



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## WALLA WALLA YMCA - LEARNING CENTER

# 2026-2027 School Year Programs

### Early Learning Programs: Toddler and PreSchool

#### Full Time 7:45AM-5:30 PM

- 5 days: M-F
- 3 days: MWF
- 2 days: TTh

#### Part Time 7:45AM-12:00PM or 12:00PM-5:30 PM

- 5 days: M-F

### Nature- Based Preschool (Yurt)

#### Full Time 7:45AM-5:30PM

- 5 days: M-F
- 3 days: MWF
- 2 days: TTh

#### Part Time 7:45AM-12:00PM or 12:00PM-5:30 PM

- 5 days: M-F

### Afterschool Enrichment Program

YMCA After School Enrichment for School Age: 2:40-5:30PM (1:30 pickup for WWPS Students on Wednesdays)

- 5 days: M-F
- Transportation on a limited basis may be provided for Edison, Green Park, Davis, Prospect Point, Berney and Sharpstein students .



**WELCOME TO THE Y'S CHILD DEVELOPMENT PROGRAMS!**

DCYF Learning Center Provider ID: **1595234**

SSPS Provider ID: **272597**

Military/DoD Fee Assistance programs administered by Child Care Aware® of America (CCAoA). YMCA Provider **9183320**



**2026-2027 School Year Rates:**

Programs	Hours	Monthly Rates *		
		M-F	M, W, F	T, Th
Toddler Care (ages 1-3 years)- Full Time (>5 hours)*	7:45 am - 5:30 pm	\$1325	\$990	\$655
Preschool (ages 3-5) Full Time (>5 hours)*	7:45 am - 5:30 pm	\$1075	\$645	\$430
Preschool (ages 3-5) Part Time (<5 hours)*	7:45 am - 12:00 pm Or 12:00pm - 5:30 pm	\$665	N/A	N/A
Nature Based Preschool (ages 3-5) Full Time (>5 hours)	7:45 am - 5:30 pm	\$1075	\$645	\$430
Nature-Based Preschool (ages 3-5) Part Time (>5 hours)	7:45 am - 12:00 pm Or 12:00 pm - 5:30 pm	\$665	N/A	N/A
School Age - After School Full Time	2:45 pm - 5:30 pm	\$385	N/A	N/A

\*\$25 Registration Fee

\$10 charge for each late pickup for the selected program option above. Late fees added to the monthly invoice.

**Notes:**

- Learning Center & Outdoor Nature-Based Preschool** – families enrolling children in Y Toddler and all PreSchool programs receive Y family membership at no cost for up to six (6) months.
- School Age (ages 5-12)** - We welcome School Age children to join us for STEM, physical play, and fun activities in our Afterschool program. Every effort will be made to provide transportation from specific schools.
- Financial Support may be available.**
  - Families are encouraged to apply through Working Connections-**Fair Start for Kids** (<http://www.washingtonconnection.org/home>).
  - Active military** can apply for **MCCYN** fee assistance through your military service branch. Find your branch and registration information here: <https://www.childcareaware.org>
  - Ask us about YMCA financial assistance if you do not qualify for state or other support!
- Being Present Matters** – Children who do not attend at least half of the enrolled days in the month may be unenrolled
- These rates expire June 2027
- Questions? Contact **Soledad Garcia** ([sgarcia@wwymca.org](mailto:sgarcia@wwymca.org)) for registration or **Amber Tveidt** ([atveidt@wwymca.org](mailto:atveidt@wwymca.org)) for program support. Call us at 509-525-8863



Child's Last Name, First Initial

Date

# 2026-2027 School Year Registration Form

## YMCA Paquete de Registro del Año Escolar 2026-2027

### TODDLER or PRESCHOOL CENTER

### SCHOOL AGE

Toddler

After School Enrichment

PreSchool

Nature-Based PreSchool (Yurt)

Full Day     Half-Day     M-F     MWF     T/TH

**Please print clearly.** Complete all blanks on this form. If there is a blank that is not applicable, write N/A in that blank. Incomplete forms cannot be accepted and we are unable to enroll your child until all paperwork has been received. If you have any questions about completing this form, please contact the Y. **Print completed registration form, sign all applicable pages & bring to your YMCA to complete registration.**

Child's Information/ Informacion del nino/a:				Member #
Child's Full Name/Nombre completo de nino/a				Nickname
Address (include physical address and mailing address)/Direccion (Direccion de correo alternative, PO Box)				
City/Ciudad	State/Estado	Zip/Codigo Postal	Home Phone	
School/Escuela de Asistencia	Grade Entering	Age	Date of Birth/Fecha de Nacimiento	
Other Schools/Programs Concurrently Attending			Gender/Genero	
Primary email address/Correo electronico				

