

# 2020-2021 School Year

## WEEKDAY PRESCHOOL AND KINDERGARTEN

First Baptist Church Texarkana, Texas  
*A Strong Foundation Since 1981*

### We Offer:

- \*Degreed/certified Christian teachers
- \*Developmentally appropriate curriculum
- \*Positive reinforcement and guidance
- \*Well-equipped facility
- \*Music integrated curriculum
- \*Spanish lessons
- \*Gym and modern play equipment
- \*Special events and experiences

*Licensed by Texas Health & Human Services*

The following programs are available:

**Three Year Olds:** (9:00-12:00) Three day and five day classes are offered. Students must turn three years old on or before September 1 of the school year for which you are registering. Students must also be toilet trained.

**Four Year Olds:** (9:00-12:00) Three day and five day classes are offered. Students must turn four years old on or before September 1 of the school year for which you are registering.

**K-4:** (9:00-12:00 Monday - Friday) Students should turn five years old before January 1 of the school year for which you are registering. (Four year old students who are not eligible for Kindergarten due to their date of birth).

**Kindergarten:** (8:00-12:00) Kindergarten students must turn five years old on or before September 1 of the school year for which you are registering.

**Early Drop:** Available each morning from 7:30a.m.-8:50a.m.

**Extended Care:** (12:00-3:30) Students must bring their own lunch, drink, and rest mat.

### Tuition and Fees

*Registration & supply fee .....	3-day students - \$165.00
*Registration & supply fee .....	5-day students - \$260.00
*Registration & supply fee .....	Kindergarten - \$280.00
Monthly tuition (3 day, 9:00-12:00).....	\$165.00
Monthly tuition (5 day, 9:00-12:00).....	\$260.00
Monthly tuition (5 day Kindergarten, 8:00-12:00).....	\$280.00
Early Drop.....	\$4.00 per day
Extended Care (1 day per week) 12:00-3:30.....	\$40.00 per month
Extended Care (2 days per week) 12:00-3:30.....	\$80.00 per month
Extended Care (3 days per week) 12:00-3:30.....	\$120.00 per month
Extended Care (4 days per week) 12:00-3:30.....	\$160.00 per month
Extended Care (5 days per week) 12:00-3:30.....	\$200.00 per month

A child must be registered for *each* program in order to utilize it. Fees are for places reserved for a child, not for actual days of attendance. **Registration will not be considered complete until ALL registration paperwork is complete (please refer to checklist on the red *Registration Form*) and the registration & supply fee has been paid.**

\*Registration & supply fee is due upon registration and is non-refundable after three business days.

*It is the policy of First Baptist Church Weekday Preschool and Kindergarten not to discriminate on the basis of sex, color, or national origin.*

# Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

## Application for Admission

### PERSONAL INFORMATION:

Child's Name (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_ Preferred Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ Child lives with \_\_\_ both parents \_\_\_ Mom \_\_\_ Dad \_\_\_ Guardian

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail\* \_\_\_\_\_ Elementary school district in which child resides \_\_\_\_\_  
(\*used to receive communication from office, monthly account statement and to set up account at myprocare.com)

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone\*\* \_\_\_\_\_ Cell Phone Carrier\*\* \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Address \_\_\_\_\_ Bus. Phone \_\_\_\_\_ Cell Phone\*\* \_\_\_\_\_ Cell Phone Carrier\*\* \_\_\_\_\_  
(\*\*required to receive text updates from the school)

### PERSONS TO BE CALLED IN CASE OF EMERGENCY IF PARENTS/GUARDIAN CANNOT BE REACHED:

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Cell Phone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Daytime Phone \_\_\_\_\_

LIST ALL PERSONS APPROVED TO PICK UP YOUR CHILD FROM SCHOOL (*including yourself*), WITH THEIR PHONE NUMBER. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Name \_\_\_\_\_ Phone \_\_\_\_\_

Persons bringing the child or picking up the child must be sure that a staff member is aware of the child's arrival and/or departure.

