



TEXAS ENROLLMENT APPLICATION
Kids R Kids #43
20621 Kuykendahl Rd. Spring Texas 77379

Entrance Date:	Withdrawal Date:
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Child's Name:	Age: _____ Sex: _____	Birth date:
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Child's Address: (City, State, Zip)	Home Telephone: Area Code () _____
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Parent's Name: _____ Email Address: _____ Home Address: _____	Home Phone: _____ Cell: _____ Business Phone: _____
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Parent's Place of Employment: _____ Address: _____	Hours of Employment: _____ Business Phone: () _____
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Parent's Name: _____ Email Address: _____ Home Address: _____	Home Phone: _____ Cell: _____ Business Phone: _____
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Parent's Place of Employment: _____ Address: _____	Hours of Employment: _____ Business Phone: () _____
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Marital Status: Married ___ Separated ___ Divorced ___ Widowed ___ Single ___

Child's Legal Guardian(s): Both Parents ___ Mother ___ Father ___ Other ___

Child's Living Arrangements: Both Parents ___ Mother ___ Father ___ Other ___



PARENTAL AGREEMENT WITH CHILD CARE CENTER

1. The Kids ‘R’ Kids Child Care Center agrees to provide childcare for _____
 (name child is called) on M-T-W-T-F (days of week) from: _____ until _____. (specific hours).
2. My child may be released to the person(s) signing this agreement, or to the following:
****All alternate release persons must be at least 18 years of age or older.**

NAME:	ADDRESS	PHONE	RELATIONSHIP

3. **I agree to pay the total weekly fee of \$_____ on Friday for the upcoming week.**

Withdrawal Policy:

4. A two (2) week notice is required prior to the last day of attendance. Kids R Kids reserves the right to charge for two (2) weeks’ tuition if you withdraw your child without notice.
5. I understand that it is my responsibility to escort my child into and out of the center, and to sign my child in and out of the center. I understand that a staff member will escort my child into the center when being transported from school by county, or KRK transportation.
6. If my child wears diapers, I understand I will provide whatever disposable diapers are necessary for my child. I understand that only disposable diapers are permitted in the center.
7. I understand I am totally responsible for any special diet required by my child. If my child’s diet consists of formula taken from a bottle, I understand I will provide Kids ‘R’ Kids with the appropriate number of bottles containing formula necessary for my child each day. Each bottle will be clearly labeled with my child’s name and dated as per state regulations.
8. Transportation is provided to and from school and on planned field trips, with parental permission. A separate form and signature are required for this service. A school transportation form can be signed once for each school year. A field trip form must be signed before each trip.
9. Should my child become ill during the time that he or she is in the care of Kids ‘R’ Kids or suffer an accident of any nature, the center will undertake to contact me immediately and shall be authorized to secure such medical attention and care for the child as may be necessary. (The parent will assume responsibility for payment). I agree to keep the center informed as to changes in telephone numbers, etc., where I may be reached



10. I understand that if my child is ill, including, but not limited to: a severe cough or sore throat, undetermined rash or spots, temperature over 101°, severe headache, upset stomach, or diarrhea, he or she cannot be accepted into the center until well. In the event my child has a communicable disease, a release form from a medical source may be required before my child re-enters the center.

Kids 'R' Kids will notify parents if a communicable disease has been introduced into the center.

11. I understand that Kids 'R' Kids #43, while a Kids 'R' Kids franchise, is independently owned and operated and that neither Kids 'R' Kids International, nor any Kids 'R' Kids center other than the one whose name appears at the heading of this form is responsible for the actions or obligations of this center.

12. If child is of school age, what school does he/she attend? _____

Address of the school: _____

13. I understand that it is my responsibility to keep the center advised on changes of addresses, phone numbers, etc.

I agree to abide by all policies and procedures of Kids 'R' Kids as outlined in this agreement and the **Parent Handbook**. I have read and understand the above statements.