**Parent/Guardian and Medical information:** In the event of an emergency, number in order of priority (1-4) which phone to contact. /**En el evento de una emergencia, por favor anote en orden de prioridad, a quien contactar telefono** Prioridad

Parent/Guardian Name/Nombre de Padre	Date of Birth/Fecha de Nacimiento	Cell #/Email/Telephono/Correo Electronico	Priority
Address/Direccion			
City/Cludad	State/Estado	Zip/Codigo Postal	Home Phone/Telephono
Place of Employment/Lugar de Empleo			Work Phone/Telephono
Priority			
Parent/Guardian Name/Nombre de Padre			
Date of Birth/Fecha de Nacimiento			
Cell #/Email/Telephono/Correo Electronico			
Priority			
Address/Direccion			
City/Cludad	State/Estado	Zip/Codigo Postal	Home Phone/Telephono
Place of Employment/Lugar de Empleo			Work Phone/ Telephono
Priority			

**Emergency names, and phone numbers of TWO people to be called in the event that we cannot reach either parent/guardian: / Nombres de emergencia, dos numeros de telefono en caso si ustedes no estan disponibles:**

Emergency Contact Name/Nombre del Contacto			Cell #/Email/Telefono/Correo Electronico
Address/Direccion			
City/Cludad	State/Estado	Zip/Codigo Postal	Home Phone/Telefono

  

Emergency Contact Name/Nombre del Contacto			Cell #/Email/Telefono/Correo Electronico
Address/Direccion			
City/Cludad	State/Estado	Zip/Codigo Postal	Home Phone/Telefono

**Child's Medical Information / Informacion Medica del Nino**

Child's Doctor/Medico del nino	Doctor's Phone/Telefono del medico
Childs Doctor Address/Direccion del medico del nino	Medical Facility preference for Emergency Treatment/ Preferencia del centro medico para el tratamiento
Medical Insurance Provider/Proveedor de Seguro medico	Policy #/# de poliza
Child's last Physical Exam/Ultimo examen fisico del nino	

Child's Dentist/Dentista del nino	Dentist Phone/Telefono del dentista
Child's Dentist Address/Direccion del dentista	Dentist preference for Emergency treatment/Preferencia del dentista por el tratamiento
Medical Insurance Provider (if different from above)/Proveedor de Seguro (si es diferente de arriba)	Policy #/# de poliza
Child's last dental Exam/Ultimo examen dental del nino	

**Additional Information:**

Authorized Person for pick-up (in addition to above parents/guardians and emergency contacts). Max of 8 people total. Personas autorizadas para recoger. Maximo 8 personas.
Person(s) <b>NOT</b> authorized for pick-up (appropriate legal paperwork must be on file when the custodial parent requests not to release the child to the other parent). Personas que no estan autoizadas para recoger (la documentacion legal apropiada debe estar archivada cuando el padre con custodia solicita no entregar al nino al otro padre).
School and Child Care Centers previously attended
Does your child have any allergies and/or intolerances to food, medication or any other substances? What are the symptoms and action to be taken if any?
Please provide information on any chronic physical problems and pertinent developmental information and any special accommodations needed. Attach additional sheets if necessary. *Please be aware that while we do all we can to accommodate our participants, we are NOT able to provide one-on-one support.

### Parent Statement of Understanding

**The YMCA takes of the safety of children in our care as its highest priority. We partner with parents/ guardians for each child's success. Please read the information and sign below.**

- I understand that my child will not be released to any person(s) not listed on the registration form.
- I understand that my child will not be released to any person(s) who seems to be under the influence of drugs or alcohol.
- I understand that I am not to leave my child at the YMCA or program site unless a YMCA staff member or volunteer is there to receive and supervise my child.
- I understand that it is my responsibility to sign my child in each morning and sign my child out before leaving. **Sign-in/Sign-out sheets are available as you arrive at the program area.** (See other pick-up/drop-off provisions in Parent Handbook).
- I understand that my child will not be allowed to leave the program with an unauthorized person. **Any person authorized to pick up my child must be listed on this form. Authorization by telephone will not be accepted.**
- I understand that the YMCA is mandated to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation.
- I understand that YMCA staff and volunteers are not allowed to babysit or transport children at any time outside the YMCA facilities and programs. **If a violation of this policy is discovered, the YMCA will take immediate disciplinary action toward staff and volunteers, and may elect to unenroll the child from the program.**
- I understand that I must sign the waiver & liability form.