### HEALTH INFORMATION:

List any special problems or needs your child may have:

Allergies\*: \_\_\_ None \_\_\_ Yes \_\_\_\_\_

*\*In case of diagnosed food allergy or severe illness, current Plan of Action signed by physician must be turned in with registration paperwork.*

Existing illnesses: \_\_\_ None \_\_\_ Yes \_\_\_\_\_

Previous illnesses/injuries: \_\_\_ None \_\_\_ Yes \_\_\_\_\_

Hospitalization (within the past 12 months): \_\_\_ No \_\_\_ Yes \_\_\_\_\_

Medications prescribed for long-term continuous use: \_\_\_ None \_\_\_ Yes \_\_\_\_\_ List any side effects: \_\_\_\_\_

Is there any evidence of: Hearing loss or difficulties? \_\_\_ No \_\_\_ Yes Vision difficulties? \_\_\_ No \_\_\_ Yes

Has child ever had vision tested? \_\_\_ No \_\_\_ Yes Wear glasses? \_\_\_ No \_\_\_ Yes

Speech disabilities? \_\_\_ No \_\_\_ Yes Has child ever been to a dentist? \_\_\_ No \_\_\_ Yes

Please explain any of the above as you see necessary and list any other information that we should be aware of:

Special problems or occurrences in the facility affecting your child will be brought to the attention of the parent/guardians. This includes serious communicable diseases. Parent conferences are available as needed and upon request.

**PLEASE COMPLETE OTHER SIDE**

FOR OFFICE USE ONLY
Paid \$ _____
___ Cash Check # _____
Date _____
Time _____

**WEEKDAY PRESCHOOL AND KINDERGARTEN**  
First Baptist Church Texarkana, Texas

**Registration Form**

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

MALE \_\_\_ FEMALE \_\_\_ TELEPHONE \_\_\_\_\_  
(include area code)

PARENT OR GUARDIAN \_\_\_\_\_

*Please check EACH of the following programs your child will be attending:*

**PRESCHOOL & KINDERGARTEN PROGRAMS**

- 3 Day, Three Year Old Program: Tuesdays, Wednesdays, and Thursdays 9:00-12:00
- 5 Day, Three Year Old Program: Monday through Friday 9:00-12:00
- 3 Day, Four Year Old Program: Tuesdays, Wednesdays, and Thursdays 9:00-12:00
- 5 Day, Four Year Old Program: Monday through Friday 9:00-12:00
- 5 Day, K-4 Program (must turn 5 before 01/01/2021): Monday through Friday 9:00-12:00
- 5 Day, Kindergarten Program: Monday through Friday 8:00-12:00

**EXTENDED CARE PROGRAM 12:00-3:30 p.m. (Parents must provide a lunch, drink, and rest mat.)**

- 1 Day, (Please check one)     Monday     Tuesday     Wednesday     Thursday     Friday
- 2 Day, (Please check two)     Monday     Tuesday     Wednesday     Thursday     Friday
- 3 Day, (Please check three)     Monday     Tuesday     Wednesday     Thursday     Friday
- 4 Day, (Please check four)     Monday     Tuesday     Wednesday     Thursday     Friday
- 5 Day, Monday through Friday

**EARLY DROP-OFF 7:30-9:00 a.m.**

- (Please check days needed)     Monday     Tuesday     Wednesday     Thursday     Friday

*Reserve a spot for your child by returning **completed** forms with fee to the Weekday Preschool Office.*

**REGISTRATION CHECKLIST**

- Registration Form (red)
- Registration & Supply Fee
- Application for Admission     front     back (lemon)
- Parental Agreement (green)
- Discipline & Guidance Policy (orange) - read and keep
- Signed Health Care Professional's Report (butter)
- Current Immunization Record, Signed by Physician
- TB Questionnaire (tan)
- Payment Form (white)

**FOR OFFICE USE ONLY**

- Registration Form
- Registration & Supply Fee
- Application for Admission
- Parental Agreement
- Signed Physician's Report
- Current Immunization Record
- TB Questionnaire
- Payment Form

HOME INFORMATION:

Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Stepfather \_\_\_\_\_ Stepmother \_\_\_\_\_  
(how long) (how long) (how long)

Custody visiting arrangements \_\_\_\_\_

*\*A copy of any court documents outlining custodial arrangements must be provided to our office.*

Additional information that would help us care for your child \_\_\_\_\_

BROTHERS AND SISTERS OF THE CHILD:

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_

Does child sleep in the bed alone? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

OTHER PEOPLE IN HOUSEHOLD:

Name	Age/Relationship	Name	Age/Relationship
1. _____	_____	3. _____	_____
2. _____	_____	4. _____	_____

Who has cared for the child other than his parents? (State whether adults or teenagers.) \_\_\_\_\_

BEHAVIOR:

