

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 I will be charged \$3/minute beyond closing time. 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 \$150 each time I lower 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 Minnesota 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 Minnesota JCC, its instructors, employees, associates, agents, affiliates, or any other entity or person associated with the Minnesota JCC, liable for any injury or loss that may occur during any Minnesota JCC ECC program.
- _____ I understand that if, in the sole opinion of the Minnesota 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 understand that my child must be up to date on all immunizations recommended for his/her age according to the schedule published by the Centers of Disease Control and Prevention, and that Conscientious Exemptions are not accepted. I will have my child's pediatrician complete the immunization form and return to the ECC before my child's first day at the ECC.

I have read and agree to follow all JCC and ECC policies and procedures.

Parent's Signature _____ Date _____