



sabes jcc
minneapolis

4330 S. Cedar Lake Road
Minneapolis, MN 55416
(952) 381-3400

sabesjcc.org

2019-20 NEW 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 environment for infants through preK. In our classrooms, we foster a positive self-concept, a joy of learning, and the ability to work and play well with others. We provide a comprehensive, quality program to meet the developmental needs of your child, 6 weeks – preK:

- **Infants (6 weeks - 16 months):** Your baby is cuddled and talked to throughout the day while we provide excellent care. We follow a primary care model where your child is with consistent caregivers the majority of the day. This fosters security, trust and positive attachment and allows your child to freely explore the world while developing skills.
- **Toddlers (16-36 months):** The toddler years are filled with curiosity and the emergence of many new talents and skills. Our nurturing teachers help your toddler become more independent while developing trust.
- **Preschoolers (3-4 years old):** Preschool-age children are full of wonder as they develop competence and learn to initiate activities with others. Our developmentally appropriate curriculum encourages social, emotional, cognitive, physical, and spiritual development in a nurturing environment.
- **Pre-K: (4-5 years old; year before kindergarten):** Our PreK program continues to develop your child's individual skills and talents while preparing them for kindergarten. We align our curriculum with the Minnesota Early Childhood Indicators of Progress and provide a balance of teacher-directed activities and exploratory play. To ensure we are preparing children for kindergarten, we require a minimum enrollment in our Monday through Friday half-day program during the school year.

We have included all of our enrollment options, infant through preK, in this application packet so you can see the progression of our program.

We support our teachers' continuing education by providing first aid and CPR training along with other early childhood workshops. All of our classrooms follow stringent state safety guidelines so you can be assured of a safe, secure, and positive environment where your child will grow and develop.

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, your child will have access to a wide range of resources that make each day in our ECC a rich and meaningful experience. Swimming lessons; music, Hebrew, cultural and arts programs; child fitness; and exposure to seniors and people with disabilities, are all included as part of our curriculum. Each age-group has their own unique opportunities for enrichment based on what is appropriate for their developmental stage.

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

Erin Waller
ECC Director
ewaller@sabesjcc.org
952.381.3441

Deborah Taillon
ECC Assistant Director
dtaillon@sabesjcc.org
952.381.3435

frequently asked questions

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

Q. What happens after I submit my application?

A. We will process your \$400 application fee and confirm if or when a space is available. \$200 of your deposit will be applied to your first month's tuition and holds your space. If the ECC guarantees a start date for your child, and you decide to forgo your given space, the \$400 application fee is non-refundable. Once your space is confirmed, we will send you the necessary enrollment forms and additional information about the program closer to your child's start date.

Q. How does billing work?

A. You are billed monthly using either a credit card or a checking account you have provided. On the first of the month, we will withdraw your tuition.

Q. Are scholarships available?

A. Need-based scholarships are available on a first come first served basis. Please complete the application at the end of this packet. For questions regarding scholarships, please contact Danya Kornblum at 952-381-3344 or dkornblum@sabesjcc.org. The scholarship process is confidential.

Q. What is Holiday Package?

A. Holiday Package Days are days that the JCC is closed due to a Jewish holiday or for school breaks such as winter or spring. Holiday Package days are only available to families who are enrolled in the full-time or school day option.

Q. What is Extra Care?

A. Extra Care refers to all care that occurs before or after the hours that your child is normally enrolled to attend. Advance notice is required as spots fill quickly. We do not provide extra care before 7:00 am or past the hours of 6 PM (5:30 PM on Fridays). Extra Care is \$12/per hour.

Q. What does it mean to be a member of the JCC?

A. Being a member of the JCC means you have access to the fitness center, including the gym and the pool. You receive a significant discount on tuition to the ECC and other JCC programs, such as Camp Olami, if you are a JCC member. **If you choose to become a member of the JCC, you will be charged a monthly fee for your membership in addition to your ECC tuition.** For more information about Membership options, contact David Lissauer at 952-381-3379.

Q. Is there a discount for enrolling 2 or more children?

A. Yes, we do have a sibling discount. You receive 5% off the lesser rate when two siblings attend and 10% off the lesser rate when three siblings attend.

