



sabes jcc
minneapolis

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 environment. Jewish culture and values are infused into our daily programming plus our curriculum includes weekly art, music, swimming and a variety of other enrichment opportunities taught by experienced professional specialists.

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.

Preschool age children are full of wonder as they develop a sense of trust in their teachers, competence in themselves, and the ability to initiate activities with each other. Our Preschool program serves children ages 3 to 4 years old. Our developmentally appropriate curriculum, implemented by our experienced, highly trained and nurturing teachers, seeks to maximize the social, emotional, cognitive, physical, and spiritual development of each individual child.

As part of the Sabes JCC, your child will have access to a wide range of resources that contribute to making each day in our ECC a rich and meaningful experience. Swimming lessons, cultural arts programs, kid fitness, exposure to our diverse community including seniors and people with disabilities, add to the richness of the ECC experience. 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
striker@sabesjcc.org
952.381.3441

Liz Affias
ECC Co-Director
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our process

To ensure your child a space in our Preschool Program please read and complete the application and return it to the ECC office along with your \$200 application fee (non-refundable deposit).

Once we receive your application:

- We will charge your \$200 deposit and confirm if/when space is available
- \$100 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
- We will send you all the necessary enrollment forms and additional information about the Program as well as what to expect, a month before your start date
- To guarantee your child's space, the first month's tuition is due thirty days in advance of your child's start date (less the \$100 applied from the deposit paid at the time of application)

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!

preschool application

Child's Name _____

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.

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

Child's Name _____

Child's Date of Birth _____

OPTION (Please check one)	DAYS	HOURS	MONTHLY MEMBER TUITION	MONTHLY GEN. PUBLIC TUITION
<input type="checkbox"/>	Full Time Mon – Fri	Mon-Thurs 7:00am – 6:00pm; Fri 7:00am – 5:30pm (this program includes care on holiday package days)	\$1,465	\$1,620
<input type="checkbox"/>	Four Full Days	Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri (this program includes care on holiday package days)	\$1,315	\$1,465
<input type="checkbox"/>	Three Full Days	Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri (this program includes care on holiday package days)	\$1,030	\$1,185
<input type="checkbox"/>	Mon – Fri School Days	Please check which times you would like to elect: <input type="checkbox"/> 8:15am – 3:15pm or <input type="checkbox"/> 9:00am – 4:00pm	\$1,185	\$1,340
<input type="checkbox"/>	Three School Days	Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri Please check which times you would like to elect: <input type="checkbox"/> 8:15am – 3:15pm or <input type="checkbox"/> 9:00am – 4:00pm	\$720	\$875
<input type="checkbox"/>	Mon – Fri Half Days	Monday – Friday; 9:00am – 12:45pm	\$620	\$770
<input type="checkbox"/>	Four Half Days	9:00am – 12:45pm Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$565	\$720
<input type="checkbox"/>	Three Half Days	9:00am – 12:45pm Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$515	\$670

EXTRA CARE	DAYS	HOURS	RATES
<input type="checkbox"/>	Mon – Fri	7:00am – 9:00am (includes breakfast)	\$300
<input type="checkbox"/>	One Afternoon	Please check which afternoon you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$175x _____ # of afternoons = _____

Additional child care is available outside of your enrollment option on a limited basis: \$10/hr for JCC members; \$12/hr for general public

payment information

Child's Name _____

Child's Date of Birth _____

ECC DEPOSIT FEE

\$200 (non-refundable; \$100 applied towards first month's tuition)

- Same as current billing
- 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: Same as current plan
- Option 2: Monthly EFT payments (automatic withdrawal from checking account; please attach a voided check)
- Option 3: 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 _____

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 _____