

# Enrollment Form



Early Learning Academy  
2300 Yamato Road  
Boca Raton, FL 33431

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

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's home address if different \_\_\_\_\_

Mother's Name \_\_\_\_\_ Email \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's home address if different \_\_\_\_\_

Child lives with: both parents \_\_\_ mother \_\_\_ father \_\_\_ guardian \_\_\_ other \_\_\_

New additions for pick up and/or emergency

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Relation \_\_\_\_\_

Name \_\_\_\_\_ Phone number \_\_\_\_\_ Relation \_\_\_\_\_

Deletions from pick up and/or emergencies from previous enrollment

Name \_\_\_\_\_ Name \_\_\_\_\_

I have received "Know Your Childcare Facility" Pamphlet

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

I have received the yearly "Influenza Virus" Pamphlet

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Expected time of arrival \_\_\_\_\_ Expected time of departure \_\_\_\_\_

Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

## Release form

Child name \_\_\_\_\_

List the people who you will permit to pick up your children. Please keep their phone numbers current.

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

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

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

(If the people listed above do not provide Early Learning Academy with a valid identification, we will not release your children.)

If it is illegal for either parent to pick up their child, we must have a copy of the court order restriction.

Mother permitted to pick up child Yes \_\_\_\_\_ No \_\_\_\_\_

Father permitted to pick up child Yes \_\_\_\_\_ No \_\_\_\_\_

Is there any court order restriction violation of your child? If so, please list person or people restricted from visiting/picking up your child.

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

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

Parent's Signature

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

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

Child Day Care Licensing  
Alternative Nutrition Plan Agreement

Name of the facility Early Learning Academy

Name of child \_\_\_\_\_ Age \_\_\_\_\_

Indicate special dietary requirements:

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Indicate any allergies

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I understand and approve the use of the alternate nutrition plan. I agree to provide the following meals and/or snack to meet my child's dietary needs.  
(Mark P for parents provide or C for center provides)

Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Afternoon snack \_\_\_\_\_

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

I agree to provide the parents with a suggested meal pattern and menus and to discuss any problems that might develop in the alternate nutrition plan.

Owner/Operator signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical History

Please list all food allergies or other allergies that your child has, as well as dietary issues.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Please list any health developmental concerns that you have for your child that Early Learning Academy should be aware of.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

\*Please include a copy of your child's updated physical and shot record.



**Permission for**  
***Food-related Activities & Special Occasion***  
**food consumption**

Pursuant to 65C-22.005(1)(c)2., F.A.C., licensed child care facilities must obtain written permission from parents/guardians regarding a child's participation in food related activities. These activities include such things as: classroom cooking projects, gardening, school wide celebrations, and birthdays.

I \_\_\_\_\_ give/decline permission for my child \_\_\_\_\_  
(Parent or Guardian) (circle one) (Child's Name)

to participate in food related activities and special occasions wherein food is consumed, subject to the conditions indicated below.

**Permission Options:** (Select and initial one of the options below):

\_\_\_\_\_ My child DOES NOT HAVE a food allergy or dietary restriction. He or she may participate in activities.

\_\_\_\_\_ My child DOES NOT HAVE a food allergy or dietary restriction. He or she may not participate in activities.

\_\_\_\_\_ My child HAS a food allergy or dietary restriction. He or she may not participate in activities.

\_\_\_\_\_ My child HAS a food allergy or dietary restriction. He or she may participate in activities, but must not eat or handle the following items (please list below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Permission:** (Select (✓) One):

☐ **Specific Permission Only for:** \_\_\_\_\_  
Food Activity or Event Date

☐ **General Permission**

I understand that it is my responsibility to update this form in the event that my decision for permission changes. I agree that this form will remain in effect during the term of my child's enrollment.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

## Discipline:

Children who are having difficulty for any reason will be re-directed to another activity with teacher assistance. In the event that a child's behavior is likely to result in harm to the child, others or property, or seriously disrupts group interaction, the child may be separated briefly from the group. The child will be taken up to the office to sit with the director where he/she can gain enough self-control to rejoin the group. The child will always be left in an area where he/she is in full view of, and can be supervised and supported by a staff member. Interaction between the child and a staff member will take place immediately following the separation to guide the child toward appropriate group behavior. A method of discipline which frightens, demean, or humiliate a child is strictly prohibited.

