

ENROLLMENT OF LEGALLY-EXEMPT GROUP CHILD CARE PROGRAM

I. TO BE COMPLETED BY PARENT

NAME: _____ CASE NUMBER: _____

ADDRESS: _____

TELEPHONE: (____) _____ SOCIAL SECURITY NUMBER: ____-____-_____

II. TO BE COMPLETED BY LEGALLY-EXEMPT GROUP CHILD CARE PROGRAM

NAME: _____

ADDRESS: _____

TELEPHONE: (____) _____ FEDERAL ID #: _____

Check the statement that describes your program.

___1. This program is a nursery school, pre-kindergarten or day care program for children three years of age or older operated by a public school district which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

___2. This program is a nursery school which is voluntarily registered with the NYS Education Department and operated in accordance with Part 125 of its regulations. Attach a copy of your registration.

___3. This program is a summer day camp operated in accordance with Subpart 7-2 of the State Sanitary Code. Attach a copy of your permit from the Department of Health to operate a summer day camp.

___4. This program is a day care center, family day care home or other child care program located on federal or tribal property and operated in compliance with applicable federal or tribal laws and regulations.

___5. This is a nursery school, pre-kindergarten or day care program for children three years of age or older (or a program for school-aged children conducted during non-school hours), operated by a private school or academy which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

___6. This program is a nursery school or program for preschool-aged children operated by a nonprofit agency or organization or a private proprietary agency which is not voluntarily registered with NYS Education Department and which provides services to children for three or less hours per day.

___7. None of the above statements describe this program. If this is your answer, you may need to be licensed or registered. Until you are licensed or registered or can provide documentation that you are legally-exempt from licensing and registering requirements, the county department of social services cannot pay you to provide child care. For information about licensing, contact the Bureau of Early Childhood Services by calling 1-800-732-5207.

III. TO BE COMPLETED BY PARENT AND LEGALLY-EXEMPT PROGRAM OPERATOR/DIRECTOR

The program operator/director and the parent(s) of the child(ren) receiving care must discuss each of the questions listed below. Record your decisions in the space provided.

- Who will be in care? List the names and dates of birth of the children in this case for whom the program is, or will be, providing care. Attach an additional page if needed.

	Child's Name	Date of Birth
A)	-----	-----
B)	-----	-----
C)	-----	-----
D)	-----	-----

- When is care needed? For each day that care is needed, indicate what time the child(ren) in this case will be dropped off and picked up. The alphabetical columns (A,B,C,D) should match the children as listed in Question 1 above.

	DROP-OFF TIME				PICK-UP TIME			
	A	B	C	D	A	B	C	D
MONDAY								
TUESDAY								
WEDNESDAY								
THURSDAY								
FRIDAY								
SATURDAY								
SUNDAY								

- How much does the program charge? Indicate the rate the program is charging the general public (per hour/day/week). If you have a rate list which you provide to parents, please attach it to this form.

4. Who should be contacted in an emergency? Record the telephone number at which the parent can be reached while the child(ren) are in care. Identify at least one other person who has agreed to pick up the child in an emergency.

Telephone number where parent can be reached:

Name and telephone number of emergency contact person:

5. Who will provide meals and snacks? Meals and snacks may be provided either by the program or by the parent. Check the box that fits your situation.

Snacks and meals will be furnished by the program.

Snacks and meals will be furnished by the parent.

Other (Explain): _____

ATTENTION DIRECTOR/OPERATOR: IF YOU WANT INFORMATION ABOUT HOW YOU MAY BE ABLE TO GET MONEY TO HELP YOU PAY FOR MEALS AND SNACKS, CALL THE CHILD AND ADULT CARE FOOD PROGRAM AT (518) 402-7105.

6. What else does the program need to know? Use this space to describe anything special about the child that the program needs to know. This might include: infant feeding schedules, allergies, health problems, likes and dislikes, special needs or disabilities, etc.

IV. TO BE COMPLETED BY PARENT AND THE DIRECTOR/OPERATOR OF THE LEGALLY-EXEMPT PROGRAM

THIS SECTION NEED ONLY BE COMPLETED BY THE FOLLOWING PROGRAMS. ALL OTHER PROGRAMS MAY SKIP TO SECTION V.

