



MAY 1, 2017

DEAR PARENTS:

2075 MAX LUTHER
DRIVE
HUNTSVILLE, AL 35810
CENTER: 256-852-
5600
ADMIN: 256-859-4900
FAX: 256-852-6722

THANK YOU FOR YOUR INTEREST IN UCP'S BUTTERFLIES PLAYGROUP! THE BUTTERFLIES PLAYGROUP IS DESIGNED FOR CHILDREN AGES 2½ THROUGH 4 YEARS OLD TO HELP EQUIP THEM WITH SKILLS THAT THEY WILL NEED FOR PRESCHOOL. TARGETED SKILLS INCLUDE: INCREASED COMMUNICATION, PRE-LITERACY SKILLS, PRE-WRITING SKILLS, NUMBER CONCEPTS, FOLLOWING DIRECTIONS, PROBLEM SOLVING, OVERALL STRENGTH AND COORDINATION, SOCIAL SKILLS, AND DAILY LIVING SKILLS. UCP'S BUTTERFLIES PLAYGROUP LASTS TWO HOURS. THIS HELPS TO BUILD ENDURANCE FOR LONGER ACTIVITIES THAT WOULD BE EXPECTED IN A PRESCHOOL SETTING.

WE WILL BEGIN ENROLLING FOR OUR SUMMER SESSION ON MAY 1ST. WE WILL HAVE A GROUP ON WEDNESDAYS AND AN IDENTICAL GROUP MAY BE ADDED ON THURSDAYS BASED ON INTEREST. THE SUMMER SESSION IS HELD EACH WEEK IN JUNE AND JULY FROM 9AM TO 11AM. TUITION FOR THE SUMMER PROGRAM IS \$100. THIS ENTIRE AMOUNT MUST BE PAID IN ADVANCE. IF YOU ARE INTERESTED IN HAVING YOUR CHILD ATTEND THIS GROUP, PLEASE COMPLETE THE ENCLOSED PACKET AND RETURN IT ALONG WITH A \$25 APPLICATION FEE TO UCP AS SOON AS POSSIBLE TO RESERVE YOUR CHILD'S SPACE IN THE SUMMER PLAYGROUP. THIS APPLICATION FEE WILL BE APPLIED TOWARDS THE \$100 SUMMER TUITION COST. YOUR CHILD WILL ALSO NEED A CURRENT BLUE IMMUNIZATION CARD (OR AN EXEMPTION LETTER FROM YOUR CHILD'S PHYSICIAN) ON FILE WITH UCP IN ORDER TO BEGIN ATTENDING THE GROUP.

THIS IS ON A FIRST-COME-FIRST-SERVE BASIS AND, AS CLASS SIZES WILL BE LIMITED, WE EXPECT THE GROUP TO FILL UP FAST. **COMPLETED APPLICATION, APPLICATION FEE, IMMUNIZATION BLUE CARD, AND REMAINING \$75 OF SUMMER TUITION ARE DUE NO LATER THAN FRIDAY, MAY 19TH.**

RESERVATIONS FOR THE SUMMER PROGRAM ARE NOT VALID UNTIL THE COMPLETED APPLICATION AND \$25 APPLICATION FEE ARE RECEIVED AT UCP. IF YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE DO NOT HESITATE TO CALL US AT (256) 852-5600, OR EMAIL: KHAMPTON@UCPHUNTSVILLE.ORG.

I LOOK FORWARD TO SEEING YOUR CHILD THIS SUMMER!

KENDALL HAMPTON
SUMMER BUTTERFLIES PLAYGROUP LEAD TEACHER

BUTTERFLIES PLAYGROUP POLICIES

UCP HAS THE FOLLOWING GUIDELINES FOR PARTICIPATION IN PLAYGROUP TO MAINTAIN A SAFE INSTRUCTIONAL ENVIRONMENT FOR YOUR CHILD/CHILDREN:

