



sabes jcc
minneapolis

2016-17 NEW INFANT FAMILIES

early childhood center

Dear Families,

Thank you for your interest in the Sabes JCC Early Childhood Center (ECC)! Our licensed program provides a high quality, year-round early childhood experience in a welcoming, nurturing Jewish environment. Our loving teachers spend a lot of time cuddling and talking to your baby to instill trust and provide a healthy early learning experience for movement, exploration and communication.

We support our teachers' continuing education by providing first aid, CPR, SIDS and SBS training along with other early childhood workshops. We also benefit from a partnership with the Sabes JCC's full-time Inclusion Director as well as early childhood educators and consultants to ensure we are meeting the needs of the children we serve.

Our Infant Program serves children ages 6 weeks to 16 months old. The Infant Room teachers follow stringent state safety guidelines and you can be assured of a safe, secure, and positive environment where your child can grow and develop a sense of identity and self-confidence. The ECC follows a primary care model - infants are with a consistent caregiver to maintain a sense of security that allows them to explore the world around them more freely. We foster a positive self-concept, a joy for learning, and the ability to work and play well with others. Our inclusive Jewish environment values the diversity of our families and staff and respects differences among our children and families.

As part of the Sabes JCC ECC, your child will have access to a wide range of resources, making each day a rich and meaningful experience. This includes swimming lessons (starting at toddler age), cultural arts programs, kid fitness, exposure to seniors and people with disabilities, plus we offer numerous "in-house" field trips from the Como Zoo, MacPhail School of Music, and the Children's Museum.

We are looking forward to a wonderful year with your family!

Erin Striker
ECC Co-Director
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952.381.3441

Liz Affias
ECC Co-Director
eaffias@sabesjcc.org
952.381.3435

our process

To ensure your child a space in our Infant Program please read and complete the application and return it to the ECC office along with your \$400 application fee (non-refundable deposit).

Once we receive your application:

- We will charge your \$400 deposit and confirm if/when space is available
- \$200 of this will be applied towards your first month's tuition and holds your space
- Rates are based on the cost of a full year program and then divided into equal monthly payments
- If you would like to contact an ECC family, references are available upon request

Please let us know as soon as your baby arrives!

- We will, then, send you all the necessary enrollment forms and additional information about the Program and what to expect.
- To guarantee your child's space, the first month's tuition is due sixty days in advance of your child's start date (less the \$200 applied from the deposit paid at the time of application).
- Approximately two to three weeks before your child's start date, you will be contacted by one of our Lead Teachers to schedule an intake meeting. This will give your family an opportunity to share information about your child and our staff an opportunity to answer any and all questions you might have about what to expect from our Infant Program.

Limited, need-based scholarships are available on a first-come, first-served basis. For questions regarding scholarships, please contact Tamara Burch at 952.381.3430 or tburch@sabesjcc.org. The scholarship process is confidential.

If you have questions, please feel free to call, email, or stop by the ECC office. We look forward to welcoming your family to our ECC community!

infant application

Child's Name _____

Due Date or Child's Date of Birth _____

Address _____

Religious Affiliation (optional) _____

Desired Start Date _____

Parent/Guardian Name _____

Address (if different than child's) _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Grandparent(s) Name _____

Address _____

Home Phone _____

Email Address _____

Parent/Guardian Name _____

Address (if different than child's) _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Grandparent(s) Name _____

Address _____

Home Phone _____

Email Address _____

Does your child have asthma? If yes, please explain:

Does your child have any special needs or severe allergies of which we should be aware? If yes, please explain:

PLEASE NOTE:

If your child has asthma and/or severe allergies, your child's physician must complete an Emergency Care Plan which must be submitted to the ECC office prior to your child beginning school. Any child who requires an Emergency Care Plan for asthma or severe allergies will NOT be allowed to be in the ECC if this form has not been returned. You will be required to submit an updated Emergency Care Plan every six months for your child.

infant program (JUNE 1, 2016 – MAY 31, 2017)

DAYS	HOURS	MONTHLY MEMBER TUITION	MONTHLY GEN. PUBLIC TUITION
Full Time Mon – Fri	Mon-Thurs 7:00am – 6:00pm; Fri 7:00am – 5:30pm (this program includes care on holiday package days)	\$1,695	\$1,845

payment information

Child's Name _____

Child's Date of Birth _____

ECC DEPOSIT FEE

\$400 (non-refundable; \$200 applied towards first month's tuition)

☐ Cash, check, or money order attached

☐ Charge to (check one): ☐ Master Card ☐ Visa

Credit Card Number _____ Expiration Date _____

Name as it appears on card _____

ECC PAYMENT PLAN OPTIONS

☐ Option 1: Monthly EFT payments (automatic withdrawal from checking account; please attach a voided check)

☐ Option 2: Charge to MasterCard or Visa (this and membership if applicable will be deducted on the first business day of every month)

Credit Card Number _____ Expiration Date _____

Name as it appears on card _____

INTERNAL USE ONLY

Date rec'd in ECC:

Rec'd by:

Deposit:

Check/Credit:

policies & procedures

Child's Name _____

Due Date or Child's Date of Birth _____

I will read and follow all JCC and ECC policies and procedures.

I understand that unless my child changes programs during the year, the program rates and hours for which I registered at the beginning of the year will be the program rate schedule charged throughout the year. If I decide to withdraw my child from the ECC I will give a minimum 30 day advance written notice and understand I will be billed until the last day of the next full month.

A 5% sibling discount will be deducted from the lesser rate when two siblings attend the ECC. A 10% sibling discount will be deducted from the lesser rate when three or more siblings attend the ECC.

I will pay a non-refundable fee of \$25 for each ECC access keycard issued to my family, beyond the first access card, which I will receive at no charge.

I give the Sabes JCC and/or ECC my permission to photograph and videotape my child in any form of media or presentation of ECC activities, and to reproduce and use such images in any of its advertising, publications, or the presentation of ECC programs to the community, unless otherwise notified in writing by me.

I understand that addresses, phone numbers, and email information of students may be distributed to other students' families at the ECC's discretion, unless otherwise notified in writing by me.

I give permission for the minor child listed on this application to participate in all ECC programs and activities and understand the inherent risks in various ECC activities. I will not hold the Sabes JCC, its instructors, employees, associates, agents, affiliates, or any other entity or person associated with the Sabes JCC liable for any injury or loss that may occur during any Sabes JCC ECC program.

I understand that if, in the sole opinion of the Sabes JCC staff, the registrant's conduct, influence, or behavior prevents his/her and/or other participants' safe and/or successful participation in the program, the ECC reserves the right to cancel the registrant's attendance with no refund of fees.

I have read and agree to the payment plan, policies, and procedures above and agree to the payment information below.

Parent's signature _____ Date _____