Nursery school, pre-kindergarten or day care program for children three years of age or older (or a program for school-aged children conducted during non-school hours), operated by a private school or academy which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

Nursery school or program for preschool-aged children operated by a nonprofit agency or organization or a private proprietary agency which provides services to children for three or less hours per day that is not voluntarily registered with SED.

FACILITY SAFETY CHECKLIST

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Children are cared for only on floors that include two ways for the provider and children to escape in an emergency. |
| <input type="checkbox"/> | <input type="checkbox"/> | Rooms for children are well-lighted and well-ventilated. Heat, ventilating and lighting equipment are adequate for the protection of the health of the children. |
| <input type="checkbox"/> | <input type="checkbox"/> | There is one operating smoke detector on each floor of the home or facility. Such detectors will be checked regularly to insure proper operation. |
| <input type="checkbox"/> | <input type="checkbox"/> | Evacuation drills will be conducted at least monthly during the hours children are in care. |
| <input type="checkbox"/> | <input type="checkbox"/> | Suitable precautions will be taken to eliminate any conditions in areas accessible to children that pose a safety hazard. These include but are not limited to: |
| <input type="checkbox"/> | <input type="checkbox"/> | Knives and other sharp objects are out children's reach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Small rugs, runners, and electrical cords are tacked down to prevent tripping. |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical cords do not run beneath furniture or rugs and are out of the reach of small children. |

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Any firearms are kept unloaded and stored in a locked cabinet or drawer. The key is stored in a safe place. |
| <input type="checkbox"/> | <input type="checkbox"/> | Cords to venetian blinds and shades are out of a child's reach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Hot liquids, such as coffee, are out of a child's reach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Handrails run from the top to the bottom of stairways. All stairs, railings, porches, and balconies are sturdy and in good repair. |
| <input type="checkbox"/> | <input type="checkbox"/> | Small items and foods that could choke a child are out of reach. |
| <input type="checkbox"/> | <input type="checkbox"/> | Each provider will provide and use barriers to restrict children from unsafe areas. Such areas include, but are not limited to, swimming pools, open drainage ditches, wells, holes, wood and coal burning stoves, fireplaces, and permanently installed gas space heaters. |
| <input type="checkbox"/> | <input type="checkbox"/> | Protective caps, covers or permanently installed obstructive devices are used on all electrical outlets that are accessible to children. |
| <input type="checkbox"/> | <input type="checkbox"/> | All matches, lighters, medicines, drugs, cleaning materials, detergents, aerosol cans and other poisonous or toxic materials are stored in their original containers and used in a way that they will not contaminate play surfaces, food or food preparation areas or constitute a hazard to children. Such materials will be kept in a place inaccessible to children. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider has either a working telephone or immediate access to one. Emergency telephone numbers for the fire department, local or state police or sheriff's department, poison control center and ambulance service are posted conspicuously on or adjacent to the telephone. |
| <input type="checkbox"/> | <input type="checkbox"/> | Where child care is provided on floors above the first floor, windows on floors above the first floor are protected by barriers or locking devices to prevent children from falling out of the windows. Devices must be secure enough to prevent children from falling. |
| <input type="checkbox"/> | <input type="checkbox"/> | There is no peeling or damaged paint or plaster. |
| <input type="checkbox"/> | <input type="checkbox"/> | Adequate and safe water supply and sewage facilities are provided and comply with state and local laws. Hot and cold running water is available and accessible at all times. |