**I have read and understand the statements above regarding YMCA policies and procedures.**

Parent/Guardian Signature	Date
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**I have received a copy of the YMCA Parent Handbook which includes the bus policy.** Copies are available at the Walla Walla YMCA.

Parent/Guardian Signature	Date
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**I have provided a copy of either my child's physical or immunization records.**

Parent/Guardian Signature	Date
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### Statement of Authorization

1. My child has permission to be transported in a YMCA vehicle and to participate in all YMCA program activities and related field trips.
2. My child has permission to participate in swimming activities. **Assess your child's swimming abilities here:**  
*The YMCA reserves the right to assess your child before any swimming activities*

<input type="checkbox"/> NON-SWIMMER (unable to swim/no swim instruction)	<input type="checkbox"/> INTERMEDIATE SWIMMER (average swim ability)
<input type="checkbox"/> BEGINNER SWIMMER (some limited swim instruction)	<input type="checkbox"/> ADVANCED SWIMMER (skilled swimmer)
3. Should your **child become ill** during the program, you will be contacted as soon as possible. If the parent or guardian is unable to be reached, the child's emergency contact will be notified. It is the responsibility of the parents or guardians to arrange for the child to be picked up from the program as soon as possible.
4. You authorize the YMCA to contact emergency response in the event it is necessary to do so
5. In the case that your child or anyone in the immediate household of the camper develops a **reportable communicable disease** as defined by the Dept. Board of Health, it is the responsibility of the parent to notify the YMCA within 24 hours or the next business day in order for the YMCA to take proper action, except in the case of life-threatening diseases which must be reported immediately.
6. My signature authorizes the management and staff of the Walla Walla YMCA to act for me according to their best judgment in the event of a **medical emergency and/or routine medical** care. I/we grant permission for emergency medical treatment and/or routine medical care by the YMCA staff, a rescue squad, or private physician and/or hospital or emergency health care facility staff, under the same circumstances as above, if needed. Any such action will be taken in the best interest of my child and will be reported to me/us as soon as possible. My signature waives and/or releases the Walla Walla YMCA from any and all liability and/or financial responsibility for any medical expenses incurred.
7. The parent/guardian authorizes the application of **sunscreen** for his or her child by YMCA staff. (please note any adverse reaction to sunscreen of which you may be aware)

**By signing below, you are authorizing all of the above.**

Parent/Guardian Signature	Date
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**For office use only**

Date viewed	
Viewed by	
Date	
Child's Date of birth	
Date Child Entered Program	Date Child Withdrew from Program

**BEHAVIOR AGREEMENT**

At the YMCA we take the safety & success of your child seriously. We want every day here to become a happy memory for children. Therefore, we work hard at creating an environment that will allow this to happen. Along with our efforts, we need the children to help us create that environment by following some simple, but effective rules. Below is our Behavior Agreement; please read over it with your child and be sure they understand what it is and why they are signing it. This will help us help them have a wonderful experience at the YMCA. Thank you.



- **I will listen to the staff and follow their directions.**
- **I will respect other people’s belongings by not touching/using their things. without permission. I will not hit or fight with other people. I will keep my hands to myself.**
- **I will not yell while inside the building and will use my inside voice when speaking.**
- **I will use appropriate language, which does not include swear words or negative remarks. (i.e. , “Shut up,” “Stupid,” “Dumb,” etc.)**
- **Before leaving the space, I will ask a staff member for permission.**
- **I will respect other’s feelings by having a positive attitude when talking to them and not talking negatively about others.**

Not abiding by these rules can result in suspension from the program. All incidents will be handled on a 3 incident system, except **inappropriate touching, hitting, fighting**. These will be an immediate 1-day suspension from the program and may result in termination of services.

Parent/Guardian Signature	Date
Child’s Signature	Date

**PLEASE COMPLETE PAYMENT AUTHORIZATION BELOW**  
(Please Check Method of Payment)

**CREDIT CARD AUTHORIZATION**

My preferred draft day is the 1<sup>st</sup> or 15<sup>th</sup> (please circle one) Day of the Month. I acknowledge that the charges drafted on this day will be for all service provided in that given month. I authorize the YMCA to charge my credit card for payments. I understand that I must provide written notice of cancellation. **If I elect to withdraw my child from the program I agree to provide written cancellation notice to the YMCA Learning Center (info@wwymca.org) prior to the next draft date**

NAME AS IT APPEARS ON CARD: \_\_\_\_\_ **CARD ISSUER:** (Select One)  AMEX  MC  
 VISA  DISCOVER

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

BILLING ADDRESS OF CARDHOLDER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**BANK DRAFT AUTHORIZATION**

My preferred draft day is the 1<sup>st</sup> or 15<sup>th</sup> (please circle one) Day of the Month. I acknowledge that the charges drafted on this day will be for all services provided in that given month I authorize my bank to honor pre-authorized drafts drawn by the YMCA on my account for payments. I understand that my EFT drafts will occur automatically until I provide written notice to the YMCA two weeks prior to the date of my bank draft payment. When the bank honors the draft by charging my account, such drafts constitute my receipt for the payment. Should any draft not be honored by said bank when received by them, it is understood that the payment is to be made by me in the amount of said payment, plus a service charge.