1. **APPLICATION:** ENTRANCE TO PLAYGROUP IS BY APPLICATION ONLY. COMPLETED APPLICATIONS MUST BE RETURNED TO THE OFFICE WITH \$25 APPLICATION FEE IN ORDER TO BE ENROLLED. THIS FEE WILL BE APPLIED TOWARD THE SUMMER TUITION. SHOULD YOUR CHILD BE PLACED ON A WAITING LIST, THIS FEE WILL BE HELD UNTIL A SPOT BECOMES AVAILABLE AND APPLIED AT THAT TIME OR RETURNED TO YOU IF NO SPOT BECOMES AVAILABLE.
2. **TUITION:** TUITION FOR SUMMER BUTTERFLIES PLAYGROUP IS \$100 TOTAL FOR JUNE AND JULY. THE ENTIRE TUITION IS DUE BY MAY 20TH.
3. **ATTENDANCE:** OUR PLAYGROUP STAFF UNDERSTANDS FROM TIME TO TIME ILLNESSES AND UNEXPECTED TRAVEL MAY COME UP. HOWEVER, WE NEED TO BE ABLE TO PLAN ADEQUATELY FOR GROUP. IF YOU KNOW IN ADVANCE YOU WILL BE UNABLE TO ATTEND PLAYGROUP ON A PARTICULAR DAY, PLEASE NOTIFY THE LEAD TEACHER (852-5600, EXT. 123).
4. **ILLNESS:** PLEASE DO NOT BRING YOUR CHILD TO PLAYGROUP IF WITHIN THE LAST 24 HOURS THEY HAVE HAD FEVER, VOMITING, DIARRHEA, INFECTIOUS VIRUS, CONTAGIOUS DISEASE, OR RUNNY NOSE WITH YELLOW/GREEN DISCHARGE. IF YOU HAVE ANY QUESTIONS REGARDING WHETHER YOU SHOULD BRING YOUR CHILD TO GROUP OR NOT, PLEASE CALL THE LEAD TEACHER (852-5600, EXT. 123). WE DO NOT WANT TO SPREAD ANY ILLNESSES TO OTHER THE CHILDREN OR STAFF MEMBERS. IF YOU BRING A SICK CHILD AND THE PLAYGROUP STAFF FEELS THIS WILL PLACE OTHER CHILDREN AT RISK, YOU WILL BE CONTACTED TO PICK YOUR CHILD UP EARLY FROM GROUP.
5. **PLAYGROUP ENTRANCE:** CHILDREN MUST BE BROUGHT IN THROUGH THE MAIN ENTRANCE AND KEPT IN THE LOBBY WITH YOU. A PLAYGROUP STAFF MEMBER OR VOLUNTEER WILL TAKE YOUR CHILD FROM THE ENTRANCE TO THE CLASSROOM AT 9:00.
6. **TIMELINESS:** PLEASE BE ON TIME FOR PLAYGROUP. TO LESSEN DISTRACTIONS YOUR CHILD **MUST** ARRIVE NO LATER THAN 15 MINUTES AFTER START TIME OF PLAYGROUP. YOUR CHILD WILL **NOT** BE ALLOWED INTO PLAYGROUP IF YOU ARRIVE MORE THAN 15 MINUTES AFTER START TIME, **NO EXCEPTIONS.**
7. **SPECIAL DIETARY RESTRICTIONS:** UCP WILL PROVIDE SNACKS AND DRINKS DURING GROUP TIME. HOWEVER, IF YOUR CHILD HAS AN ALLERGY TO ANY PARTICULAR FOODS, YOU MUST NOTIFY US IN WRITING AS WELL AS VERBALLY. YOU MAY PROVIDE YOUR CHILD'S SNACK IF YOU PREFER. PLEASE DISCUSS THIS WITH A PLAYGROUP LEAD TEACHER.
8. **SPECIAL EQUIPMENT:** IF YOUR CHILD REQUIRES ANY MOBILITY OR POSITIONING DEVICES (OR OTHER EQUIPMENT), PLEASE BE SURE TO BRING THIS WITH YOUR CHILD, UNLESS PREVIOUS ARRANGEMENTS HAVE BEEN MADE.
9. **PICKING UP YOUR CHILD AFTER PLAYGROUP ENDS:** AFTER PLAYGROUP ENDS, CHILDREN **MUST** BE PICKED UP FROM THE CAR RIDER LINE, UNDER THE PORTICO, ON THE LEFT SIDE OF THE BUILDING. YOU MAY BEGIN FORMING THE CAR RIDER LINE AT 10:50 AM. **STAFF AND VOLUNTEERS** WILL BRING YOUR CHILD TO YOUR CAR WHEN YOU HAVE PULLED UNDER THE PORTICO. FOR YOUR CHILD'S SAFETY, PLEASE HELP BUCKLE THEM INTO THEIR SEAT CORRECTLY.
10. **SIBLINGS:** UCP WILL MAKE EVERY EFFORT TO INCLUDE SIBLINGS IN THE PLAYGROUP IF THE SIBLING IS 2½ THROUGH 4 YEARS OLD AND IF SPACE IS AVAILABLE. SAME TUITION AND APPLICATION RULES APPLY TO SIBLINGS.

