

**2019-2020**

Child's Name _____	Date of Birth ____/____/____
Parent 1 _____	
Parent 2 _____	

**Current and former JCC ECC program participant families receive registration priority until April 1, 2019. All other applications will be given priority in the order they are received. Final program placement will be decided by the school based on availability.**

**Terms of Acceptance:**

**Permission:**

I hereby give permission for my child to participate in all JCC MetroWest Early Childhood Activities and for my address, email and phone number to be released to other families enrolled in the JCC MetroWest Early Childhood program. I understand that my child's and/or my photograph's /video could be used in advertising, print medium, social media or website for JCC MetroWest. \_\_\_\_\_ **(initial)**.

**Current Information:**

I understand that I am required to provide up-to-date medical and immunization records and that all student's will be required to be immunized according to the American Association of Pediatrics recommendations and the New Jersey Department of Health guidelines as set forth on the Universal Health Form before the start of the school year. Flu Shots are required between Sept. 2019 and Dec. 31, 2019, proof must be submitted. Religious exemptions from immunization will not be accepted and medical exemptions must be approved by our JCC Consulting Pediatrician. \_\_\_\_\_ **(initial)**

**No Information changes:** I acknowledge that all information on record from my child's last enrollment year; emergency contacts, and personal contact information are still valid and there are no changes. I understand that it is my responsibility to update my child's records on file. \_\_\_\_\_ **(initial)**

**Termination of Enrollment:**

JCC MetroWest Early Childhood Center is a 10 or 12 month tuition based program. As such, each enrolled child's family is responsible for the entire tuition regardless of length of attendance. There are no refunds for deposits, or tuition paid. Extenuating circumstances are given due consideration on a case by case basis. \_\_\_\_\_ **(initial)**

**I understand that typing my full name in the box below constitutes a legal signature confirming that I acknowledge and agree to the Terms of Acceptance herein.**

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