X \_\_\_\_\_

*[Faint signature]*

## Illness Policy

To ensure the health and safety of the children, staff and families we serve, parents/guardians must not bring their child to school if he/she is not well enough to participate in a normal day's activities, ( i.e. play outside) is exposed to a contagious disease, develops symptoms of a contagious disease or is diagnosed by a physician as having a contagious disease. The parent/guardian will be contacted and is expected to pick up their child as soon as possible.

For the health and well being of the child and others, the child must be kept home if he or she develops any of the following symptoms of a contagious disease until the child is symptom-free for 24 hours or the child's physician indicates in writing that the child can return to school.

*Please do not send your child to school if they have the following symptoms:*

- Diarrhea
- Persistent or severe coughing
- Whooping Cough
- Difficulty breathing
- Rapid breathing
- Excessive green/yellow runny nose
- Fever of 100
- F or higher (underarm)
- Vomiting
- Pink Eye
- Flu-like symptoms

Parent/Guardian Signature\_\_\_\_\_Date\_\_\_\_\_



## Admission Agreement Form

I hereby agree to comply with the rules and regulations of Early Learning Academy regarding fees, health, absences, and other procedures specified in the parent handbook.

I am aware of the scheduled holidays.

I agree to notify the director two weeks in advance of withdrawal, should such event occur.

I agree to pay weekly fee \$\_\_\_\_\_ (part/full time) which is due on Friday of each week for the following week. A late fee of \$10.00 will be added for each day payment is late. I also understand there are no allowance made for absences or weeks when there is a holiday.

I agree to pay an annual registration fee of \$200.00 and every year thereafter on the date my child was registered.

I agree to provide a record physical exam and immunization day of enrollment. If I do not, my child will not be allowed to attend school until such record is on file.

I agree to pay a late charge of a dollar per minute, if my child is not picked up by 6:00 pm, which is closing time for the school. This will be due at the time I pick up my child.

I give permission for emergency medical care in the event of a serious illness or accident.

The following steps will be taken

1. Contact parents or the emergency contact
2. Contact the child's physician if parents or emergency contacts cannot be reached
3. If we cannot contact your physician, we will call 911.

I agree to notify Early Learning Academy of any changes of information on the enrollment application or immunization records.

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Parent signature

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Date

## Photography Consent Form

Dear Parent/Guardian

As the parent of a child/children at \_\_\_\_\_, I agree to the following:

I understand that my child(ren) whose name(s) are listed below may be photographed at \_\_\_\_\_ during normal daycare hours, field trips, or activities. I understand that these photographs may be used in promoting child care services, either in print or on the Internet.

Parent/Guardian Name		Relationship To Child	
Child 1 Name			
Child 2 Name			
Child 3 Name			
Address			
City		State	Zip
I give permission for my child(ren) to be photographed, or their images recorded for print or electronic use in promoting our child care services. I understand that it is my responsibility to update this form in the event that I no longer wish to authorize the above uses. I agree that this form will remain in effect during the term of my child's enrollment. I understand that there will be no payment for me or my child's participation.			
Parent/Guardian Signature			Date



## Parent Handbook

The parent handbook for Early Learning Academy can be found online at our website [www.elaboca.com](http://www.elaboca.com). This handbook is your guide to all our school policies and procedure.

### Agreement

I have read and understand the parent handbook and agree to abide by the policies and procedures as stated.

Signature of

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



Dear parent/guardian,

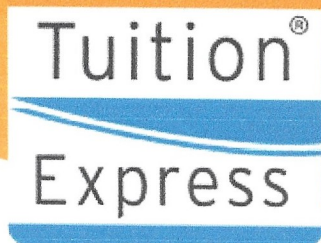
Early Learning Academy is pleased to offer **MyProcure**, a free online portal for you to access account information and easily pay tuition. MyProcure is safe, secure and created with your convenience in mind.

**Log in today!**

1. Go to [MyProcure.com](http://MyProcure.com).
2. Enter your email address (the email you have on file with Early Learning Academy) and choose **Go**.
3. Enter the confirmation code sent to your email, choose a password, and press **Go**.
4. Then you may:
  - a. View your child's schedule, time card, immunizations and more.
  - b. Use the **Pay** button to make a payment with your card.

Thank you!