**If I elect to withdraw my child from the program I agree to provide written cancellation notice to the YMCA Learning Center (info@wwymca.org) prior to the next draft date**

_____ NAME OF BANK	_____ ACCOUNT NUMBER	_____ TRANSIT/ROUTINGNUMBER
_____ PLEASE PRINT NAME	_____ SIGNATURE OF ACCT. HOLDER	_____ DATE



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# YOUR CHILD/FAMILY INFORMATION

Child's Full Name: Please write down any names your child uses.		Child's DOB:  Age when child is entering <b>Y</b> Program:	Name of any past preschool/daycare:
Child's Race & Ethnicity: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Hispanic or Latino		Child's Gender:	Please list any behavioral or developmental matters staff should be aware of:
Anything we should know about your child:  <small>(likes/dislikes; food, behavioral, developmental, health, linguistics, cultural, social or other information that you can share; parents together/separated etc.) Please feel free to attach a letter or note with additional information. The more we know about your child and their environment the more likely your child will succeed in our YMCA program.</small>		ALLERGIES:  <small>PLEASE NOTE — If your child has an allergy that requires a specific diet, or takes medication, parent/guardian must also complete a medical authorization form and/or an individual care plan. Please ask program staff about this.</small>	
What is normal bedtime, waking time, nap time and duration?		Are there any special problems or fears that we should know about?	
If your child is upset at home or having a hard time, what do you do to calm him/her down?		What would you like your child to gain from the <b>program</b> experience? (social, academic, routines)	
Family Information — Please fill out to best of your ability.			Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed Other: _____  Any family willing to volunteer time? Share a hobby or profession, read a book, etc!
Father: _____	Present Occupation: _____	Lives with Child? <input type="radio"/> Y <input type="radio"/> N	
Mother: _____	Present Occupation: _____	Lives with Child? <input type="radio"/> Y <input type="radio"/> N	
Name: _____	Relation: _____	Lives with Child? <input type="radio"/> Y <input type="radio"/> N	
Name: _____	Relation: _____	Lives with Child? <input type="radio"/> Y <input type="radio"/> N	
Name: _____	Relation: _____	Lives with Child? <input type="radio"/> Y <input type="radio"/> N	



## PARENT/GUARDIAN AGREEMENT

By signing this form, you agree to comply with the Walla Walla YMCA Learning Center's policies and guidelines as provided in the Parent Handbook and Parent Packet.

Please return this agreement to the YMCA Learning Center.

**Childs Name:**

Full Name:

**Signed** (both parents/guardians must sign unless single parent household)

Parent/Guardian-Sign & Date:

Parent/Guardian-Sign & Date:



# TOOTHBRUSHING

Washington state requires full day childcare programs to offer toothbrushing.

If your child brushes their teeth, we will provide a small paper cup with water and a toothbrush, no toothpaste will be provided. They will clean their teeth after lunch, before going out to recess.

If your child does not brush their teeth, then after lunch they will go straight out to recess.

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## TOOTHBRUSHING

Please circle an option below and then sign:

1. I would like my child to brush their teeth at Preschool.

2. I would not like my child to brush their teeth at Preschool.

Parent/Guardian Full Name:
Parent/Guardian Signature:
Today's Date:

## PARTICIPANT RELEASE AND WAIVER OF LIABILITY

This PARTICIPANT RELEASE AND WAIVER OF LIABILITY (this "**Release**") is executed on the date set forth below by the participant named below ("**Participant**" or "**I**"), in favor of the Walla Walla YMCA and its agents (collectively, the "**YMCA**"). By signing below, Participant is agreeing to the terms of this Release on its own behalf, as well as on behalf of the minors identified below and any other family members or guests that Participant may invite to participate in activities hosted or organized by the YMCA ("**Activities**").