FREQUENTLY ASKED QUESTIONS

MY CHILD ALREADY ATTENDS ANOTHER UCP PLAYGROUP; CAN HE/SHE ALSO ATTEND THE BUTTERFLIES PLAYGROUP? YES! HOWEVER, THERE MAY BE TIMES WHEN ONE GROUP MAY BE MORE APPROPRIATE THAN THE OTHER, AND THE PLAYGROUP TEAM(S) WILL DISCUSS THIS WITH YOU.

I'M WORRIED MY CHILD MIGHT BE UPSET BEING AWAY FROM ME. CAN I COME INTO GROUP TO MAKE SURE HE/SHE IS ALL RIGHT? AS A GENERAL RULE, WE DO NOT ALLOW PARENTS IN THE PLAYGROUP. THIS IS NOT ONLY A DISTRACTION TO THE PLANNED ACTIVITIES, BUT THIS MAKES IT DIFFICULT FOR OTHER CHILDREN TO UNDERSTAND WHY THEIR OWN PARENT IS NOT THERE. WE WILL CONTACT YOU IF WE FEEL YOU NEED TO COME TO PICK UP YOUR CHILD FOR ANY REASON.

DO YOU HAVE MAKE-UP SESSIONS FOR TIMES WHEN WE MISS FOR ILLNESS OR VACATIONS? UNFORTUNATELY, WE ARE UNABLE TO OFFER MAKE-UP SESSIONS AS THE SUMMER PROGRAM RUNS ONLY THROUGH THE MONTHS OF JUNE AND JULY. HOWEVER, THE CHARGE IS STILL \$100 FOR THE SUMMER GROUP AND NO REFUNDS WILL BE AVAILABLE FOR DAYS MISSED.

HOW DOES THE BUTTERFLIES PLAYGROUP DIFFER FROM EXISTING UCP PLAYGROUPS? THE BUTTERFLIES PLAYGROUP IS DESIGNED FOR AN OLDER GROUP OF CHILDREN TO HELP EQUIP THEM WITH SKILLS THEY NEED FOR PRESCHOOL. TARGETED SKILLS INCLUDE: INCREASED COMMUNICATION, PRE-WRITING SKILLS, NUMBER CONCEPTS, FOLLOWING DIRECTIONS, PROBLEM SOLVING, STRENGTH AND COORDINATION, SOCIAL SKILLS, PRE-LITERACY SKILLS, AND DAILY LIVING SKILLS. THE BUTTERFLIES PLAYGROUP ALSO LASTS TWO HOURS, WHICH IS LONGER THAN UCP'S CATERPILLARS PLAYGROUP. THIS HELPS BUILD ENDURANCE FOR LONGER ACTIVITIES THAT WOULD BE EXPECTED IN A PRESCHOOL SETTING.

MY CHILD HAS A SPECIAL DIET. CAN I BRING HIS/HER OWN SNACK? YES, BUT PLEASE NOTIFY THE PLAYGROUP LEAD TEACHER THAT YOU ARE PROVIDING YOUR CHILD'S SNACK. PLEASE BE SURE TO LET US KNOW ABOUT ANY ALLERGIES YOUR CHILD MAY HAVE BOTH IN WRITING AND VERBALLY. IF THERE ARE NOT SPECIFIC DIETARY NEEDS, PLEASE REMEMBER THAT WE DO PROVIDE SNACK AND A DRINK TO THE CHILDREN AND WE ATTEMPT TO OFFER A VARIETY OF TEXTURES, TASTES, AND FOOD GROUPS.

DOES MY CHILD HAVE TO BE TOILET-TRAINED TO ATTEND THIS GROUP? NO; HOWEVER, PLEASE SUPPLY ADEQUATE AND APPROPRIATE DIAPERS/PULL-UPS FOR YOUR CHILD. ALSO, IF YOUR CHILD IS WORKING ON TOILET TRAINING, LET US KNOW AND WE WILL OFFER TOILETING OPPORTUNITIES DURING PLAYGROUP.

CAN I ENROLL MY CHILD'S SIBLINGS IN THE GROUP? UCP WILL MAKE EVERY EFFORT TO INCLUDE SIBLINGS IN THE PLAYGROUP IF THE SIBLING IS 2½ THROUGH 4 YEARS OLD AND IF SPACE IS AVAILABLE. SAME TUITION AND APPLICATION RULES APPLY TO SIBLINGS.