Signed: _____
Parent or Guardian

Date: _____

Signed: _____
Director/Assistant Director

Date: _____



HEALTH AND EMERGENCY PERMISSION RECORD

Child's Name:	Birth Date:
Address:	Phone:
Doctor's Name:	Phone:
Dentist's Name:	Phone:
Does the child have physical problems, mental health disorders, needs, or developmental disabilities, which would limit the child's participation in the program and activities?	Yes ___ No ___
Specify:	
Does the child have allergies? (foods, medications, insects, etc.)	Yes ___ No ___
Specify:	
Are there any special procedures/medications that are required in caring for the child?	Yes ___ No ___
Specify:	

Emergency Contacts ****All contact persons must be at least 18 years of age or older.**

1.		Relation		Phone: Cell:
2.		Relation		Phone: Cell:
3.		Relation		Phone: Cell:

Kids 'R' Kids #43 emergency medical procedure will be:

1. Contact parent
2. Contact person listed as emergency contact
3. Call emergency medical team, if necessary
4. Have emergency medical team transport to nearest hospital
5. Will seek medical attention from:

Doctor: *The doctor on call at the hospital stated below:*

Hospital the center uses: **Tomball Regional Hospital**

I, _____ give my permission for Kids 'R' Kids #43 to seek medical attention for my child, _____, in the event of an emergency if I cannot be reached, and to hold harmless and release Kids 'R' Kids #43 and Kids 'R' Kids International, Inc., from all liability. I further agree to keep the facility informed of changes in telephone numbers, etc., where I can be reached.

Parent's signature _____

Date: _____



HEALTH REQUIREMENTS

Child's Name: _____

Birth Date: ___/___/___

Immunizations	Date: 1st Dose	Date: 2nd Dose	Date: 3rd Dose	Date: 1st Booster	Date: 2nd Booster
DPT/Td					
Polio					
Hib CV					
MMR					
Varicella				Date of Illness:	
Hepatitis B					
PCV 7					
Hep A					
PHYSICIANS VERIFICATIONS MUST BE SUBMITTED					

NOTE: You may submit machine copy of an immunization record signed or stamped by a physician or health professional.

Primary Care Physician: _____

Address: _____

Phone#: _____ Fax#: _____

Dentist: _____

Address: _____

Phone#: _____

Doctor's statement: I have examined the above child within the past year and find that he/she is physically able to take part in the childcare program.

Signature (or stamp) of Physician or Health Professional	Date
Signature of staff making handwritten copy of record	Date

Certification of parent:

My child's immunization records are ___ are not ___ on file and available for review at his/her elementary school.

Name of Elementary school: _____

Address _____ Ph# _____



Parents Signature _____ Date _____

TRANSPORTATION AGREEMENT

Kids R Kids #43
20621 Kuykendahl Rd. Spring TX. 77379

**Must be filled out
Required by State Regulations**

I, _____, agree for my child, _____ to be transported

By Kids 'R' Kids #43 to school _____ from school _____ emergencies _____ field trips _____.
(check all that apply)

My child is to be transported from K'R'K #43 at _____.
(time)

My child is to be delivered to _____ at _____.
(School) (time)

My child is to be picked up from _____ at _____.
(School) (time)

My child is to be delivered to K'R'K #43 at _____.
(time)

TRANSPORTATION GUIDELINES

In the event the designated location is unable to receive children they will be returned to K'R'K #43.

Children will not be left unattended on any vehicle used for transportation.

Children will wear seat belts.

It is **vital** that K'R'K # 43 be notified of any changes in the above scheduled transportation. K'R'K #43 will assume the above schedule of transportation will be followed unless we receive different instructions from parents (instructions should be received by K'R'K # 43 at the earliest possible time.)

Your child must be at the center no later than 7:20 am to be transported in the mornings.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

YOU WILL RECEIVE A COPY OF THE RULES THAT CHILDREN ARE EXPECTED TO FOLLOW WHILE IN THE VEHICLE. WE ASK THAT YOU REVIEW THESE RULES WITH YOUR CHILD/CHILDREN. IT IS OUR GOAL TO PROVIDE A SAFE ENVIRONMENT FOR EACH CHILD WHILE IN THE VEHICLE.



Vehicle Safety Rules

1. Children shall never cross the street to board the bus.
2. Children shall never be left unattended on the bus.
3. Children will be checked on/off each time the board or exit the bus.
4. All children must be seated and buckled up while on the bus.
5. Children will not be on the bus at the time of fueling.
6. Children will not remove items from their book bags while on the bus.
7. Children will keep their voices low.
8. Children will not touch others in an aggressive manner.
9. Children will keep hands, arms, head, feet, and legs inside the bus at all times.
10. Music will not be played while transporting children.
11. No food or drink will be consumed on the bus.