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | The facility is equipped with a portable first aid kit that is accessible for emergency treatment. The first aid kit is stocked to treat a broad range of injuries and situations and will be restocked as necessary. The first aid kit and any other first aid supplies are kept in a clean container or cabinet not accessible to children. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider will ensure that each child receives meals and snacks in accordance with the plan developed jointly by the provider and the child's parent(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | Perishable food, milk and formula will be kept refrigerated. |
| <input type="checkbox"/> | <input type="checkbox"/> | Formula, breast milk and other food items for infants will not be heated in a microwave oven. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider will submit a statement from a physician, or physician's assistant or nurse practitioner, that the provider and all employees and volunteers, as applicable, are physically and mentally fit to provide care and are free of any communicable disease. The provider must submit the statement(s) either with the enrollment form or within 30 days of submitting that form. |
| <input type="checkbox"/> | <input type="checkbox"/> | The provider will not provide child care to any child unless the provider has been furnished with a statement signed by a physician or other authorized individual who specifies that the child has received age appropriate immunizations; or a statement signed by a physician or other authorized individual who indicates that one or more of the immunizations would be detrimental to the child's health, or the child's parent provides a statement indicating that the child has not been immunized due to the parent's religious beliefs. Such statements must be updated annually. |

No payment can be authorized until items marked "NO" have been corrected. As a condition of payment, the Department of Social Services may request that the parent and/or program provide documentation that such items have been corrected.

Parent Name (Print)

Provider Name (Print)

Parent Signature/Date

Provider Signature/Date

V. TO BE COMPLETED BY LEGALLY-EXEMPT GROUP CHILD CARE PROGRAM DIRECTOR/OPERATOR

Each program director or operator must complete the following statements for him or herself and on the behalf of the operator and all employees and volunteers (other than parents of the children in the program) of the legally-exempt group child care program who are age 18 years or older, by circling the word or phrase which completes the statement correctly.

1. I certify to the best of my knowledge and belief that I, as well as any employee or volunteer age 18 years or older (other than parents of the children) in my program, (HAVE) (HAVE NOT) been convicted of a crime in New York State or any other jurisdiction. If I, or any employee or volunteer age 18 years or older working in my program, has been convicted of a crime, I will provide true and accurate information in writing to the parent of the children and to the Department of Social Services concerning the crime for which I, or any employee or volunteer age 18 years or older working in my program, has been convicted, the date of the conviction, and any other relevant information.

I understand that I am not eligible to provide child care if I, or any employee or volunteer age 18 years or older working in my program has been convicted of a felony or misdemeanor against children.

I understand that I am not eligible to provide child care if I, or any employee or volunteer age 18 years or older working in my program, has been convicted of any of the following crimes unless extenuating circumstances exist.

- o homicide and related offenses;
- o sex offenses, including sexual misconduct, rape, sodomy and sexual abuse;
- o kidnapping and related offenses;
- o criminal possession of a controlled substance as a felony;
- o criminal sale of a controlled substance;
- o criminal sale of marijuana as a felony;
- o promoting prostitution as a felony;
- o obscenity offenses;
- o disseminating indecent material to minors;
- o incest;
- o abandonment of a child;
- o endangering the welfare of a child;
- o promoting sexual performance by a child; and,
- o criminal possession of a weapon as a felony

If I believe there were (or are) extenuating circumstances related to the above crimes, I may request that these circumstances be reviewed to determine if an exception could be made to allow me to provide child care. If I request an exception, I will provide whatever documents or references required by the Department of Social Services.

2. I certify to the best of my knowledge and belief I, as well as any employee or volunteer age 18 years or older working in my program, (other than the parent of a child in the program) (HAVE) (HAVE NOT) been indicated for child abuse or maltreatment in New York State or any other jurisdiction. If I, or any employee or volunteer age 18 years or older working in my program, have been indicated for child abuse or maltreatment, I will provide true and accurate information in writing to the parent of the children and to the Department of Social Services concerning the incident(s) for which I, or any employee or volunteer age 18 years or older working in my program, was indicated, the date of the indication and any other relevant information.

3. I (WILL) (WILL NOT) leave children unsupervised.

4. I (WILL) (WILL NOT) use or be under the influence of alcohol or drugs while children are in my care.

5. I (WILL) (WILL NOT) ensure that children are not exposed to individuals using drugs or alcohol while in my care.

6. I (WILL) (WILL NOT) smoke or allow smoking in indoor areas, in outdoor areas in use by children, and in vehicles while children are being transported.

