



EARLY CHILDHOOD DEVELOPMENT PROGRAM

SEPTEMBER 2010 – JUNE 2011 APPLICATION INFANT CARE

OPEN TO JEWISH COMMUNITY CENTER MEMBERS ONLY. If not a current JCC member, completed JCC membership form must accompany this ECDP application.

CHILD'S INFORMATION (One Form per Child)			
Last Name	First Name	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	
Address		Age in September 2010 _____ Years _____ Months	
City	State	Zip	<input type="checkbox"/> Check here if your child is eligible to enter Kindergarten in Fall 2010 and you have delayed entry
Phone			Birthdate
Previous School Attended			
Child resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____ Relationship _____			

PARENT #1 / GUARDIAN INFORMATION			
Last Name	First Name		
Work Phone	Home Phone	Cell Phone	Beeper
Occupation	Email Address		

PARENT #2 / GUARDIAN INFORMATION			
Last Name	First Name		
Work Phone	Home Phone	Cell Phone	Beeper
Occupation	Email Address		

EMERGENCY CONTACT INFORMATION (Other than Parent) MUST BE LOCAL			
Name #1	Phone #1	Phone #2	Relationship
Name #2	Phone #1	Phone #2	Relationship

PHYSICIAN	
Child's Primary Care Physician	Phone
Address	City, St

PLEASE NOTE: A medical examination performed within 90 days of child starting the program (for new children) and updated yearly (for returning children) is required. Form will be provided with the July registration confirmations.

PREFERRED MEDICAL FACILITY	
Name of Preferred Care Center/Hospital	Phone
Address	City, St

PERSONS OTHER THAN PARENT AUTHORIZED TO PICK UP CHILD			
Name	Address	Phone #2	Relationship
Name	Address	Phone #2	Relationship
Name	Address	Phone #2	Relationship
Name	Address	Phone #2	Relationship

**JEWISH COMMUNITY CENTER OF SYRACUSE ■ 5655 THOMPSON ROAD ■ DEWITT, NEW YORK 13214
315-445-2040 ext. 120 ■ www.jccsyr.org**



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INFANT CARE SCHEDULE – Please indicate time option you are requesting

TIME OPTION	EXPECTED TIME OF DROP OFF	EXPECTED TIME OF PICK UP	DAYS				
<input type="checkbox"/> 7:30 – 6:00 Extended Day			M	T	W	TH	F

Please check the boxes that your baby will be attending.

PAYMENT INFORMATION

Method of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa		MC/Visa Cardholders Name
MC/Visa #	Exp Date	Cardholder's Signature

SCHEDULE CHANGES

DATE	SCHEDULE CHANGE	DATE EFFECTIVE

IMPORTANT REGISTRATION INFORMATION

1. If enrollment reductions/cancellations are not received in writing at the ECDP office by August 13, you are responsible for the full membership and September billing.
2. **After August 13, 2010.** Anyone registering a child for ECDP must pay the first month's tuition plus JCC membership at the time of registration.
3. Any change in enrollment must be submitted in writing by the 15th of the month before it is to become effective. If not, you will be responsible for that month's tuition.
4. A \$25.00 non-refundable registration fee must accompany each application in order to secure a place. For a child turning 6 weeks after September 7, 2010, tuition must be paid for each month the space is held for that child even though s/he is not attending the program.

FOR OFFICE USE ONLY

Date Rec'd.	Mem.#	Start Date	Packet Date	Group	Room
<input type="checkbox"/> Changes made after initial enrollment					

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