WILL THERE BE A PARENT GROUP COINCIDING WITH THE BUTTERFLIES PLAYGROUP? POSSIBLY. WE ARE HOPING TO BE ABLE TO OFFER A VARIETY OF PARENT ACTIVITIES DURING THE BUTTERFLIES GROUP TIME PERIOD. WE WILL PROVIDE MORE INFORMATION TO YOU AS IT BECOMES AVAILABLE.

DO YOU OFFER REFUNDS IF MY CHILD CANNOT TOLERATE THE PLAYGROUP? THIS WILL BE HANDLED ON A CASE-BY-CASE BASIS; HOWEVER, NEW CHILDREN TO GROUP OFTEN

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TAKE A FEW WEEKS TO ADJUST. PLEASE BE PATIENT WHILE YOUR CHILD LEARNS TO ACCLIMATE TO THE NEW ENVIRONMENT AND REMEMBER THAT SOCIAL INTERACTION TIMES WITH SAME-AGED PEERS IS IMPORTANT FOR YOUR CHILD'S DEVELOPMENT.

**UCP'S BUTTERFLIES PLAYGROUP
PLAYGROUP REGISTRATION AND EMERGENCY MEDICAL TREATMENT FORM**

TODAY'S DATE: _____

CHILD'S NAME: _____ DATE OF BIRTH:

HOME ADDRESS: _____

HOME PHONE: _____ CELL: _____ ALT PHONE: _____ PRIMARY:

MOTHER'S NAME: _____ EMAIL: _____

PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

FATHER'S NAME: _____ EMAIL: _____

PLACE OF EMPLOYMENT: _____ WORK PHONE: _____

MAY WE USE YOUR E-MAIL ADDRESS AS THE PRIMARY WAY TO CONTACT YOU REGARDING TUITION PAYMENT DEADLINES, SCHEDULE CHANGES, OR OTHER INFORMATION RELATED TO THE PLAYGROUP? YES ___ NO ___

EMERGENCY/ALTERNATE CONTACT IF PARENT/GUARDIAN CAN'T BE REACHED:

RELATIONSHIP TO CHILD: _____ PHONE: _____

HAS THIS INDIVIDUAL AGREED TO BE LISTED AS AN EMERGENCY/ALTERNATE CONTACT? YES ___ NO ___

CHILD'S PRIMARY PHYSICIAN: _____

CHILD'S MEDICAL DIAGNOSIS (IF APPLICABLE): _____

LIST ANY KNOWN ALLERGIES (MEDICATION AND FOOD): _____

LIST ANY CONTAGIOUS DISEASES, ACCIDENTS, MAJOR ILLNESSES, OR SURGERY: _____

DATE OF LAST KNOWN TETANUS ANTITOXIN: _____ BOOSTER: _____

CHILD CURRENTLY USES THE FOLLOWING TECHNOLOGY DEVICES: (CHECK ALL THAT APPLY)
__KEYBOARD __MOUSE __SWITCHES __INTELLIKEYS __OTHER AUGMENTATIVE COMM. DEVICES

DOES YOUR CHILD USE SPECIAL SEATING OR MOBILITY EQUIPMENT? IF YES, PLEASE LIST

DOES YOUR CHILD RECEIVE PT, OT, OR SPEECH THERAPY? YES ____ NO ____ SINCE WHEN? _____

WHERE? _____

WHAT ARE YOUR CHILD'S TOILETING NEEDS? (CHECK ALL THAT APPLY)

REMINDER WILL TELL US DIAPER OR PULL UPS

WHAT MEDICATIONS DOES YOUR CHILD TAKE REGULARLY?

MEDICATION DOSAGE PRESCRIBED FOR SIDE EFFECTS

CHILD'S NAME: _____ **DATE OF BIRTH:**

I HEREBY GIVE PERMISSION FOR PROVISION OF EMERGENCY MEDICAL TREATMENT OF MY CHILD NAMED ABOVE AS FOLLOWS:

1. STAFF MEMBERS OF UNITED CEREBRAL PALSY OF HUNTSVILLE AND TENNESSEE VALLEY MAY ARRANGE FOR TRANSPORTING MY CHILD TO THE EMERGENCY ROOM BY CALLING 911 AND FOLLOWING EMERGENCY PROCEDURES AS OUTLINED BY 911 PERSONNEL.
2. RECORDS PERTINENT TO EMERGENCY TREATMENT MAY BE RELEASED TO HOSPITAL PERSONNEL.
3. PHYSICIANS AND HOSPITAL PERSONNEL HAVE PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT TO THE ABOVE NAMED CHILD.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:**