Program Director (Print Name)

Date signed

Program Director Signature

VI. TO BE COMPLETED BY THE PROGRAM DIRECTOR OF THE LEGALLY-EXEMPT GROUP CHILD CARE PROGRAM

PROGRAM CERTIFICATIONS

1. I certify that to the best of my knowledge and belief all statements made on this form are accurate and true. I understand that providing false information may result in the termination of payments and legal action by the Department of Social Services.
2. I agree that the information on this form represents the decisions the parent and I have reached about how care will be provided. I agree to comply with these decisions.
3. I will notify the Department of Social Services if there are any changes in information provided on the enrollment form or any attachments to this form. Other than in an emergency, I agree to give parents at least one week notice if I must stop providing care.
4. I agree to allow the custodial parents of all children in my care to have unlimited and on demand access to their children; to written records regarding their children; to myself; and the premises whenever their children are in care.
5. I agree not to use corporal punishment or allow others to use corporal punishment while children are in my care. Corporal punishment means punishment inflicted directly on the body including, but not limited to: spanking; biting; shaking; slapping; twisting or squeezing; demanding excessive physical exercise, prolonged lack of movement or motion, or strenuous or bizarre postures; and compelling a child to eat or have in the child's mouth soap, foods, hot spices or foreign substances.
6. I agree to collect the family share (fee) if instructed to do so by the Department of Social Services. I will immediately notify the Department of Social Services if the parent fails to pay the required family share (fee).
7. I agree to provide accurate attendance records in accordance with the instructions of the Department of Social Services.

Program Director (Print Name)

Date

Program Director Signature

VII. TO BE COMPLETED BY THE PARENT

PARENT CERTIFICATIONS

1. I certify that to the best of my knowledge and belief all statements made on this form are accurate and true. I understand that providing false information may result in the termination of payments and legal action by the Department of Social Services.
2. I agree that the information in this form represents the decisions the provider and I have reached about how care will be provided. I agree to comply with these decisions.
3. I will notify the Department of Social Services if the hours that I need care or other circumstances related to my need or eligibility for care change.
4. I agree to pay my family share (fee) as directed by the Department of Social Services.
5. I understand that if the director/operator of the program I have selected or any of the employees or volunteers who are 18 years of age or older (other than a parent of a child in the program) has been convicted of a crime, the Department of Social Services may not be able to make payments to the provider based on its evaluation of the nature of the conviction. I further understand that in those instances where criminal convictions exist and the Department of Social Services determines that it is able to make payment to the provider, I have the right and responsibility to evaluate the situation and decide whether I want to use this program to care for my child(ren).

If I choose to use a program where the director/operator, or any employee or volunteer age 18 years or older, has either been convicted of a crime or is the subject of an indicated report of child abuse or maltreatment, I must sign a parental acknowledgment form. I understand that I have the right to choose another provider.

6. I certify that I have selected and arranged for this program to furnish care for my child(ren). I understand that it is my responsibility to monitor the quality of care furnished to my child(ren).

 Parent's Name (Print Name)

 Parent's Signature

 Date

GUIDE TO REVIEWING ENROLLMENT OF LEGALLY-EXEMPT GROUP CHILD CARE PROGRAM

NOTE: THIS INFORMATION MUST BE UPDATED AND REVIEWED AT RECERTIFICATION AND AT ANY OTHER TIME WHEN A CHANGE IN CIRCUMSTANCES WARRANTS SUCH REVIEW.

SECTION I: Must be completed by the child's parent

This section provides client identifying information - name, address, telephone number, case number and social security number.

SECTION II: Must be completed by the program director/operator.

For payment to be authorized, the agency/organization must meet the criteria of one of the descriptive statements numbered 1 through 6. If statement #7 is checked, the agency/organization should be referred to the appropriate Regional Office of the Bureau of Early Childhood Services for information on licensing requirements. Attachment K provides a list of Regional Offices and the counties each serves.

