname** _____

Date of Birth _____ **Age** _____ **Male** **Female** **Other** _____

Grade _____

Are there any needs, fears, or concerns you would like to let us know about?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your child’s preference for social interactions?	
Does your child prefer to work:	<input type="checkbox"/> With others <input type="checkbox"/> Independently
Child’s interaction with peers:	<input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Would you like a meeting with your child’s monitor prior to him/her starting?	<input type="checkbox"/> Yes <input type="checkbox"/> Not at this time
Do you have an IEP, IFSP, Special Needs Assessment, or other documentation? If so, please attach it for our records. <i>IEP/IFSP’s are required.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any behaviors you are aware of that your child may need assistance or support from our staff? If yes, please list.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is there anything else that you would like us to know about your child?	
Are there people who you would like us to contact who have worked with your child?	Name/Phone
What coping skills does your child use to handle difficult situations?	

LEARNING PODS PROGRAM AGREEMENT

Student's Name	Date of Birth
Age (as of September 1, 2020)	Grade

Student Enrollment

Beginning on Tuesday, September 8 th 2020:	Distance Learning (*Required) 7:45 AM-2:45 PM \$100.00 per week
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PAYMENT OPTION FORM (Registration application will not be processed without payment of first week's tuition)

*First week's tuition should be made in the form of a check made payable to **ArtsAltoona**. Before the end of the first week, you will receive information regarding how to make future payments. It will be done through an online portal. Please indicate your preferred method of payment for subsequent payments here.*

Payment Plan

- Weekly Bi-Weekly Tuition Payments (Credit Card/Bank Draft/Online)
 Monthly Tuition Payments (Credit Card/Bank Draft/Online)

Method of Payment

- Credit Card Draft
 EFT Draft (submit payment authorization form)
 Parent Online EFT (submit voided check or statement)
 Parent Online Credit Card

Online Portal: \$_____ (Weekly) \$_____ (Bi-weekly) \$_____ (Monthly- one mo.) \$_____ (Monthly- 3 mo.)

Bank Draft: (Please attach a Voided Check and complete Payment Authorization Form)

Electronic Bank Draft Transfer as per my Payment Option:

\$_____ (Weekly) \$_____ (Bi-weekly) \$_____ (Monthly- one mo.) \$_____ (Monthly- 3 mo.)

Credit/Debit Card (Please complete Payment Authorization Form)

Electronic Credit/Debit Card Transfer as per my Payment Option:

\$_____ (Weekly) \$_____ (Bi-weekly) \$_____ (Monthly- one mo.) \$_____ (Monthly- 3 mo.)

Parent/Guardian Signature: _____ Date: _____

Email Address: _____ Daytime phone number: _____

Director Signature: _____ Date: _____

FINANCIAL POLICY & PROCEDURE

Payment Due Date: One full week prior to the first program day of the week/month (with the exception of Week One, which is due by the first day of the program); by 6:30 PM; as per Agreement Form Payment Option selected.

Absences/Holidays: Parent/Guardian is responsible for paying the required tuition amount each week. No credit will be given for day/days not in attendance.

Late Payment Fee: A \$25.00 fee will be assessed for payment that has not been received by the end of the business day on the first program day of the week/month. Consistent late payments will be subject to review and may jeopardize your student's status in the program.

Outstanding balances: If your child has an outstanding balance your child will be declined the ability to maintain an active status or obtain end of year statements until the account balance is current or paid in full.

Returned Bank Draft: A \$35.00 fee per NSF bank draft will be assessed; future payments may be required in the form of cash.

Declined Credit Card: A \$25.00 fee will be applied each time a credit card is declined for any reason.

Late Pick Up Fee: \$20.00 for the first 15 minutes past program hours selected and \$1.00 each minute after.

Refunds/Credit Policy: The first week's tuition due at the time of registration is nonrefundable.

Holiday Schedule

The program will operate on the same schedule as the Altoona Area School District. Please refer to the AASD 2020-2021 Calendar which lists the holidays and student days off. The program will not operate on those days. The calendar can be found online at aasdcad.com

- I understand that I have received, reviewed, and understand the information on the Emergency Operations Plan for the Arts Altoona Learning Pods Program. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for the release of my child.
- In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize ArtsAltoona to send my child to the nearest hospital: (UPMC Altoona)
- I agree to meet the ArtsAltoona staff person at the hospital as soon as possible after being notified.
- I understand that I must bear all expenses, including those incurred to transport my child to the hospital.
- In the event of a minor injury, I authorize ArtsAltoona to administer basic First Aid to my child.
- I have received, understand, and agree to follow all procedures in place.

Child's Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Registrar/Director's Signature: _____ Date: _____

Enroll Date: _____ Billing Date: _____

Financial Policy & Procedure – AGREEMENT FORM

Tuition includes: Internet access and a room monitor to supervise and assist with your child’s distance learning for eight hours a day, five days a week

Payment Due Date/Late Registration Fee: First week of tuition is due at the time of registration. All payments are due each **Monday, THE WEEK BEFORE THE SERVICES ARE PROVIDED;** as per the parent Agreement Form Payment Option selected. **If payment has not been received by Friday at 5 PM, students will be unable to attend MONDAY and placed on a waiting list.** Registration for the program must be completed by Monday at 5 PM, the week before the start of the service period.