Vehicle Safety Rules will be reviewed with children and parents of children who are transported on the bus. Any violation of rules will be discussed with the parents of the child violating rules. There may be additional vehicle safety rules added; You will be notified in writing of changes/additions.

I have read the above Vehicle Safety Rules with my school-age child(ren).

Child's Name: _____

Parent Signature: _____ Date: _____



General Information And Policies Regarding Kids R Kids #43

HOURS: 6:00 AM to 6:30 PM

OWNERS: This center is privately owned by Cathy and Lawrence Paulson, on-site daily, and involved in the operation of the center.

CURRICULUM: Age appropriate curriculum is provided for every age group, during the school year and summer. Educational programs are designed and administered by a certified director and owners. Our focus is to prepare our kids for primary elementary schools in the Klein School District. We consult the schools regularly to ensure our goals are met.

Pre-K curriculum starts in 2 to 4 year classes with professional teachers having diverse certifications in pre-school education.

Our Super Pre-K class is designed for a more structured environment much like the kids will see when they reach kindergarten. The after school program sets aside time for homework and studies, aided by adult supervision.

SECURITY: Security is one of the most important goals of our center and that is why the entire center is monitored 24 hours a day by a video surveillance system so that parents will have peace of mind. Each classroom is equipped with a video camera monitored by staff members throughout the day and the classrooms are separated with glass walls so that all activities can be viewed. The entire center can be viewed with four colored monitors located in the front reception area. Watch Me Grow is available for your PC and that allows our CCTV system to be accessed from the Internet with your own private username & password.

TUITION: Tuition is billed on a weekly basis.
Parents may set a payment schedule that best suits their needs (weekly, bi-weekly, or monthly)
On a holiday week, the full tuition is due unless your child is on vacation.
Vacation means that half of the tuition is due before the vacation is taken.
Tuition is always due on Friday before the week of service. Payments can be made with cash, check, ACH payments, money orders or with Visa/MasterCard.
Returned checks will be assessed a \$25.00 fee. If the center receives two (2) NSF checks by an individual, the center will have the right to request payment in cash.
Year-end tax statements are provided every January by request only.
Families with 2 children attending receive a 5% discount on the oldest child.
Families with 3 or more children attending receive a 5% discount off the 2 oldest children.
You will find that all of our fees are "all inclusive", meaning that, most services and programs that we provide for your children are taken care of in the tuition including Opus Music, Gym Station & Computers. (exceptions are: Dance, & Gym Station Sports).
Other additions to a student's tuition may include any outside services offered, such as dance & exercise, computer classes, class pictures, book sales, field trips, etc.
Delinquent tuition payments will be reported to the Credit Bureau and disenrollment may occur.
Drop In rates available – CASH ONLY – Based on availability!

POLICIES: Registration fee of \$100.00 Per Child is required before the first day of attendance and annually thereafter. Registration fee is **Nonrefundable**.
If your child is present on any of the five days during a week, the full tuition is due.
If your child attends zero (0) days, one half (½) of the tuition is due. This is to reserve a place for your child and we are fully staffed 5 days per week.
Full week vacations and absences due to illness will be assessed ½ tuition, limited to four (4) weeks per yr.
Tuition not paid by the close of business **Monday** of the current week will be assessed a \$25.00 late fee.



(Policies Continued)

Tuition not paid by the close of business Tuesday, there will be assessed **an additional** \$25.00 late fee. This applies to any unpaid balances.

Tuition not paid by Monday of the second week, a late fee of \$50.00 will be assessed.

If your child is picked up after 6:30 PM, with no phone call, a late fee of \$35.00 will be assessed the first 5 minutes and an additional \$1.00 per minute thereafter.

If your child is picked up after 6:30 PM, with a phone call, a late fee of \$25.00 will be assessed the first 5 minutes and an additional \$1.00 per minute thereafter.

After 7:00 PM, late fees are charged at \$2.00 per minute and CPS may be called per state regulations.

Parents are asked to have current immunization available with enrollment.

Please label all clothing with the child's name.