Please refer to our parent handbook for more information about our program, including our educational philosophy, guidance policy, sick child policy, and classroom transitions. If you have additional questions, please feel free to call, email, or stop by the ECC office. We look forward to welcoming your family to the ECC community!

application

Child's Name _____

Due Date or Child's Date of Birth _____

Address _____

Religious Affiliation (optional) _____

How did you hear about the ECC? _____

Desired Start Date _____

Parent/Guardian Name _____

Address (if different than child's) _____

Home Phone _____

Employer _____

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 _____

Employer _____

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. The ECC requires an updated Emergency Care Plan every six months for your child.

infant program | JUNE 3, 2019 TO MAY 29, 2020

Child's Name _____

DAYS	HOURS	MEMBER MONTHLY TUITION	GENERAL PUBLIC MONTHLY TUITION
Full Time Mon – Fri	Monday – Thursday 7:00 AM – 6:00 PM; Friday 7:00 AM – 5:30 PM (this option includes care on holiday package days)	<input type="checkbox"/> \$1,740	<input type="checkbox"/> \$1,900

toddler program

JUNE 1, 2018
TO MAY 29, 2019

Child's Name _____

DAYS	HOURS	MEMBER MONTHLY TUITION	GEN. PUBLIC MONTHLY TUITION
Full Time Mon – Fri	Mon – Thurs 7:00 AM – 6:00 PM; Fri 7:00 AM – 5:30 PM (this option includes care on holiday package days)	<input type="checkbox"/> \$1,590	<input type="checkbox"/> \$1,770
Three Full Days	Monday, Wednesday, Friday 7:00 AM – 6:00 PM; Fri 7:00 AM – 5:30 PM	<input type="checkbox"/> \$1,110	<input type="checkbox"/> \$1,270
Two Full Days	Tuesday & Thursday 7:00 AM – 6:00 PM	<input type="checkbox"/> \$780	<input type="checkbox"/> \$940
School Days	Monday – Friday; 9:00 AM – 4:00 PM (this option includes care on holiday package days)	<input type="checkbox"/> \$1,270	<input type="checkbox"/> \$1,430
Half Days	Monday – Friday; 9:00 AM – 12:45 PM	<input type="checkbox"/> \$650	<input type="checkbox"/> \$800
Three Half Days	Monday, Wednesday, Friday 9:00 AM – 12:45 PM	<input type="checkbox"/> \$520	<input type="checkbox"/> \$670
Two Half Days	Tuesday & Thursday 9:00 AM – 12:45 PM	<input type="checkbox"/> \$460	<input type="checkbox"/> \$515

preschool program

JUNE 3, 2019
TO MAY 29, 2020

Child's Name _____

DAYS	HOURS	MEMBER MONTHLY TUITION	GEN. PUBLIC MONTHLY TUITION
Full Time Mon – Fri	Mon – Thurs 7:00 AM – 6:00 PM; Fri 7:00 AM – 5:30 PM (this option includes care on holiday package days)	<input type="checkbox"/> \$1,510	<input type="checkbox"/> \$1,670
Three Full Days	Monday, Wednesday, Friday 7:00 AM – 6:00 PM; Fri 7:00 AM – 5:30 PM	<input type="checkbox"/> \$1,060	<input type="checkbox"/> \$1,215
School Days	Monday – Friday; 9:00 AM – 4:00 PM (this option includes care on holiday package days)	<input type="checkbox"/> \$1,215	<input type="checkbox"/> \$1,380
Half Days	Monday – Friday; 9:00 AM – 12:45 PM	<input type="checkbox"/> \$630	<input type="checkbox"/> \$770
Three Half Days	Monday, Wednesday, Friday 9:00 AM – 12:45 PM	<input type="checkbox"/> \$520	<input type="checkbox"/> \$680

prek program | JUNE 3, 2019 TO MAY 29, 2020

Child's Name _____

DAYS	HOURS	MEMBER MONTHLY TUITION	GEN. PUBLIC MONTHLY TUITION
Full Time Mon – Fri	Mon – Thurs 7:00 AM – 6:00 PM; Fri 7:00 AM – 5:30 PM (this option includes care on holiday package days)	<input type="checkbox"/> \$1,460	<input type="checkbox"/> \$1,610
School Days	Monday – Friday; 9:00 AM – 4:00 PM (this option includes care on holiday package days)	<input type="checkbox"/> \$1,170	<input type="checkbox"/> \$1,330
Half Days	Monday – Friday; 9:00 AM – 12:45 PM	<input type="checkbox"/> \$605	<input type="checkbox"/> \$760

payment info

ECC DEPOSIT FEE

\$400 (\$200 applied towards first month's tuition)

If you forgo your given spot at the ECC, the \$400 application is non-refundable.