How does your child communicate his/her needs? \_\_\_\_\_

What method of behavior control is used in your home? \_\_\_\_\_

When your child gets upset, what helps him/her calm down? \_\_\_\_\_

How does child behave when you want him/her to do something new? \_\_\_\_\_

Does child have any special fears? \_\_\_\_\_

Are there any particular routines that are helpful at naptime? \_\_\_\_\_

Does your child choke easily while eating? \_\_\_\_\_

*\*Please do not send choking hazards in Extended lunches. Cut grapes and other foods into small pieces.*

PLAY INFORMATION:

Favorite indoor play activities? \_\_\_\_\_

Favorite outdoor play activities? \_\_\_\_\_

Age(s) of playmates? \_\_\_\_\_ About how many? \_\_\_\_\_

Is child a leader? \_\_\_\_\_ Will child willingly share toys with others? \_\_\_\_\_

Has child had group play experience? \_\_\_\_\_

When and with whom does child watch TV? \_\_\_\_\_

When and with whom does child play computer, phone, or video games? \_\_\_\_\_

SOCIAL INFORMATION:

Check all of the following which describe your child:

- |                                     |                                           |                                          |
|-------------------------------------|-------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Aggressive | <input type="checkbox"/> Temper outbursts | <input type="checkbox"/> Stubborn        |
| <input type="checkbox"/> Happy      | <input type="checkbox"/> Good self-image  | <input type="checkbox"/> Poor self-image |
| <input type="checkbox"/> Friendly   | <input type="checkbox"/> Quiet            | <input type="checkbox"/> Explosive       |
| <input type="checkbox"/> Adaptable  | <input type="checkbox"/> Sullen           |                                          |

CHURCH ACTIVITIES:

Religious preference: Child \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Member of what church: Child \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Does child attend? \_\_\_\_\_ Does he/she enjoy it? \_\_\_\_\_ Do parents attend? \_\_\_\_\_

# Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

## PARENTAL AGREEMENT

If a parent telephones the school requesting that another person pick up the child from school, you may be asked to tell us your "code." This code will help us to verify your identity. On the line below please write the student's mother's maiden name. This will be your code. A driver's license or photo I.D. must be presented by those who do not usually pick up your child.

\_\_\_\_\_  
(please print)

\*\*\*\*\*

FIRST BAPTIST CHURCH has my permission to transport and supervise my child for field trips or excursions taken by this facility.

YES \_\_\_ NO \_\_\_

FIRST BAPTIST CHURCH has my permission to transport my child in case of an emergency.

YES \_\_\_ NO \_\_\_

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize First Baptist Church employees to take my child to:

Name of Physician	Address	Phone
Name of Emergency Care Facility	Address	Phone

I give consent for First Baptist Church employees to secure any and all necessary emergency medical care for my child.

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

\_\_\_\_\_  
Date

\*\*\*\*\*

### WATER ACTIVITIES:

I give consent for my child to participate in water table play.

YES \_\_\_ NO \_\_\_

### PUBLICIZING STUDENT INFORMATION:

For various reasons, parents frequently ask for telephone numbers and/or addresses of their child's classmates. Please indicate below whether or not we may share this information with other parents:

My telephone number and home address may be given to other preschool parents. YES \_\_\_ NO \_\_\_

Students may be photographed during day-to-day activities, field trips, and special events. My child's picture or image recorded may be published in the Weekday Preschool & Kindergarten monthly newsletter, First Baptist Texarkana Weekday Preschool & Kindergarten facebook page, and First Baptist Church Texarkana website preschool page.

YES \_\_\_ NO \_\_\_

My child's picture may be published for the purpose of marketing or publicizing FBC Weekday Preschool to the community.

YES \_\_\_ NO \_\_\_

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

\_\_\_\_\_  
Date

\*\*\*\*\*

The operational policies of First Baptist Church Weekday Preschool and Kindergarten are printed in the PARENT HANDBOOK. An additional *Discipline and Guidance Policy* is included in this registration packet.

### I HAVE READ AND AGREE TO ABIDE BY ALL POLICIES OF THIS FACILITY.

\_\_\_\_\_  
Child's Name

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

\_\_\_\_\_  
Date

\*\*\*\*\*

# Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

*As a facility licensed by the Texas Department of Family and Protective Services, we adhere to the following*

## Discipline and Guidance Policy

This form provides the required information per Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

**Directions:** Parents will review this policy upon enrolling their child.

Discipline must be:

- (1) Individualized and consistent for each child;
- (2) Appropriate to the child's level of understanding; and
- (3) Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

- (1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- (2) Reminding a child of behavior expectations daily by using clear, positive statements;
- (3) Redirecting behavior using positive statements; and
- (4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:

- (1) Corporal punishment or threats of corporal punishment;
- (2) Punishment associated with food, naps, or toilet training;
- (3) Pinching, shaking, or biting a child;
- (4) Hitting a child with a hand or instrument;
- (5) Putting anything in or on a child's mouth;
- (6) Humiliating, ridiculing, rejecting, or yelling at a child;
- (7) Subjecting a child to harsh, abusive, or profane language;
- (8) Placing a child in a locked or dark room, bathroom, or closet with the door closed;
- (9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)

A copy of the policy is provided in the operational policies.