SECTION III: Must be completed jointly by the parent and the program director/operator

1. In this part, the parent and program director/operator must list the names and dates of birth of the the children in this case for whom care is, or will be, provided.
2. The parent and the program director/operator must fill-in the drop-off and pick-up times for each day that each child in this case is, or will be, in care.
3. This part must state the rate the program charges the general public.
4. In this part, parents must furnish a telephone number where he or she can be reached while the child is in care, as well as the name and telephone number of at least one additional emergency contact person.
5. This part must state whether snacks and meals will be furnished by the parent or the program.
6. This part provides the opportunity for parents to describe anything special about the child that the program needs to know. This might include: infant feeding schedules, allergies, health problems, likes and dislikes, special needs or disabilities; etc.

SECTION IV: Must be completed jointly by the parent and program director/operator

This section is a facility safety checklist which must be completed jointly by the parent(s) and the program director/operator whenever care is to be provided by a legally-exempt group child care program that is not regulated by, or operated under the auspices of, another government agency. Payment may not be authorized until all checklist items marked "NO" have been corrected. The district may ask the program and/or the parent to furnish documentation that needed corrections have been made.

THIS SECTION MUST BE COMPLETED BY THE FOLLOWING PROGRAMS. ALL OTHER PROGRAMS CAN SKIP TO SECTION V. OF THE ENROLLMENT FORM.

Nursery school, pre-kindergarten or day care program for children three years of age or older (or a program for school-aged children conducted during non-school hours), operated by a private school or academy which is providing elementary or secondary education or both in accordance with the compulsory education requirements of the Education Law. The program is located on the same premises or campus where the elementary or secondary education is provided.

Nursery school or program for preschool-aged children operated by a nonprofit agency or organization or a private proprietary agency which is not voluntarily registered with a SED and which provides services to children for three or less hours per day.

MEDICAL STATEMENTS FOR LEGALLY-EXEMPT GROUP CHILD CARE PROGRAMS.

Providers are required to submit a statement from a physician, physician's assistant or nurse practitioner that the provider and all family members, employees, assistants, and volunteers (other than the parent of a child in the program) are physically and mentally fit to provide child care and are free of any communicable disease. The provider must submit the statement(s) either with the enrollment form or within 30 days of submitting that form. Providers who have properly completed and submitted all other required forms and materials and are awaiting the medical statements may be enrolled and paid during this 30 day period.

SECTION V: Must be completed by the program director/operator.

The director/operator must complete each statement for themselves and on behalf of all employees and volunteers age 18 years of age or older (other than the parent of a child in the program), by circling the word or phrase which completes the statement correctly.

Statement 1: This statement solicits information regarding whether the director/operator's or any employee's or volunteer's background includes criminal convictions. If the program director/operator or any employee or volunteer has been convicted of a crime, additional information concerning the specifics of the crime, the date of conviction and other relevant information must be obtained in writing. If the provider fails to furnish such information, payment cannot be authorized.

No person convicted of a felony or misdemeanor against children can provide child care. The following crimes are considered by the Office of Children and Family Services to involve an unreasonable risk to the safety or welfare of the child(ren) in care. A criminal conviction for any of the crimes identified in the following list creates a strong presumption against enrolling the legally-exempt program in question. This presumption could then be overcome only upon showing of some extraordinary circumstance justifying enrollment.

- o homicide and related offenses;
- o sex offenses, including sexual misconduct, rape, sodomy, and sexual abuse;
- o kidnapping and related offenses;
- o criminal possession of a controlled substance as a felony;
- o criminal sale of a controlled substance;
- o criminal sale of marijuana as a felony;
- o promoting prostitution as a felony;
- o obscenity offenses;
- o disseminating indecent material to minors;
- o incest;
- o abandonment of a child;
- o endangering the welfare of a child;
- o promoting sexual performance by a child; and
- o criminal possession of a weapon as a felony.

For all other felony and misdemeanor offenses, the district must evaluate whether the criminal background poses an unreasonable risk to the safety or welfare of the child(ren). The district may require the director/operator to furnish additional information needed to make this evaluation. Such information may include, but is not limited to: the nature of the crime, the penalties imposed as the result of the conviction, any evidence of rehabilitation, and the length of time that has elapsed since the conviction. Evaluations must be made in a manner consistent with the guidelines in Attachment E, "Evaluating Legally-Exempt Providers with Criminal Conviction Records".