Parents are asked to not let children bring candy, gum, or toys (unless specified by a teacher) to the school. Absolutely no peanut products are allowed!

Parents are asked not to bring fast food meals to the school. Meals and snacks are provided.

If your child is unable to adjust to the center, given a reasonable amount of time, we reserve the right to withdraw him or her from the program. Disruptive behavior will be handled immediately and the parent contacted. If the child continues to disrupt the operation of the center or if the child endangers any of the other students, the center reserves the right to contact the parent & expulsion may occur.

Parents are permitted access to all parts of the center when their child is present. No prior notice is required. A two (2) week notice is required prior to the last day of attendance.

Kids R Kids reserves the right to charge for two (2) weeks' tuition if you withdraw your child without notice.

SCHOOL-AGE:

A phone call to the center is required if you plan to pick-up your child at school.

Waiting on absent children delays us getting to other schools on time.

If Kids R Kids does not receive a call there is a \$25.00 charge.

School In Service days: When the ISD is out, Kids R Kids will charge an additional \$20.00 per day per child.

The Sibling Discount does not apply to the \$15.00 additional charge.

When school is out for a full week, (meaning Christmas holidays, Spring Break) the current summer tuition rate will be charged.

ILLNESS:

Although our focus is to keep parents at work when a child does not feel well, state regulations do not allow us to keep sick children. If, the following conditions exist:

Child has communicable disease, vomiting, diarrhea a consistent basis and/or a temperature of 101.00 or higher orally, persists, parents will be notified to pick up their child immediately or find another means to have the child picked up from the school. Children need to be fever free at least 24 hours before returning to school.

HOLIDAYS:

The Center is closed on the following holidays: Good Friday, Memorial Day, 4th of July, Labor Day, Thanksgiving Day, and the day after, Christmas Eve and Christmas Day, and New Years Day.

(An annual calendar will be posted at the first of each year).

The Center reserves the right to change this calendar if necessary upon notification to the parents.

I have read the policies regarding payment and tuition fees and understand the policies stated above.

Parent/Guardian Signature/confirmation

Date

Student's Name



Center Policies

1. I agree to provide the center with all information pertaining to medication for my child. Medication is given at 11:00 a.m. and 3:00 p.m. each day.
2. I understand that my child will be provided with all snacks and lunch served daily during their hours of attendance if a full time student.
3. I understand that it is my responsibility to escort my child into and out of the building, and to sign him/her in and out of the computer each day. I understand that a staff member will escort my child into and out of the center when being transported by county or KRK transportation.
4. If my child wears diapers, I understand that it is my responsibility to provide the center with the necessary amount of disposable diapers for my child each day/week.
5. I understand that I am responsible for any special diet required for my child. (To prevent allergic reaction to newly tried foods for infants, we ask that parents provide the center with baby food that has already been tried at home. Each jar is to be unopened and be labeled with the child's full name.)
6. In no uncertain terms will you be allowed to bring any peanut product into the facility due to the possibility of many allergic reactions by other children. This includes, but is not limited to, peanut butter sandwiches, peanuts, peanut butter cookies, etc.
7. If my child's diet consists of formula or breast milk that is taken from a bottle, I understand that I will provide Kids R Kids with the appropriate number of bottles containing formula or breast milk needed for each day. Each bottle shall be clearly labeled with my child's full name and the date the bottle was filled.
8. Transportation is provided to and from school and on planned field trips with parental permission. A separate form and signature will be required for this service. School transportation agreements can be signed once each school year. Field trip forms must be signed for each trip. I give my consent for my child to be transported in case of an emergency.
9. Should my child become ill or suffer a serious injury during the time he or she is in care at Kids R Kids, the center shall undertake to contact me immediately. The center shall be authorized to secure such medical attention and care for my child as may be necessary. (The parent will assume responsibility for payment).
10. I agree to keep the center informed as to changes in telephone numbers, addresses, etc. where I may be reached.
11. I understand that Kids R Kids 43 TX, while a KIDS R KIDS franchisee, is independently owned and operated. I further understand that if my child has not been picked up by 7:30 PM and all attempts to reach me, and all of my emergency contacts fail, KIDS R KIDS will call Family and Children Services and Police.

I have read and fully understand the above policies and agree to abide by all policies outlined in this agreement, the Health policies, the Tuition policies, and the Parent Handbook.