I understand that the Activities may include, but are not limited to, using the YMCA's facilities or equipment and participating in on- or off-site programs that are affiliated with the YMCA. In exchange for being allowed to participate in the Activities and for other good and valuable consideration, the receipt and sufficiency of which I acknowledge, I hereby freely, voluntarily, and without duress execute this Release and agree to the following terms:

1. Assumption of Risk. I am aware and understand that the Activities may be dangerous and may expose me to a variety of foreseen and unforeseen hazards and risks, including the risk of serious injury, disability, death, disease, and/or property damage. I acknowledge that any injuries that I sustain may result from or be compounded by the actions, omissions, or negligence of the YMCA, including negligent emergency response of the YMCA. Notwithstanding the risk, I acknowledge that I am voluntarily participating in the Activities with knowledge of the danger involved and hereby agree to accept and assume any and all risks of injury, disability, death, disease, and/or property damage arising from the Activities, whether caused by the ordinary negligence of the YMCA or otherwise.

2. Medical Treatment. I hereby give consent and authority to the YMCA to obtain medical treatment on my behalf if I am injured or require medical attention during my participation in the Activities. I understand and agree that I am solely responsible for all costs related to such medical treatment or medical transportation. I hereby release, forever discharge, indemnify and hold harmless the YMCA from any claim whatsoever in connection with such treatment or other medical services.

3. Release and Waiver. I hereby fully and forever release and discharge the YMCA from, and expressly waive, any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may arise from my participation in the Activities. I agree not to make or bring any such claim or demand against the YMCA, and fully and forever release and discharge the YMCA from liability under such claims or demands. I UNDERSTAND THAT THIS RELEASE DISCHARGES THE YMCA FROM ANY LIABILITY OR CLAIM THAT I, MY NEXT OF KIN, HEIRS, EXECUTORS, ADMINISTRATORS, DEPENDENTS, BENEFICIARIES AND ASSIGNS MAY HAVE AGAINST THE YMCA WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, PROPERTY DAMAGE, OR PROPERTY LOSS THAT MAY RESULT FROM THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF THE YMCA OR OTHERWISE.

4. Insurance. I UNDERSTAND THAT THE YMCA DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE OF ANY NATURE IN THE EVENT OF MY INJURY, ILLNESS, OR DEATH, OR DAMAGE TO OR LOSS OF MY PROPERTY. I expressly waive any claim for compensation or liability on the part of the YMCA in the event of any injury or medical expense.

5. Indemnification. I hereby agree to indemnify, defend, and hold harmless the YMCA from any and all liability, losses, damages, judgments, or expenses, including attorneys' fees, the costs of enforcing any right to indemnification under this Release, and the cost of pursuing any insurance providers, arising out of or resulting from any claim of a third party related to my participation in the Activities, including any claim related to my own negligence or the ordinary negligence of the YMCA.

6. Transportation Waiver. If the YMCA provides or organizes transportation related to the Activities, I understand there are special dangers and risks inherent not only in the Activities but in being transported by vehicle, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from my participation in being transported by vehicle to and from the Activities. I assume all risk of injury, damage and harm which may arise from transportation to and from the Activities. I further agree to release and hold harmless the YMCA and agree to waive any right of recovery that I may have to bring a claim or lawsuit for damages against the YMCA for any personal injury, death or other harmful consequences occurring to me arising out of my being transported to and from the Activities. I grant full and voluntary consent to be transported to and from the Activities.

7. Miscellaneous. I hereby agree that this Release represents the full understanding between the YMCA and me and supersedes all other prior agreements, understandings, representations, and warranties, both written and oral, between us, with respect to the subject matter hereof. If any term or provision of this Release shall be held to be invalid by any court of competent jurisdiction, that term or provision shall be deemed modified so as to be valid and enforceable to the full extent permitted. The invalidity of any such term or provision shall not otherwise affect the validity or enforceability of the remaining terms and provisions. This Release is binding on and inures to the benefit of the YMCA and me and our respective heirs, executors, administrators, legal representatives, successors, and permitted assigns. Section headings are for convenience of reference only and shall not define, modify, expand, or limit any of the terms of this Release.

8. Governing Law. I hereby agree that this Release is intended to be as broad and inclusive as permitted, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Washington without reference to any choice of law doctrine.

**BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND ALL OF THE TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE YMCA. I RECOGNIZE THAT IF I HAVE ANY QUESTIONS REGARDING MY WAIVER OF RIGHTS, I SHOULD CONSULT AN ATTORNEY.**

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Printed name of Participant

\_\_\_\_\_  
Date Signed

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

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

Email: \_\_\_\_\_

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

\_\_\_\_\_

**MINORS:**

I am the parent or legal guardian of the minor(s) named below. I have the legal right to consent to and, by signing below, I hereby consent and agree to the terms and conditions of this Release on their behalf.

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name of Minor

\_\_\_\_\_  
Printed Name of Minor