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Our teachers make every effort to relate to each child in order to prevent behavior problems. We feel that discipline and guidance should be positive, consistent, and constructive. Our guidance practices are based on an understanding of each child's needs and development, and all guidance is directed toward teaching the child self-control and acceptable behavior. If needed, a brief, supervised separation from the group may be used in the classroom or in the office. Should further guidance be necessary, parents may be asked to pick up the child from school. On rare occasions, the director reserves the right to counsel with parents, to require that the student be evaluated by an independent professional, and to remove the child from Weekday Preschool either temporarily or permanently.

# Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

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*This form or a similar form issued and signed by the child's physician  
must be returned in order to complete registration.  
Please contact your child's physician's office, as a well visit may or may not be required.*

## Health Care Professional's Statement

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**I have examined the above named child within the past year and find his or her physical condition suitable for normal group activities.**

\_\_\_\_\_  
**Signature - Health Care Professional**

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

\_\_\_\_\_  
**Health Care Professional's Name (Please print.)**

\_\_\_\_\_  
**Address of Health Care Professional**

Are all immunizations up to date? \_\_\_ Yes \_\_\_ No (if no, indicate reason)

\_\_\_\_\_

\_\_\_\_\_

**PLEASE ATTACH A CURRENT COPY OF IMMUNIZATION RECORD  
(must be signed or stamped by physician or public health personnel)**

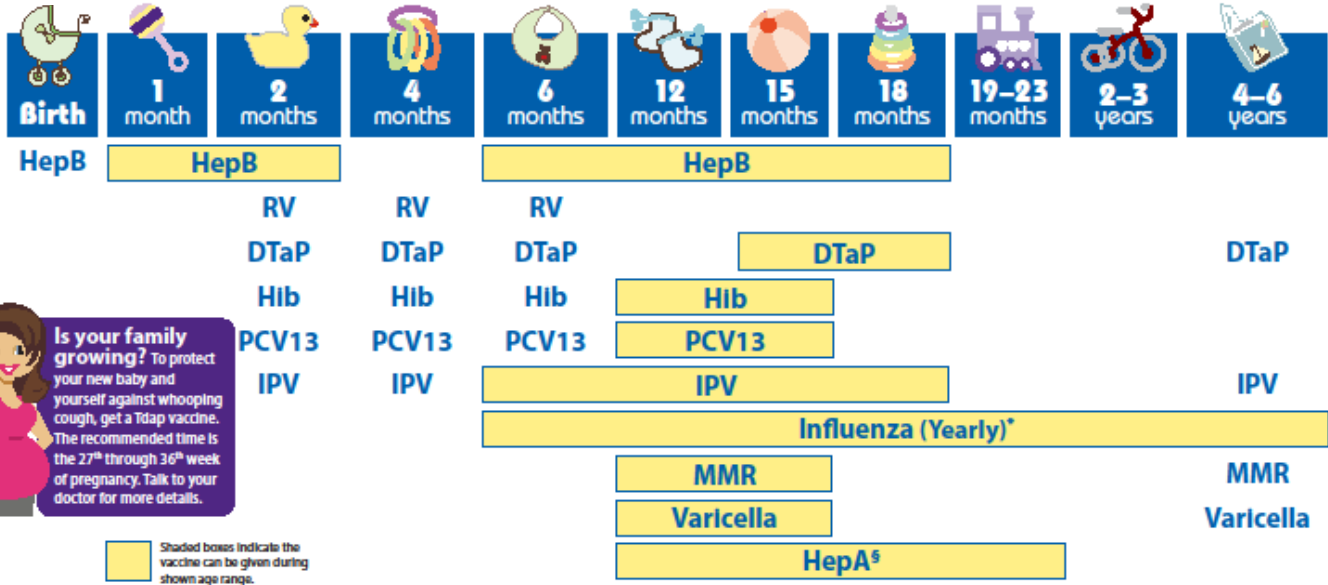
# Weekday Preschool and Kindergarten

First Baptist Church Texarkana, Texas

**CURRENT COPY OF IMMUNIZATION RECORD IS REQUIRED**

## REQUIRED IMMUNIZATIONS (CUMULATIVE)

### 2019 Recommended Immunizations for Children from Birth Through 6 Years Old



**Is your family growing?** To protect your new baby and yourself against whooping cough, get a Tdap vaccine. The recommended time is the 27<sup>th</sup> through 36<sup>th</sup> week of pregnancy. Talk to your doctor for more details.