Parent Signature

Date



Child Profile

Child Name: _____ **Birth Date:** ___/___/___

This profile will stay with your child. As your child grows and develops, changes should be noted or added to this form to keep your child's teachers in touch with the growth and development your child has made. We need your input on any changes taking place outside of school that may have an affect on your child while in our care. Thank you for your cooperation.

1. Has your child had previous preschool experiences: Yes ___ No ___
Explain:

2. What would you like most for your child to experience with us?

3. What does your child most enjoy doing?

4. Does your child have any fears?

5. Do you consider your child shy or outgoing?

6. What are your child's favorite toys?

7. About what things does your child express the most curiosity?

8. Does your child play with other children? Yes ___ No ___

9. List the names and ages of other children in your family.

10. What words are spoken in your home for toileting?

11. Does your child take a nap? Yes ___ No ___ How long? _____

12. Does your child need a favorite item (such as a blanket or stuffed animal) for a nap?
Yes ___ No ___

13. How many hours of sleep does your child usually receive at night? _____



14. Does your child have allergies? Yes ____ No ____

Explain:

15. Does your child have any special medical or physical needs?

Yes ____ No ____

Explain:

16. Do you have a special interest or hobby you would like to share with the children?

17. Are you available to help us with field trips or other special events? Yes ____ No ____

18. Does anyone else care for your children? Yes ____ No ____ (Grandparents, Neighbors, etc.)

Who?

19. What language is spoken in your home?

Parents Signature: _____ Date: _____

Additional Notes:



Policies Regarding Health

In our center, we have very specific guidelines for parents to reference regarding health. These policies are intended to be very clear on what issues make it necessary for your child to be kept out of school. It is our hope that these policies address all concerns from parents and staff. Administered correctly and fairly, they should protect the best interest of all of our children, well and ill, as well as our staff. In order to keep the children healthy and maintain a safe environment, we ask for your help with the following guidelines:

- ❖ Please do not send an ill child to school. Small children are prone to infection because of their immune systems are not fully developed. One sick child places all the other children at risk.
- ❖ A child with a fever of 101.00 degrees will be sent home. We ask that the child be kept out of school until he/she has been fever free for 24 hours.
- ❖ A child showing signs of the following symptoms will be sent home:
 1. Diarrhea or vomiting (twice in 24 hours)
 2. Deep or hacking cough or a sore throat.
 3. Continuous runny noses with a yellow or green color.
 4. Any suspicious rash that has NOT been diagnosed by a physician.
 5. Undiagnosed and untreated pink, swollen, matted or runny eyes.
- ❖ A child may return to school when any of the following occur:
 1. Temperature has been normal for 24 hours.
 2. Active signs of illness (diarrhea or vomiting) have been gone for 24 hours.
 3. The child physician releases the child to return to school.

(Please note: a child may return to school with secondary symptoms from colds and flu as they may linger for several weeks without the child being contagious.)

- ❖ A child that is taking prescription medication **MUST** have a return to school release form from the physician that says he/she is not contagious.
- ❖ Only prescription medication will be administered to children at the center without written consent from the child's physician. All over the counter medication **MUST** be in the original container with the child's name on it. The physician **MUST** send a note stating permission to administer the medication, as well as the dosage.
- ❖ All medicine **MUST** have a medication form filled out with the dosage amounts, times to be given, dates to be given, and the parents signature.
- ❖ Medications will be given at 11:00 A.M. and 3:00 P.M. each day. Please make sure to coordinate your child's morning dose with these dosage times.

I have read and fully understand the policies regarding health at KIDS R KIDS #43 TX.

Parent/Guardian Signature

Date



Playground Rules

1. Always follow the teacher's instructions.
2. **PLAY SYSTEM**
Never run or play games on the top portion of play systems.
Always go up the ladder, down the slides.
Never jump from the top of the system or slides.
Do not push other children from the top of the play system.
3. Keep our playground clean, always place trash in proper containers.
4. Do not write or draw on the building.
5. No climbing the fence.
6. No jumping or doing flips from the swings. Do not throw swing over the top of the bar.
Always keep clear when others are on the swing.
7. Always be in clear view from your teacher. No hiding from your teacher.
8. Disputes shall be handled by your teacher or the director.
9. **NO FIGHTING!!!** If you see other children fighting, you should report them to your teacher. Any incident of fighting can be cause for suspension from Kids 'R' Kids.
10. Any incidents of fighting or abusing the equipment can be cause for suspension or disenrollment from Kids 'R' Kids.