Early Learning Academy and MyProcure



## Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

### ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) \_\_\_\_\_ to initiate credit card charges to the below-referenced credit card account (**Section A**) OR, initiate debit entries to my (our) checking or savings account, indicated below (**Section B**). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

#### COMPLETE ONE SECTION ONLY

##### SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

##### SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

#### For Official Use Only

Date Received

Employee Signature

John Sample Mary Sample 123 Nice Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of:	Attach Voided Check Here	\$
Deposit slips not accepted		Dollars
123456789	1800330	0226
Routing Number	Account Number	Check Number

A service of



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SOFTWARE®



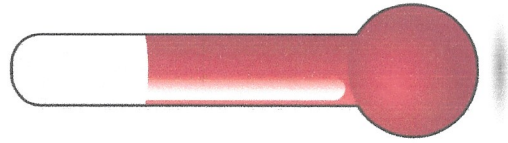


## FACTS ABOUT HEATSTROKE:

It only takes a car **10 minutes to heat up 20** degrees and become deadly.

Even with a **window cracked**, the temperature inside a vehicle can cause heatstroke.

The body temperature of a child increases **3 to 5 times faster** than an adult's body.



## ! PREVENTION TIPS:

- Never leave your child alone in a car and call 911 if you see any child locked in a car!
- Make a habit of checking the front and back seat of the car before you walk away.
- Be especially mindful during hectic or busy times, schedule or route changes, and periods of emotional stress or chaos.
- Create reminders by putting something in the back seat that you will need at work, school or home such as a briefcase, purse, cell phone or your left shoe.
- Keep a stuffed animal in the baby's car seat and place it on the front seat as a reminder when the baby is in the back seat.
- Set a calendar reminder on your electronic device to make sure you dropped your child off at child care.
- Make it a routine to always notify your child's child care provider in advance if your child is going to be late or absent; ask them to contact you if your child hasn't arrived as scheduled.

**During the 2018 legislative session,** a new law was passed that requires child care facilities, family day care homes and large family child care homes to provide parents, during the months of April and September each year, with information regarding the potential for distracted adults to fail to drop off a child at the facility/home and instead leave them in the adult's vehicle upon arrival at the adult's destination.



**My signature below verifies receipt of the Distracted Adult brochure**

Parent/Guardian:

Child's Name:

Date:

Please complete and return this portion of the brochure to your child care provider, to maintain the receipt in their records.



# Rilya Wilson Act

Pursuant to s. 39.604, Florida Statutes, a child from birth to the age of school entry, who is under court-ordered protective supervision or in out-of-home care and is enrolled in an early education or child care program must attend the program 5 days a week unless the court grants an exemption. A child enrolled in an early education or child care program who meets the requirements of this act may not be withdrawn from the program without prior written approval of the Department or community-based care lead agency. If a child covered by this act is absent, the program shall report any unexcused absence or seven excused absences to the Department or the community-based care lead agency by the end of the business day following the unexcused absence or seventh consecutive excused absence.

Educational stability and transition are key components of this act to minimize disruptions, secure attachments and maintain stable relationships with supportive caregivers of children from birth to school age. Successful partnerships are imperative to ensure that these attachments are not disrupted due to placement in out-of-home care or subsequent changes in out-of-home placement. A child must be allowed to remain in the child care or early education setting that he/she attended before entry into out-of-home care, unless the program is not in the best interest of the child. If a child from birth to school-age leaves a child care or early education program, a transition plan needs to be developed that involves cooperation and sharing of information among all persons involved, respects the child's developmental stage and associated psychological needs, and allows for a gradual transition from one setting to another.

This law provides priority for child care services for specified children who are at risk of abuse, neglect, or abandonment. These children are also known as Protective Services children.

## Rilya Wilson Act Requirements:

- ✓ Protective services children **MUST** be enrolled to participate 5 days per week.
- ✓ Protective services children **MAY NOT** be withdrawn without prior written approval from the Department of Children and Families (DCF) or Community Based Care (CBC).
- ✓ If a Protective Services child has 7 consecutive excused or any unexcused absence, the child care provider **MUST** notify the appropriate community based care staff.
- ✓ The Department and child care providers **MUST** follow local protocols set up by the CBC to ensure continuity.
- ✓ If it is not in the best interest of the child to remain at the child care or early education program, the caregiver **MUST** work with the Case Manager, Guardian Ad Litem, child care and educational staff, and educational surrogate, if one has been appointed, to determine the best setting for the child.

