the ECC
EARLY CHILDHOOD COMMUNITY
Temple Emanu-El

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TEMPLE EMANU-EL EARLY CHILDHOOD COMMUNITY
INFANT PROGRAM APPLICATION

Child's Name _____ _____ Due Date _____
(Last) (First)

Anticipated start date-minimum age 12 weeks_____

Address _____ City _____ State _____ Zip _____

	Parent 1	Parent 2
Name		
Primary Phone		
E-mail		

Other Children In Family _____

Temple/Synagogue Affiliation _____

Days Of Enrollment				
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**

1. **A NON-REFUNDABLE, NON-TRANSFERABLE** fee of $200.00 is enclosed.

2. Your first **non-refundable** payment is due **two months** prior to your start date. Amount of payment is based on the schedule indicated.

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I hereby give my permission for my child to participate in all programs, including photographs/Facebook, activities and field trips as part of the Temple Emanu-El Early Childhood Community. I understand and fully recognize that risks may be involved. I hereby release Temple Emanu-El Early Childhood Community Pre-School, or any of its employees, from any liability arising out of any injury to my child.

DATE: _____ PARENT'S SIGNATURE: _____

PLEASE NOTE: Temple Emanu-El Early Childhood Community reserves the right to terminate enrollment, at any time, with or without cause, by giving the other party notice of termination.