Late Payment Fee: Any payment made after the date due will be assessed a \$25.00 late fee. All payments are due **Monday, THE WEEK BEFORE THE REGISTERED WEEK;** as per Parent Agreement form.

Late Pickup Fee: \$20.00 for up to the first 15 minutes past the pickup time and then \$1.00 each minute thereafter.

Returned Check/Bank Draft: A \$25.00 fee per NSF bank draft will be assessed, future payments may be required in the form of cash.

Declined Credit Card: A \$25.00 fee will be applied any time a credit card is declined for any reason.

Outstanding Balances: If your child has an outstanding balance your child will be declined the ability to attend the program.

Refunds/Cancellation Policy: Enrollment and tuition are non-refundable. Cancellation must be received in writing, 2 weeks prior to disenrollment date.

Holiday/In-Service Dates

Please refer to the Altoona Area School District schedule for these dates. The program will not be available on school holidays and in-service days.

We reserve the right to add additional closed days and early dismissal dates for professional development.

Person(s) designated by parents to whom their child may be released:

I, the parent/guardian have reviewed and approved this registration information. I have read, understand, and agree to comply with ArtsAltoona’s payment procedures and policies. I understand that my child will become ineligible for participation in the program if payment has not been received by ArtsAltoona prior to or on the scheduled due date. I agree to update the emergency contact, parent consent form, agreement form, and health appraisal forms information whenever changes occur or every six months at a minimum (DHS Standards, 3270.124, 3280.124, 3290.124). I acknowledge that I have received all of the relevant forms and that ArtsAltoona will not provide care on the holidays/in-service days as scheduled by the Altoona Area School District.

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____ Date: _____

Original Enroll Date: _____ Withdrawal Date: _____

Registrar/Director’s Signature: _____ Date: _____

Confirmation Sent: _____ Billing Date: _____

ARTSALTOONA LEARNING PODS PROGRAM

2020-2021 Authorization for Medical Treatment and Permissions Form

I give permission	I <u>do not</u> give permission	Action Item	Parent Signature (must sign each line)
		Picture: Permission to use my child’s photograph in any official publicity pieces, including, but not limited to; news releases, social media, publications, and web use.	
		Picture: Permission to use photographs of my child taken during the program ONLY within the ArtsAltoona Center.	
		Allergy: Permission to post my child’s allergies in their classroom.	
		Hand Sanitizer: To use hand sanitizer to supplement hand washing. (Regulations from the PA Department of Child Development and Early Learning – see 55PA Code 3720.132, 3280.134 and 3290.134, relating to child hygiene).	
		Permission to view movies: ArtsAltoona has my permission to allow my children to participate in viewing age-appropriate movies.	
Emergency Operations Plan: I have received, read, and understand the information on the Emergency Operations Plan for the ArtsAltoona Learning Pods Program. I understand that persons listed on the Emergency Contact Sheet will be designated custodians for release of my child.			
In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize ArtsAltoona to send my child to the following hospital: _____. (UPMC Altoona will be used if no location is designated.) I agree to meet the ArtsAltoona staff person at the hospital as soon as possible after being notified. I understand that I must bear all expenses, including those incurred to transport my child to the hospital.			

ARTSALTOONA LEARNING PODS PROGRAM

EMERGENCY CONTACT/PARENTAL CONSENT FORM (All lines must be completed. Write N/A if not applicable)

Child's Name	Birth Date	Gender
Address		School Name/Grade
Name of Legal Guardian (1)		Birth Date
Address		Home/Cell Number
Legal Guardian (1) Employer Name		Email Address
Legal Guardian (1) Employer Address		Employer Phone Number
Name of Legal Guardian (2)		Birth Date
Address		Home/Cell Number
Legal Guardian (2) Employer Name		Email Address
Legal Guardian (2) Employer Address		Employer Phone Number

EMERGENCY CONTACTS

Child may be released to individual <input type="checkbox"/>	Name	Address	Daytime Phone Number
Child may be released to individual <input type="checkbox"/>	Name	Address	Daytime Phone Number
Child may be released to individual <input type="checkbox"/>	Name	Address	Daytime Phone Number
Child may be released to individual <input type="checkbox"/>	Name	Address	Daytime Phone Number
Child may be released to individual <input type="checkbox"/>	Name	Address	Daytime Phone Number
Child may be released to individual <input type="checkbox"/>	Name	Address	Daytime Phone Number

Name of Child's Physician/Medical Care Provider		Phone Number
Address		
Special Disabilities (if any)	Allergies Including Medication Reaction	
Medical or Dietary Information Needed in an Emergency	Medication, Special Conditions	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD – DOES YOUR CHILD HAVE AN IFSP/IEP? <input type="checkbox"/> YES <input type="checkbox"/> NO (If yes, please provide)		
Health Insurance Coverage for Child or Medical Assistance Benefits	Policy Number (Required)	

PARENT'S SIGNATURE REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT

Obtaining Emergency Medical Care	Administration of Minor First-Aid Procedures
Walks and Trips	

Signature of Parent/Guardian _____ Date: _____

Signature of Parent/Guardian _____ Date: _____

(Initial Review)

ARTSALTOONA STATEMENT OF UNDERSTANDING/CHILD ABUSE POLICY

The following information is important for the safety and protection of your child. Please read the information, and sign the permission form indicating your understanding. A copy will be placed in your child's records.