Shaded boxes indicate the vaccine can be given during shown age range.

**NOTE:** If your child misses a shot, you don't need to start over, just go back to your child's doctor for the next shot. Talk with your child's doctor if you have questions about vaccines.

**FOOTNOTES:**

- \* Two doses given at least four weeks apart are recommended for children aged 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time and for some other children in this age group.
- § Two doses of HepA vaccine are needed for lasting protection. The first dose of HepA vaccine should be given between 12 months and 23 months of age. The second dose should be given 6 to 18 months later. HepA vaccination may be given to any child 12 months and older to protect against HepA. Children and adolescents who did not receive the HepA vaccine and are at high-risk, should be vaccinated against HepA.

*If your child has any medical conditions that put him at risk for infection or is traveling outside the United States, talk to your child's doctor about additional vaccines that he may need.*

For more information, call toll free 1-800-CDC-INFO (1-800-232-4636) or visit [www.cdc.gov/vaccines/parents](http://www.cdc.gov/vaccines/parents)



U.S. Department of Health and Human Services  
Centers for Disease Control and Prevention



For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

Please complete the following section IF you are attaching an Exemption from Immunization form:

I am excluding my child, \_\_\_\_\_, from the immunization requirements for reasons of conscience, including religious belief. I have attached an official notarized form described by Section 161.0041 Health and Safety Code.

\_\_\_\_\_  
Printed Name Signature Date



**TB Questionnaire** *The top portion of this form must be completed by parent and returned with registration packet.*

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Organization administering questionnaire **FIRST BAPTIST WEEKDAY PRESCHOOL & KINDERGARTEN** Date \_\_\_\_\_

Tuberculosis (TB) is a disease caused by TB germs and is usually transmitted by an adult person with active TB lung disease. It is spread to another person by coughing or sneezing TB germs into the air. These germs may be breathed in by the child.

Adults who have active TB disease usually have many of the following symptoms: cough for more than two weeks duration, loss of appetite, weight loss of ten or more pounds over a short period of time, fever, chills and night sweats.

A person can have TB germs in his or her body but not have active TB disease (this is called latent TB infection or LTBI).

Tuberculosis is preventable and treatable. TB skin testing (often called the PPD or Mantoux test) is used to see if your child has been infected with TB germs. No vaccine is recommended for use in the United States to prevent tuberculosis. The skin test is not a vaccination against TB.

We need your help to find out if your child has been exposed to tuberculosis.

Place a mark in the appropriate box:	Yes	No	Don't Know
TB can cause fever of long duration, unexplained weight loss, a bad cough (lasting over two weeks), or coughing up blood. As far as you know: has your child been around anyone with any of these symptoms or problems? or has your child had any of these symptoms or problems? or has your child been around anyone sick with TB?			
Was your child born in Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia?			
Has your child traveled in the past year to Mexico or any other country in Latin America, the Caribbean, Africa, Eastern Europe or Asia for longer than 3 weeks?  If so, specify which country/countries? _____			
To your knowledge, has your child spent time (longer than 3 weeks) with anyone who is/has been an intravenous (IV) drug user, HIV-infected, in jail or prison or recently came to the United States from another country?			

Has your child been tested for TB? Yes \_\_\_ (if yes, specify date \_\_\_/\_\_\_/\_\_\_) No \_\_\_  
 Has your child ever had a positive TB skin test? Yes \_\_\_ (if yes, specify date \_\_\_/\_\_\_/\_\_\_) No \_\_\_

**For school/healthcare provider use only**

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PPD administered Yes \_\_\_ No \_\_\_

If yes,  
Date administered \_\_\_/\_\_\_/\_\_\_ Date read \_\_\_/\_\_\_/\_\_\_ Result of PPD test \_\_\_\_\_ mm response

Type of service provider (i.e. school, Health Steps, other clinics) \_\_\_\_\_

PPD provider \_\_\_\_\_ signature \_\_\_\_\_ printed name \_\_\_\_\_

Provider phone number \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

If positive, referral to healthcare provider Yes \_\_\_ No \_\_\_

If yes, name of provider \_\_\_\_\_