Statement 2: This statement solicits information regarding whether the director/operator or any employee or volunteer (other than a parent who has a child in the program) has been indicated for child abuse or maltreatment. If the provider indicates that any of these individuals has been indicated for child abuse or maltreatment, additional information regarding the indicated incident(s), including the nature of the incident, the date of the indication and any other relevant information, must be obtained in writing from that individual. This information must be given by the individual to both the social services district and to the custodial parents of the children in the program who are applying for, or are in receipt of, a child care subsidy.

When a director/operator or any employee or volunteer acknowledges that he or she has been indicated for child abuse or maltreatment, the district must offer the parent the opportunity to select another provider. If the parent declines this opportunity, the district must have the parent indicate on the enrollment form that he or she understands the information provided regarding the indicated incident and whether he or she still wishes to have child care provided by this provider. If the parent indicates that he or she still wants to use this program and the program meets all other applicable requirements, the parent must sign the acknowledgment form (Attachment H) and then payment must be made.

If the parent chooses to use a provider when either the provider or any employee or volunteer is the subject of an indicated report of child abuse or maltreatment, and the district feels this choice would jeopardize the child's health, safety or well-being, the district must inform the parent that a report will be made with the State Central Register. The district must then make that report if the parent places the child in the care of that provider.

If the district has direct knowledge that the information provided by the director/operator or any employee or volunteer is false, the district must not enroll the program and no payment can be made for child care services provided by this program until such time as the false information is corrected and the above criteria regarding notification and parental acknowledgment are met.

Statement 3: Payment can be authorized only when the director/operator indicates that he or she and any employee or volunteer will not leave children unsupervised.

Statement 4: Payment can be authorized only when the director/operator indicates that he or she and any employee or volunteer will not use or be under the influence of alcohol or drugs while children are in care.

Statement 5: Payment can be authorized only when the director/operator indicates that he or she and any employee or volunteer will ensure that children are not exposed to individuals using drugs or alcohol while in care.

Statement 6: Payment can only be authorized when the director/operator indicates that he or she and any employee or volunteer will not smoke or allow smoking in indoor areas, in outdoor areas in use by children, and in vehicles while children are being transported.

SECTION VI PROGRAM CERTIFICATIONS: Must be completed by the program director/operator

This section asks the program director/operator to certify the accuracy and truthfulness of the information on the enrollment form and any attachments and to agree: to provide care within the parameters laid out on the enrollment form; to notify the Department of Social Services if the hours of care or number of children in this case receiving care changes; to give parents at least one week notice before discontinuing child care services; to provide documentation of corrections of deficiencies identified on the facility safety checklist at the request of the Department of Social Services; to give custodial parents unlimited and on demand access to their children, the facility, and program staff during the hours of operation; to prohibit the use of corporal punishment; to collect the family share (fee) if instructed to do so by the Department of Social Services and to report delinquent family shares (fee) immediately; and to provide accurate attendance records in accordance with the instructions of the Department of Social Services.

The program director/operator is required to sign and date this section. Payment cannot be authorized if the program director/operator refuses to sign.

SECTION VII: Must be completed by the parent

This section asks the parent to certify the accuracy and truthfulness of the information on the enrollment form and to agree: to comply with the parameters for care laid out on the enrollment form; to notify the Department of Social Services if the hours of care or other circumstances related to the need for care change; to provide documentation of corrections of any deficiencies identified on the home safety checklist at the request of the Department of Social Services; to pay the family share (fee) as directed by the Department of Social Services; and to certify that he or she has selected and arranged for the provider to furnish care to the child(ren) and assumes responsibility for monitoring the quality of care furnished to the child(ren).

If the parent chooses a provider who is the subject of an indicated report of child abuse or maltreatment or has been convicted of a crime (or whose program includes an individual who is an employee or volunteer aged 18 or older who is the subject of an indicated report of child abuse or maltreatment or has been convicted of a crime), the parent must sign a parental acknowledgment form before payment can be made.

The parent is required to sign and date this section. Payment cannot be authorized if the parent refuses to sign.