- I understand that my child will not be allowed to leave with any unauthorized person. All persons authorized to pick up my child, including older siblings or other relatives, must be listed with ArtsAltoona and must be of the age required by ArtsAltoona. Any other arrangements must be made by emailing us at info@artsaltoona.org or calling 814-942-0840.
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff may have no recourse but to contact the police. Please do not put staff in a position where they have to make this judgement call.
- I understand that ArtsAltoona is mandated by state law to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that ArtsAltoona staff and volunteers are not allowed to babysit or transport children at any time outside the program. Immediate disciplinary action will be taken by ArtsAltoona toward staff and volunteers if a violation is discovered.
- I understand that I am not to leave children unattended. I will wait for ArtsAltoona staff or volunteer to receive and supervise the student.
- I understand that students should not receive excessive gifts (e.g., TV, video games, jewelry) from ArtsAltoona staff or volunteers, and that I should report this to a supervisor if they do.

I understand that I can help ensure my child's safety by taking an active interest in his or her ArtsAltoona Learning Pods experience. I too, will monitor volunteer and staff interactions with my child and ask my child specific questions about program activities and volunteer or staff relationships with my child.

EMERGENCY OPERATIONS PLAN

Dear Parent(s)/Guardian,

ArtsAltoona recognizes safety as our first priority for all students attending ArtsAltoona programs. With this in mind ArtsAltoona has developed a comprehensive Emergency Operations Plan (EOP) that provides for response to all types of emergencies. The specifics of the plan are located at the facility and can be viewed at any time.

Depending on the circumstance of the emergency, the students may be relocated to a different part of the facility and/or offsite at a temporary shelter. Students will remain there until all is clear and/or accommodations for parent pick up have been established. Once the students are in a safe location and/or emergency has been cleared parents will be contacted.

Immediate evacuation

- Emergency in the Education Building – students will be evacuated to the exterior of the building, parking lot, or lawn

In-place sheltering – Sudden occurrences, weather, or hazardous materials related, may dictate that taking cover inside the building is the best immediate response.

- Each classroom will have a specific area within the building where they are to stay.

Modified Operation - May include cancellation/postponement or rescheduling of normal activities. These actions are normally taken in case of a winter storm or building problems (such as utility disruptions) that make it unsafe for students but may be necessary in a variety of situations.

Please visit us at artsaltoona.org, ArtsAltoona on Facebook, or WTAJ for announcements regarding any of the emergency actions listed above. If the Altoona Area School District has a cancellation due to weather the program will also be cancelled for that day. We ask that you not call during the emergency. This will keep the main line telephone free to make emergency calls and relay information. We will call you to let you know that we have taken one of these protective actions. We will also call you when we have resolved the situation and it is safe for you to pick up your child either at the ArtsAltoona Center or a relocation facility. We urge all families to have an emergency plan in place. Your plan should include a predetermined meeting spot for all family members along with designated family and friends who are able and available to pick up your child in the event you are unavailable. In order to assure the safety of your children and our staff, we ask for your understanding and cooperation. Should you have additional questions regarding our emergency operating procedures, contact us at info@artsaltoona.org.

[Receipt of this document acknowledged on page 8]

CHILD HEALTH REPORT

[55 PA CODE SECTION 3270.131, 3280.131, AND 3290.131]

Child's Name: (Last)	(First)	Parent/Guardian:
Date of Birth:	Home Phone:	Address:
Facility Name:		
Facility Phone:	County:	Work Phone:
<input type="checkbox"/> I authorize the facility 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 facility needs a copy of the form.						
HEALTH HISTORY AND MEDICAL INFORMATION IS PERTINENT TO ROUTINE CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):						
<input type="checkbox"/> NONE						
DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A STUDENT RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE STUDENT REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.						
<input type="checkbox"/> NONE						
CHILD'S ALLERGIES (DESCRIBE, IF ANY):						
<input type="checkbox"/> 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 STUDENT, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT, AND PROVISION FOR EMERGENCIES.						
<input type="checkbox"/> NONE						
IN YOUR ASSESSMENT, IS THE STUDENT ALE TO PARTICIPATE IN A CLASSROOM AND DOES THE STUDENT APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?						
<input type="checkbox"/> YES <input type="checkbox"/> 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 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 FACILITY.						
VISION						
HEARING						
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						

CHILD HEALTH REPORT (Continued)

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

Please complete the Health Report with any necessary documentation and physician's authorization and signature within 30 days of enrollment.