Cash, check, or money order attached

Charge to (check one): Master Card Visa

Credit Card Number _____ Exp. Date _____

Name (as it appears on card) _____

ECC PAYMENT PLAN OPTIONS

Each month, you will be charged your monthly tuition. If you choose to become a JCC member and receive the member discount, you will also be charged a monthly membership fee based on the membership plan you choose. Please contact David Lissauer at dlissauer@sabesjcc.org or 952.381.3379 for membership options and pricing.

Option 1: Monthly EFT payments (automatic withdrawal from checking account; please attach a voided check. ECC tuition and membership if applicable will be deducted on the first business day of every month).

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

Credit Card Number _____ Exp. 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 outlined in the Parent Handbook.
Please initial each policy and sign below.

- _____ 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.
- _____ I understand there is a fee of \$12/hour per child for children left before or picked up after their contracted time. We allow a 5 minute grace period, and then you will begin to accrue fees.
- _____ I understand that the centers hours are 7 AM to 6 PM Monday-Thursday and 7 AM to 5:30 PM on Fridays. You will be charged \$3.00/minute beyond 6:00 (5:30 on Fridays). Charges will continue to accrue until your child has been picked up. In this case, the 5 minute grace period does not apply.
- _____ I understand I will be charged \$50 each time I change my enrollment option and schedule.
- _____ 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 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, it's 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 follow all JCC and ECC policies and procedures.

Parent's signature _____ Date _____



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2019-20 CURRENT FAMILIES

early childhood center

2019-2020 Tuition Assistance Program

Dear ECC Family,

The Sabes Jewish Community Center Early Childhood Center is proud to be addressing affordability and access with our Tuition Assistance Program. The goal of this program is to enable attendance at a Jewish early childhood program for as many families as possible. We are pleased to continue this commitment with the 2019-2020 program.

Before you submit your tuition assistance application, please make sure you have submitted enrollment application materials to the ECC. You will need to know what the actual tuition for your child will be since that is an important factor in the application process. Families are always expected to pay the majority of the cost of care. We have only a limited amount of assistance available and it is awarded based on financial need.

Only complete applications will be considered for tuition assistance. This includes:

- Completed fee adjustment application
- Copy of 2018 Federal Income Tax Return

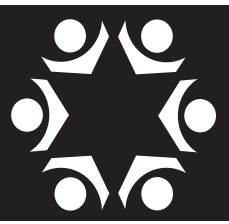
Funds are determined on annual basis. Decisions are based on the amount of funds available, number of applications received, and the level of need. Applications for the 2019-2020 program year, which runs June 3 – May 29, are due to me by April 13, 2019. Awards will be determined by April 26, 2019. If eligible, you will be notified by letter, of the dollar amount that will be credited towards your tuition each month. You must let us know your enrollment decision and acceptance of the award by May 6, 2019. Please note, **YOU DO NEED TO REAPPLY** for tuition assistance each year and amounts awarded may differ from year to year.

Please let me know if you have any further questions.

