



Infant/Toddler Contract August 9, 2018 – August 2, 2019

- We receive DES
- We would like to apply for a scholarship

CHILD

Last Name _____ First Name _____

Birth Date (Mo/Day/Yr) _____/_____/_____

Resident Address _____

_____ City/State/Zip _____

Male Female

PARENT/LEGAL GUARDIAN #1 Relationship to child _____

Last Name _____ First Name _____

E-Mail _____

Home Address _____

City/State/Zip _____

(if different from child)

Phone: Home () _____ Daytime () _____

Cell () _____

PARENT/LEGAL GUARDIAN #2 Relationship to child _____

Last Name _____ First Name _____

E-Mail _____

Home Address _____

City/State/Zip _____

(if different from child)

Phone: Home () _____ Daytime () _____

Cell () _____

I, the undersigned, understand that participation in any JCC activity and use of recreational and workout facilities involves a risk of accidental injury despite all safety precautions. Therefore, as a parent and/or guardian, I will assume all risks (injury or illness) for my children and family members that may occur during participation in any activities or use of facilities at the JCC. In case of sudden injury or illness, I hereby give authority to any hospital or doctor to render immediate aid as may be required at the time for my children's health and safety. I authorize the staff to apply sunscreen to avoid sunburn. I understand medical expenses are my responsibility. **I give permission for my children to attend JCC-supervised field trips, (when age-appropriate) for photographs to be taken and used privately and/or in JCC publications and for my name and phone number to be listed in the ECE Directory.** I give permission for my child to participate in swimming or at the Splash Park. By signing this form, I acknowledge that I am aware of the potential risks of participating in activities and/or programs at the JCC, and agree to in no way hold the management, agents or employees of the JCC liable for lost or damaged belongings or injury that my children may sustain.

I have read and understand the above statements. Signature _____ Date _____

Infant/Toddler Contract

August 9, 2018 – August 2, 2019

Child's Name: _____

Parent Signature: _____ Date: _____

- The Infant/Toddler program is for children six weeks old through age two.
- Child's age group level is determined by age as of September 1, 2018.
- This program begins August 9, 2018 and ends August 2, 2019.

Please read and initial each item.

Registration and Fees

- _____ The non-refundable registration fee includes the One Call Now Notification System.
- _____ Each family is required to contribute 10 hours of volunteer service per contract year.
- _____ To maintain program integrity and staffing needs, families must maintain the hours selected; dropping children off before or picking up after selected hours will result in extra charges.
- _____ We know that sometimes it's necessary to adjust your child's schedule from the contract commitment. We will process your first schedule change at no charge. If you need to make a second change, there is a \$10 processing fee. Subsequent changes will be \$25.
- _____ A 5% tuition discount is offered for families with multiple children enrolled in the program.
- _____ There are no reductions in monthly payments for absences, vacations or school holidays.
- _____ JCC membership in a family category is required for enrollment.
- _____ Tuition is based on the number of school days minus the number of days we are closed for holidays. That amount is divided into equal monthly payments, so you are not charged for days we are closed. Your first monthly payment is due in August 2018.

Financial Assistance

- _____ Scholarships are available based on documented financial need and must be renewed annually. Applications are available in the ECE Office.
- _____ I understand that if I currently or in the future receive financial assistance from the state (DES) that I notify ECE and make an appointment with the accounting department.

Withdrawal

- _____ I understand that should I need to withdraw my child, two weeks' notice is required.

Payment Option

- NEW ECE FAMILIES Payment arrangements MUST accompany this registration form. Options include credit card number to charge fee each month or electronic fund transfer from bank each month.
- CURRENT ECE FAMILIES Check here if you wish to keep your current payment option and you will not need to complete a new payment option form. If there are any changes in your financial information, you need to complete a new form.

Please complete form and return it to the ECE office with a non-refundable \$105 registration fee.

Payment option form MUST accompany Application/Contract.

<i>Please check time option requested and note daily schedule in this space:</i>		
__:__ am to __: __ pm		
	Time Options	Monthly Payment
	5 Days	
<input type="checkbox"/>	11 hours/day	\$1,061
<input type="checkbox"/>	9 hours/day	\$998
<input type="checkbox"/>	7 hours/day	\$878
<input type="checkbox"/>	4 hours/day	\$617
	4 Days	
		M T W TH F
<input type="checkbox"/>	11 hours/day	\$902
<input type="checkbox"/>	9 hours/day	\$849
<input type="checkbox"/>	7 hours/day	\$746
<input type="checkbox"/>	4 hours/day	\$525
	3 Days	
		M T W TH F
<input type="checkbox"/>	11 hours/day	\$708
<input type="checkbox"/>	9 hours/day	\$666
<input type="checkbox"/>	7 hours/day	\$586
<input type="checkbox"/>	4 hours/day	\$412
	2 Days	
		M T W TH F
<input type="checkbox"/>	11 hours/day	\$531
<input type="checkbox"/>	9 hours/day	\$499
<input type="checkbox"/>	7 hours/day	\$439
<input type="checkbox"/>	4 hours/day	\$309

Office Use Only: Date Rec'd _____	Initials _____	Amount Rec'd _____	# of children in ECE _____
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