Community-Based Care Lead Agencies Contact Information:

<http://www.dcf.state.fl.us/programs/cbc/docs/leadagencycontacts.pdf>

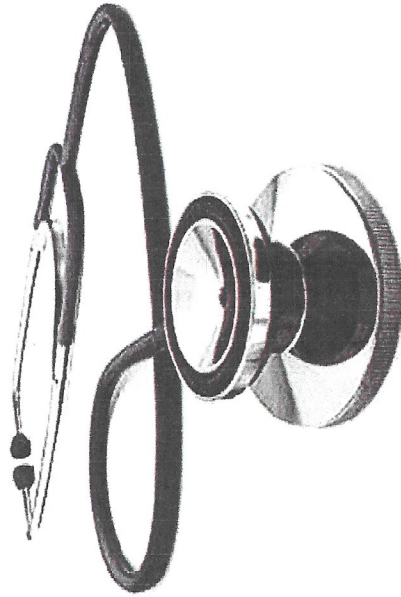
**\*\* If you have concerns regarding any child that you may care for, please contact the Florida Abuse Hotline at 1-800-96-ABUSE\*\***

Sign: \_\_\_\_\_



### What is the influenza (flu) virus?

Influenza ("the flu") is caused by a virus which infects the nose, throat, and lungs. According to the US Center for Disease Control and Prevention (CDC), the flu is more dangerous than the common cold for children. Unlike the common cold, the flu can cause severe illness and life threatening complications in many people. Children under 5 who have the flu commonly need medical care. Severe flu complications are most common in children younger than 2 years old. Flu season can begin as early as October and last as late as May.



### How can I tell if my child has a cold, or the flu?

Most people with the flu feel tired and have fever, headache, dry cough, sore throat, runny or stuffy nose, and sore muscles. Some people, especially children, may also have stomach problems and diarrhea. Because the flu and colds have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms such as fever, body aches, extreme tiredness, and dry cough are more common and intense. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations.

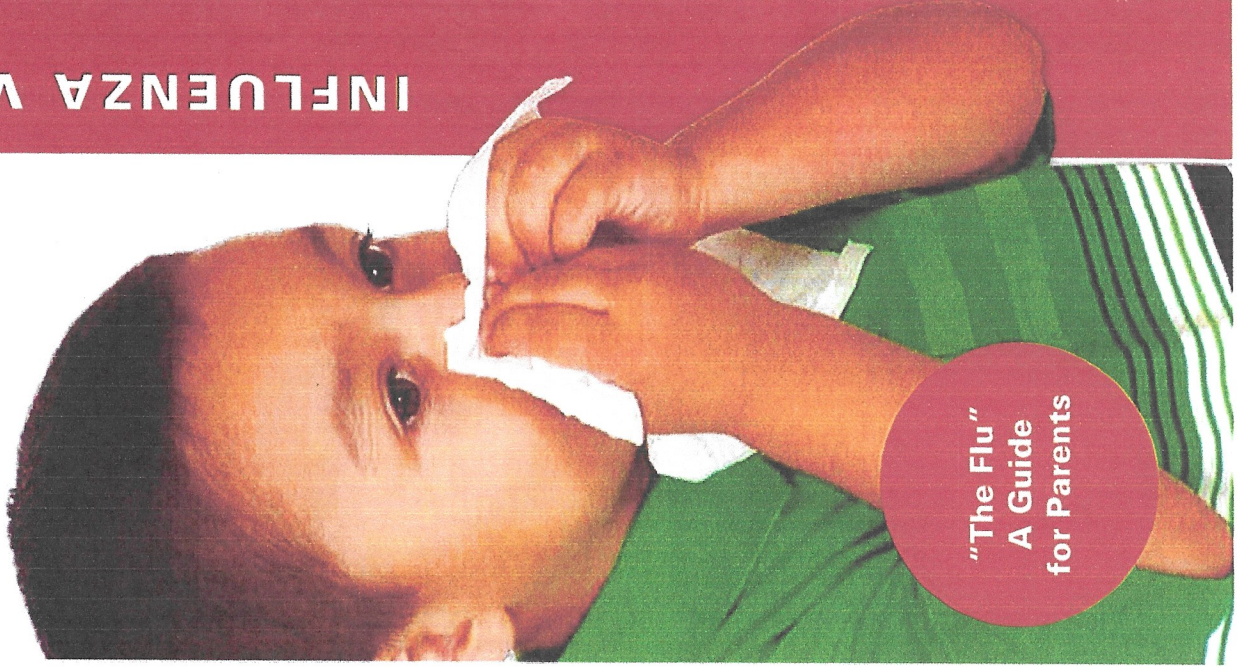


For additional information, please visit  
[www.myflorida.com/childcare](http://www.myflorida.com/childcare) or contact your  
local licensing office below:

CF/PI 175-70, June 2009

*This brochure was created by the Department of Children and Families in consultation with the Department of Health.*

INFLUENZA VIRUS



**"The Flu"**  
**A Guide**  
**for Parents**



**During the 2009 legislative session, a new law was passed that requires child care facilities, family day care homes and large family child care homes provide parents with information detailing the causes, symptoms, and transmission of the influenza virus (the flu) every year during August and September.**

**My signature below verifies receipt of the brochure on *Influenza Virus, The Flu, A Guide to Parents*:**

**Name:** \_\_\_\_\_  
**Child's Name:** \_\_\_\_\_  
**Date Received:** \_\_\_\_\_  
**Signature:** \_\_\_\_\_

**Please complete and return this portion of the brochure to your child care provider, in order for them to maintain it in their records.**



## What should I do if my child gets sick?

Consult your doctor and make sure your child gets plenty of rest and drinks a lot of fluids. Never give aspirin or medicine that has aspirin in it to children or teenagers who may have the flu.

### CALL OR TAKE YOUR CHILD TO A DOCTOR RIGHT AWAY IF YOUR CHILD:

- Has a high fever or fever that lasts a long time
- Has trouble breathing or breathes fast
- Has skin that looks blue
- Is not drinking enough
- Seems confused, will not wake up, does not want to be held, or has seizures (uncontrolled shaking)
- Gets better but then worse again
- Has other conditions (like heart or lung disease, diabetes) that get worse



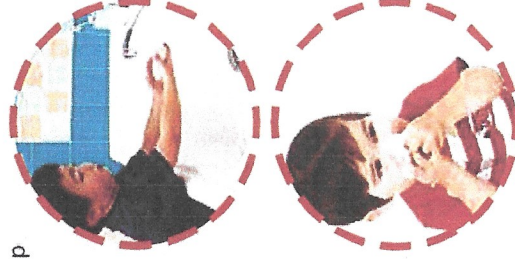
## How can I protect my child from the flu?

A flu vaccine is the best way to protect against the flu. Because the flu virus changes year to year, annual vaccination against the flu is recommended. The CDC recommends that all children from the ages of 6 months up to their 19th birthday receive a flu vaccine every fall or winter (children receiving a vaccine for the first time require two doses). You also can protect your child by receiving a flu vaccine yourself.

## What can I do to prevent the spread of germs?

The main way that the flu spreads is in respiratory droplets from coughing and sneezing. This can happen when droplets from a cough or sneeze of an infected person are propelled through the air and infect someone nearby. Though much less frequent, the flu may also spread through indirect contact with contaminated hands and articles soiled with nose and throat secretions. To prevent the spread of germs:

- Wash hands often with soap and water.
- Cover mouth/nose during coughs and sneezes. If you don't have a tissue, cough or sneeze into your upper sleeve, not your hands.
- Limit contact with people who show signs of illness.
- Keep hands away from the face. Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.



## When should my child stay home from child care?

A person may be contagious and able to spread the virus from 1 day before showing symptoms to up to 5 days after getting sick. The time frame could be longer in children and in people who don't fight disease well (people with weakened immune systems). When sick, your child should stay at home to rest and to avoid giving the flu to other children and should not return to child care or other group setting until his or her temperature has been normal and has been sign and symptom free for a period of 24 hours.

**For additional helpful information about the dangers of the flu and how to protect your child, visit: <http://www.cdc.gov/flu/> or <http://www.immunizeflorida.org/>**



## Parents' Role

A parent's role in quality child care is vital:

- ☐ Inquire about the qualifications and experience of child care staff, as well as staff turnover.
- ☐ Know the facility's policies and procedures.
- ☐ Communicate directly with caregivers.
- ☐ Visit and observe the facility.
- ☐ Participate in special activities, meetings, and conferences.
- ☐ Talk to your child about their daily experiences in child care.
- ☐ Arrange alternate care for their child when they are sick.
- ☐ Familiarize yourself with the child care standards used to license the child care facility.



## More information and free resources:

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



This child care facility is licensed according to the minimum licensure standards included in section 402.305, Florida Statutes (F.S.), and Chapter 65C-22, Florida Administrative Code (F.A.C.).  
 License Number: 50-51-1729012  
 License Issued on 11/14/19  
 License Expires on 1/1/20  
 For more information regarding the compliance history of this child care provider, please visit:  
[MyFLFamilies.com/childcare](http://MyFLFamilies.com/childcare)



To report suspected or actual cases of child abuse or neglect, please call the Florida Abuse Hotline at 1-800-962-2873.