THE FOLLOWING PEOPLE ARE HEREBY AUTHORIZED TO ESCORT MY CHILD TO AND FROM THE UCP CENTER:

NAME

RELATIONSHIP TO CHILD

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PARENT/GUARDIAN SIGNATURE: _____ **DATE:**

I HEREBY GIVE PERMISSION FOR UCP STAFF AND VOLUNTEERS TO WORK WITH MY CHILD DURING UCP'S PLAYGROUP. I CERTIFY THAT THIS FORM IS COMPLETE AND ACCURATE.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

A SPECIAL INSTRUCTOR (WITH PLANNING SUPPORT FROM A PHYSICAL THERAPIST, SPEECH THERAPIST, AND OCCUPATIONAL THERAPIST) LEADS THE BUTTERFLIES PLAYGROUP. WE ALSO HAVE CONSISTENT DEVELOPMENTAL SPECIALISTS AND VOLUNTEERS. PLAYGROUP IS NOT A DIRECT SERVICE OF THERAPY TO YOUR CHILD.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

I HAVE RECEIVED AND READ UCP'S PRESCHOOL READINESS PLAYGROUP POLICIES.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

HELP US GET TO KNOW YOUR CHILD!

DOES YOUR CHILD HAVE ALLERGIES? _____ PLEASE LIST: _____

WHAT TYPE OF REACTION? _____

DOES YOUR CHILD HAVE A RESTRICTED DIET? _____

HOW DOES YOUR CHILD GET YOUR ATTENTION? _____

DOES YOUR CHILD HANDLE CHANGING ACTIVITIES WELL? _____ IF NO, WHAT HAPPENS? _____

WHEN IS YOUR CHILD MOST COOPERATIVE? _____

LEAST COOPERATIVE? _____

HOW DOES YOUR CHILD LET YOU KNOW WHAT HE/SHE LIKES? _____

DOESN'T LIKE? _____

WHAT DO YOU THINK HELPS YOUR CHILD LEARN? _____

WHAT FRIGHTENS YOUR CHILD?

WHAT CALMS YOUR CHILD?

HOW DOES YOUR CHILD EAT/DRINK:

SPOON/FORK ON OWN FINGERS OPEN CUP BOTTLE STRAW CUP TUBE FED

WHAT DOES YOUR CHILD LIKE TO DO MOST WHILE PLAYING OUTSIDE? RUN SWING SLIDE SPIN
 OTHER:

HAS YOUR CHILD PLAYED WITH PAINTS, CRAYONS, OR GLUE BEFORE?

DO THEY SEEM TO ENJOY THIS?

DOES YOUR CHILD USE WORDS OR PHRASES TO COMMUNICATE?

IF NOT, DOES YOUR CHILD MAKE ANY SOUNDS?

PLEASE PROVIDE SOME EXAMPLES:

DOES YOUR CHILD USE SIGNS OR PICTURE CARDS FOR COMMUNICATION?

ARE THERE ANY VISION OR HEARING CONCERNS?

DOES YOUR CHILD USE AN ASSISTIVE DEVICE? PLEASE CHECK WHAT APPLIES:

FOOT/ANKLE SPLINTS WHEELCHAIR WALKER OTHER:

PLEASE CHECK WHAT YOUR CHILD IS ABLE TO DO: ROLL SIT INDEPENDENTLY ARMY CRAWL

CRAWL ON HANDS/KNEES PULL TO STAND TAKE STEPS WALK INDEPENDENTLY
 RUN

WHAT ELSE DO YOU THINK WE SHOULD BE AWARE OF ABOUT YOUR CHILD? PLEASE USE THE BACK OF THIS PAPER TO TELL US! 😊

RELEASE FORM

AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION BY UNITED CEREBRAL PALSY OF HUNTSVILLE AND TENNESSEE VALLEY, INC. (UCP)

Serving Individuals and Families in Madison, Morgan, Limestone, Jackson



2075 Max Luther Drive
Huntsville, AL 35810
CENTER: 256-852-5600
ADMIN: 256-859-4900
FAX: 256-852-6722
www.ucphuntsville.org

CLIENT (CHILD) NAME: _____

PARENT/LEGAL GUARDIAN NAME: _____

RELATIONSHIP TO CLIENT: _____

I HEREBY AUTHORIZE UCP TO USE AND DISCLOSE THE FOLLOWING PROTECTED HEALTH INFORMATION:

- | | |
|--|-----------------------|
| PHOTOGRAPHS OF CLIENT AND/OR FAMILY | VIDEOTAPE OF CLIENT |
| AND/OR FAMILY | |
| CLIENT'S NAME | CLIENT'S AGE |
| CLIENT'S DIAGNOSIS | SHARED PERSONAL STORY |
| TYPES AND FREQUENCY OF TREATMENT RECEIVED AT UCP | |

THE ABOVE INFORMATION MAY BE USED FOR THE FOLLOWING EVENTS FROM THE DATE OF SIGNATURE AT THE BOTTOM OF THIS RELEASE UNTIL THE EXPIRATION DATE AT THE BOTTOM OF THIS RELEASE:

- PRINT MEDIA, INCLUDING REGIONAL NEWSPAPERS
- ELECTRONIC MEDIA, INCLUDING RADIO, TV AND INTERNET WEBSITES
- SPECIAL EVENTS AND PROMOTION THEREOF
- COMMUNITY FUNDRAISING EVENTS FOR UCP AND PROMOTION THEREOF
- IRISH EVENING AND PROMOTION THEREOF
- UCP WEB PAGE
- INFORMATION FAIRS / DISPLAYS IN THE UCP CENTER AND OFF-SITE
- UCP FAMILY NEWSLETTER
- PROPOSALS AND THANK YOU ITEMS FOR CORPORATE SPONSORS / DONORS
- SEASONAL PARTIES
- TOUR GROUPS

UCP OF HUNTSVILLE AND TENNESSEE VALLEY HAS MY PERMISSION TO USE MY OR MY CHILD'S PHOTOGRAPH, LIKENESS, ARTWORK, PROFILE AND/OR STORY IN ALL FORMS OF MEDIA AND ALL MANNERS, INCLUDING PUBLICATIONS, WEB PAGES, AND OTHER PROMOTIONAL MATERIALS. I UNDERSTAND THE CIRCULATION OF THE MATERIALS COULD BE WORLDWIDE AND THAT THERE WILL BE NO COMPENSATION TO ME FOR THIS USE. I WAIVE ANY RIGHT TO INSPECT OR APPROVE THE FINISHED PRODUCT, INCLUDING WRITTEN COPY THAT MAY BE CREATED IN CONNECTION THEREWITH.

I UNDERSTAND THAT I CAN REVOKE THIS AUTHORIZATION IN WRITING AT ANY TIME. I FURTHER UNDERSTAND THAT UCP CANNOT DENY TREATMENT OR SERVICES IF I REFUSE TO SIGN THIS AUTHORIZATION. I UNDERSTAND THAT, ONCE THIS INFORMATION IS RELEASED, UCP IS NOT RESPONSIBLE FOR INFORMATION RELEASED BY OTHERS.

SIGNATURE OF PARENT/LEGAL GUARDIAN: _____

MY E-MAIL ADDRESS: _____

DATE OF SIGNATURE: _____

EXPIRATION DATE: _____



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2017 UCP SUMMER BUTTERFLIES PLAYGROUP CHECKLIST

I AM REGISTERING MY CHILD, _____.

I AM INTERESTED IN: (CHECK ONE)

WEDNESDAYS (JUNE 7-JULY 26)

THURSDAYS (JUNE 8-JULY 27)

EITHER DAY

I HAVE RETURNED THE FOLLOWING COMPLETED INFORMATION IN THIS PACKET:

REGISTRATION FORM (FOR NEW ENROLLEES ONLY)

BLUE CARD (IMMUNIZATION FORM) OR EXEMPTION FROM PHYSICIAN

\$25 CHECK OR MONEY ORDER MADE PAYABLE TO UCP

I UNDERSTAND THAT REGISTRATION IS ON A FIRST-COME, FIRST-SERVED BASIS.

*** REMAINING BALANCE OF SUMMER TUITION IS DUE MAY 19TH ***
(\$75 + \$25 APPLICATION FEE) = \$100 TUITION

**RESERVATIONS FOR THE SUMMER PROGRAM ARE NOT VALID UNTIL THE
COMPLETED APPLICATION AND \$25 APPLICATION FEE ARE RECEIVED AT UCP.**

WE ARE ALSO LOOKING INTO HAVING A PARENT GROUP TO COINCIDE WITH THE PLAYGROUPS.
IS THIS SOMETHING YOU WOULD BE INTERESTED IN STAYING FOR? YES _____ NO

SUGGESTED TOPICS?