Sincerely,

Danya Kornblum

Danya Kornblum
Sabes JCC Chief Programming Officer



2019-20 FEE ADJUSTMENT APPLICATION

Sabes Jewish Community Center
4330 S. Cedar Lake Road, Minneapolis, MN 55416
Tel: 952.381.3400 Fax: 952.381.3401
Email: info@sabesjcc.org

Membership	Member Contribution
_____	_____
	Fee Adjustment Amt
_____	_____
ECC/Program	Member Contribution
_____	_____
	Fee Adjustment Amt
_____	_____

MEMBER INFORMATION

Date _____

Adult 1 Name _____

Adult 2 Name _____

Home Phone _____ Cell Phone _____

Address _____

City, State, Zip _____

E-mail _____

Best way to contact phone email mail

Number of children _____

Child Name _____	Age _____
Child Name _____	Age _____
Child Name _____	Age _____

COMBINED ASSETS

Savings Accounts	\$ _____
Checking Accounts	\$ _____
Securities	\$ _____
Other	\$ _____

EXPENSES

Monthly housing payment Mortgage Rent \$ _____

Medical expenses not covered by insurance \$ _____

Medical Insurance Premiums \$ _____

Car Payment \$ _____

Education (including student loans) \$ _____

Childcare \$ _____

Synagogue or Jewish Day School Dues \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

Other \$ _____

INCOME

Adult 1 Name _____

Employer Name _____

Work Phone _____

Address _____

City, State, Zip _____

Gross Annual Income:
2018 Actual _____
2019 Estimate _____

Adult 2 Name _____

Employer Name _____

Work Phone _____

Address _____

City, State, Zip _____

Gross Annual Income:
2018 Actual _____
2019 Estimate _____

Combined Household Income (check appropriate category)

<input type="checkbox"/> \$0-\$14,999	<input type="checkbox"/> \$65,000-\$69,999
<input type="checkbox"/> \$15,000-\$19,999	<input type="checkbox"/> \$70,000-\$74,999
<input type="checkbox"/> \$20,000-\$24,999	<input type="checkbox"/> \$75,000-\$79,999
<input type="checkbox"/> \$25,000-\$29,999	<input type="checkbox"/> \$80,000-\$84,999
<input type="checkbox"/> \$30,000-\$34,999	<input type="checkbox"/> \$85,000-\$89,999
<input type="checkbox"/> \$35,000-\$39,999	<input type="checkbox"/> \$90,000-\$94,999
<input type="checkbox"/> \$40,000-\$44,999	<input type="checkbox"/> \$95,000-\$99,999
<input type="checkbox"/> \$45,000-\$49,999	<input type="checkbox"/> \$100,000-\$104,999
<input type="checkbox"/> \$50,000-\$54,999	<input type="checkbox"/> \$105,000-\$109,999
<input type="checkbox"/> \$55,000-\$59,999	<input type="checkbox"/> \$110,000-\$114,999
<input type="checkbox"/> \$60,000-\$64,999	<input type="checkbox"/> \$115,000-\$119,999

OTHER INCOME

Dividends, interest, pensions, social security, alimony, child support, veteran's benefits, welfare benefits, wage replacement, worker's compensation, unemployment, etc.
\$ _____

Income from other sources \$ _____

Are you receiving financial assistance from any other agencies? If yes, what agency(ies)?
\$ _____

_____ \$ _____

_____ \$ _____

PLEASE COMPLETE THIS FORM ENTIRELY.
CONTINUED ON REVERSE SIDE.

2019-2020 FEE ADJUSTMENT APPLICATION CONTINUED

PROGRAM COST

ECC enrollment option

Total Cost of Program per month \$

Anticipated Family Contribution per month \$

Requested Fee Adjustment per month \$

Are you currently receiving any scholarships or discounts from the Sabes JCC?

OTHER

Please describe any extraordinary or special circumstances. Be specific as to expense and anticipated duration of circumstances. If more space is needed, please attach additional sheets.

Fee adjustment applications will not be considered complete without a copy of your 2018 Federal Income Tax Return.

I (we) hereby affirm that the information shown above is accurate. If I (we) receive a fee adjustment, I (we) agree to pay the remaining sums due in a timely fashion. Equal installments will be paid via credit card or deducted from your checking account via Electronic Funds Transfer. The balances will be paid in full upon completion of the ECC session or membership. All fee adjustments are contingent upon receipt of Authorized Payment Plan Agreement that will accompany your fee adjustment award letter. I (we) understand that fee adjustments are not automatically renewable and must be reviewed annually.

Signature

Date

Signature

Date

Please return the signed fee adjustment application to:

Sabes JCC
Attn: Danya Kornblum
4330 S. Cedar Lake Road, Minneapolis, MN 55416

Date applied

Date authorized