CF/P1 175-24, 03/2014

This brochure was created by the Florida Department of Children and Families, Office of Child Care Regulation and Background Screening pursuant to s. 402.3125(5), F.S.



## Know Your Child Care Facility

[MyFLFamilies.com/ChildCare](http://MyFLFamilies.com/ChildCare)



## General Requirements

Every licensed child care facility must meet the minimum state child care licensing standards pursuant to s. 402.305, F.S., and ch. 65C-22, F.A.C., which include, but are not limited to, the following:

- ☐ Valid license posted for parents to see.
- ☐ All staff appropriately screened.
- ☐ Maintain appropriate transportation vehicles (if transportation is provided).
- ☐ Provide parents with written disciplinary practices used by the facility.
- ☐ Provide access to the facility during normal hours of operation.
- ☐ Maintain minimum staff-to-child ratios:

Age of Child	Child: Teacher Ratio
Infant	4:1
1 year old	6:1
2 year old	11:1
3 year old	15:1
4 year old	20:1
5 year old and up	25:1

### Health Related Requirements

- ☐ Emergency procedures that include:
  - Posting Florida Abuse Hotline number along with other emergency numbers.
  - Staff trained in first aid and Infant/Child CPR on the premises at all times.
  - Fully stocked first aid kit.
  - A working fire extinguisher and documented monthly fire drills with children and staff.
- ☐ Medication and hazardous materials are inaccessible and out of children's reach.

### Training Requirements

- ☐ 40-hour introductory child care training.
- ☐ 10-hour in-service training annually.
- ☐ 0.5 continuing education unit of approved training or 5 clock hours of training in early literacy and language development.
- ☐ Director: Credential for all facility directors.

### Food and Nutrition

- ☐ Post a meal and snack menu that provides daily nutritional needs of the children (if meals are provided).

### Record Keeping

- ☐ Maintain accurate records that include:
  - Children's health examination/immunization record.
  - Medication records.
  - Enrollment information.
  - Personnel records.
  - Daily attendance.
  - Accidents and incidents.
  - Parental permission for field trips and administration of medications.

### Physical Environment

- ☐ Maintain sufficient usable indoor floor space for playing, working, and napping.
- ☐ Provide space that is clean and free of litter and other hazards.
- ☐ Maintain sufficient lighting and inside temperatures.
- ☐ Equipped with age and developmentally appropriate toys.
- ☐ Provide appropriate bathroom facilities and other furnishings.
- ☐ Provide isolation area for children who become ill.
- ☐ Practice proper hand washing, toileting, and diapering activities.

## Quality Child Care

Quality child care offers healthy, social, and educational experiences under qualified supervision in a safe, nurturing, and stimulating environment. Children in these settings participate in daily, age-appropriate activities that help develop essential skills, build independence and instill self-respect. When evaluating the quality of a child care setting, the following indicators should be considered:

### Quality Activities

- ☐ Are children initiated and teacher facilitated.
- ☐ Include social interchanges with all children.
- ☐ Are expressive including play, painting, drawing, story telling, music, dancing, and other varied activities.
- ☐ Include exercise and coordination development.
- ☐ Include free play and organized activities.
- ☐ Include opportunities for all children to read, be creative, explore, and problem-solve.

### Quality Caregivers

- ☐ Are friendly and eager to care for children.
- ☐ Accept family cultural and ethnic differences.
- ☐ Are warm, understanding, encouraging, and responsive to each child's individual needs.
- ☐ Use a pleasant tone of voice and frequently hold, cuddle, and talk to the children.

- ☐ Help children manage their behavior in a positive, constructive, and non-threatening manner.
- ☐ Allow children to play alone or in small groups.
- ☐ Are attentive to and interact with the children.
- ☐ Provide stimulating, interesting, and educational activities.
- ☐ Demonstrate knowledge of social and emotional needs and developmental tasks for all children.
- ☐ Communicate with parents.

### Quality Environments

- ☐ Are clean, safe, inviting, comfortable, child-friendly.
- ☐ Provide easy access to age-appropriate toys.
- ☐ Display children's activities and creations.
- ☐ Provide a safe and secure environment that fosters the growing independence of all children.



Sign :