I have read the above rules with my child(ren)

Child's Name: _____

Parent Signature: _____ Date: _____



Splash Pad / Water Activity Release

Must be filled out

Required by State Regulations

I hereby grant permission to Kids 'R' Kids #43 that my child has permission to participate in the splash pad and other water activities (sprinklers, water tables) that will be held at the center. I hereby understand that water is splashed/sprayed on the children. The splash pad and other water activities will be adequately drained so there will be no water accumulation on the concrete.

ITEMS REQUIRED FOR USING THE SPLASH PAD:

- Sun Screen (with signed permission form)
- Water Shoes (must be worn on the splash pad)
- Bathing Suit
- Towel
- Bag for wet clothes

I hereby release and discharge the above, its assigns, and all persons acting under its permission or authority or those for whom it is acting, from and against any liability as a result of injury that may occur while the child is participating with the splash pad facility.

I hereby warrant that I am of full age and competent to contract for the minor named below in so far as above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.

Minor's Name

Date

GUARDIAN PRINTED NAME

GUARDIAN SIGNATURE



Photo Release

I hereby assign and grant to the photographer, or those for whom the photographer is acting as indicated above, the right and permission to copyright and/or use and/or publish, and republish, photographic pictures and portraits of the minor named below in which said minor may be included in whole or in part, in color or black and white, made through any media by the photographer at his studio or elsewhere, including the use of any printed matter in conjunction with such photographs.

I hereby waive my right to inspect and/or approve the finished photograph or advertising copy or printed matter that may be used in conjunction with such photographs, or to the eventual use that it might be applied.

I hereby release and discharge the above, its assigns, and all persons acting under its permission or authority or those for whom it is acting, from and against any liability as a result of any distortion, blurring, alteration, or optical illusion that may occur in the taking of the picture, or processing or reproduction of finished product.

I hereby warrant that I am of full age and competent to contract for the minor named below in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.

I hereby understand that any photos taken at the center or on field trips will be used for posting in the center or sending to the parents whose children are in the photo. Any photos that are used for marketing or website purposes will need written consent from the parent.

Minor's Name

Date

GUARDIANS PRINTED NAME

GUARDIAN SIGNATURE



Bug spray/Sunscreen Release

My child (circle one) **should** or **should not** wear sunscreen while being outdoors. Please apply a first application of sunscreen at home. Sunscreen should be supplied by you, the parent.

My child (circle one) **should** or **should not** wear bug spray while being outdoors. Please apply a first application of bug spray at home. Bug spray should be supplied by you, the parent.

I hereby warrant that I am of full age and competent to contract for the minor named below in so far as the above is concerned. I have read the foregoing release and warrant that I fully understand the contents thereof.

Minor's Name

Date

GUARDIAN PRINTED NAME

GUARDIAN SIGNATURE



Authorization for Recurring Direct Payments (ACH Debits)

Merchant Name: _____
Address: _____
Phone: _____

Re: ACH Authorization for Recurring Charges

In consideration of the services provided to me by _____, hereinafter called MERCHANT, I hereby authorize MERCHANT to initiate a debit entry to my account indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account for the amount and frequency listed below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Bank Name: _____
Branch (City, State, Zip) _____

Account Number: _____ Routing Number: _____

Checking Savings

Amount: \$ Based on Fees owed as provided _____

Frequency: Daily Weekly Every other week Every 4 weeks
On the _____

Effective Date: ____/____/____ (mm/dd/yyyy)

The specific debits to my account authorize herein may only post on or after the EFFECTIVE DATE listed above, and in no event may the debit transaction post to my account prior to said date. This authorization is to remain in full force and effect until MERCHANT has received written notification from me of termination in such time and in such manner as to afford MERCHANT and DEPOSITORY a reasonable opportunity to act. I may only revoke this authorization by contacting MERCHANT directly at the address and phone number listed above.

Your Name: _____ Date: _____
(Please Print)

Signature: _____