



sabes jcc
minneapolis

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 a consistent caregiver 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. The suggested age group enrollment options for your child are highlighted and/or indicated in the email you received with this application.

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, 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!

Shannon Rader
ECC Executive Director
srader@sabesjcc.org

Erin Striker
ECC Director
estriker@sabesjcc.org

2017-2018

our process

new families

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

Once we receive your application:

- We will charge your \$400 deposit and confirm if/when space is available.
- \$200 of this will be applied towards your first month's tuition and holds your space.
- Rates are based on the cost of a full year program and then divided into equal monthly payments.
- If you would like to contact an ECC family, references are available upon request.
- We will, then, send you all the necessary enrollment forms and additional information about the program and what to expect.
- To guarantee your child's space, the first month's tuition is due sixty days in advance of your child's start date (less the \$200 applied from the deposit paid at the time of application).
- You will receive you child's welcome packet prior to the start date.
- Approximately two to three weeks before your child's start date, you will be contacted by one of our Lead Teachers to schedule an intake meeting. This will give your family an opportunity to share information about your child and our staff an opportunity to answer any and all questions you might have about what to expect from our Infant Program.

Limited, need-based scholarships are available on a first-come, first-served basis.

For questions regarding scholarships, please contact Danya Kornblum at 952.381.3344 or dkornblum@sabesjcc.org. The scholarship process is confidential.

If you have questions, please feel free to call, email, or stop by the ECC office. We look forward to welcoming your family to our ECC community!

2017-2018

application

new families

Child's Name _____

Due Date or Child's Date of Birth _____

Address _____

Religious Affiliation (optional) _____

Desired Start Date _____

Parent/Guardian Name _____

Address (if different than child's) _____

Home Phone _____

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 _____

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.

2017-2018 infant program (June 1, 2017 – May 25, 2018)

Child's Name _____

DAYS	HOURS	MONTHLY MEMBER TUITION	MONTHLY GEN. PUBLIC TUITION
Full Time Mon – Fri	Mon-Thurs 7:00am – 6:00pm; Fri 7:00am – 5:30pm (this option includes care on holiday package days)	\$1,725	\$1,880

2017-2018 toddler program (June 1, 2017 – May 25, 2018)

Child's Name _____

OPTION (Please check one)	DAYS	HOURS	MONTHLY MEMBER TUITION	MONTHLY GEN. PUBLIC TUITION
<input type="checkbox"/>	Full Time Mon – Fri	Mon-Thurs 7:00am – 6:00pm; Fri 7:00am – 5:30pm (this option includes care on holiday package days)	\$1,575	\$1,725
<input type="checkbox"/>	Four Full Days	Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri (this option includes care on holiday package days)	\$1,415	\$1,575
<input type="checkbox"/>	Three Full Days	Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$1,100	\$1,260
<input type="checkbox"/>	School Days	Monday - Friday; 8:00am – 4:00pm (this option includes care on holiday package days)	\$1,260	\$1,415
<input type="checkbox"/>	Half Days	Mon-Fri 9:00am – 12:45pm	\$645	\$795
<input type="checkbox"/>	Four Half Days	9:00am – 12:45pm Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$595	\$745
<input type="checkbox"/>	Three Half Days	9:00am – 12:45pm Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$515	\$670
<input type="checkbox"/>	Two Half Days	9:00am – 12:45pm Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$360	\$515

**Additional child care (extra care) is available outside of your enrollment option on a limited basis if space is available.*

Advance notice required: \$12/hr

2017-2018 preschool program (June 1, 2017 – May 25, 2018)

Child's Name _____

OPTION (Please check one)	DAYS	HOURS	MONTHLY MEMBER TUITION	MONTHLY GEN. PUBLIC TUITION
<input type="checkbox"/>	Full Time Mon – Fri	Mon-Thurs 7:00am – 6:00pm; Fri 7:00am – 5:30pm (this option includes care on holiday package days)	\$1,495	\$1,655
<input type="checkbox"/>	Four Full Days	Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri (this option includes care on holiday package days)	\$1,340	\$1,495
<input type="checkbox"/>	Three Full Days	Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$1,050	\$1,205
<input type="checkbox"/>	School Days	Monday - Friday; 8:00am – 4:00pm (this option includes care on holiday package days)	\$1,205	\$1,365
<input type="checkbox"/>	Mon – Fri Half Days	Monday – Friday; 9:00am – 12:45pm	\$620	\$770
<input type="checkbox"/>	Four Half Days	9:00am – 12:45pm Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$565	\$720
<input type="checkbox"/>	Three Half Days	9:00am – 12:45pm Please check which days you would like to elect: <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri	\$515	\$670

**Additional child care (extra care) is available outside of your enrollment option on a limited basis if space is available.*

Advance notice required: \$12/hr

2017-2018 prek program (June 1, 2017 – May 25, 2018)

Child's Name _____

OPTION (Please check one)	DAYS	HOURS	MONTHLY MEMBER TUITION	MONTHLY GEN. PUBLIC TUITION
<input type="checkbox"/>	Full Time Mon – Fri	Mon-Thurs 7:00am – 6:00pm; Fri 7:00am – 5:30pm (this option includes care on holiday package days)	\$1,445	\$1,595
<input type="checkbox"/>	School Days	Monday - Friday; 8:00am – 4:00pm (this option includes care on holiday package days)	\$1,155	\$1,315
<input type="checkbox"/>	Half Days Mon-Fri	Monday – Friday; 9:00am – 12:45pm	\$600	\$755

**Additional child care (extra care) is available outside of your enrollment option on a limited basis if space is available.*

Advance notice required: \$12/hr

payment information

ECC DEPOSIT FEE

\$400 (non-refundable; \$200 applied towards first month's tuition)

- Cash, check, or money order attached
- Charge to (check one): Master Card Visa

Credit Card Number _____ Expiration 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 Marina Ross at mross@sabesjcc.org or 952.381.3420 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 _____ Expiration Date _____

Name as it appears on card _____

INTERNAL USE ONLY	
Date rec'd in ECC: _____	Rec'd by: _____
Deposit: _____	Check/Credit: _____

policies & procedures

new families

Child's Name _____

Due Date or Child's Date of Birth _____

I will read and follow all JCC and ECC policies and procedures. 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 will pay a non-refundable fee of \$25 for each ECC access keycard issued to my family, beyond the first access card, which I will receive at no charge.

____ 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 the payment plan, policies, and procedures above and agree to the payment information below.

Parent's signature _____ Date _____



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minneapolis

early childhood center

2017-2018 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. Last year families received over \$70,000 in awards. We are pleased to continue this commitment with the 2017-2018 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 2016 Federal Income Tax Return

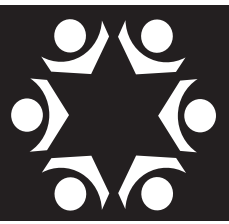
Funds are determined on annual basis. Decisions are based on the amount of funds available, number of applications received, and the level of need. Applications for the 2017-2018 program year, which runs June 1st - May 25th, are due to me by April 14, 2017. Awards will be determined by April 25, 2017. 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 8, 2017. 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



2017-18 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

Member #	Date
_____	_____
Adult 1 Name	

Adult 2 Name	

Home Phone	Cell Phone
_____	_____
Address	

City, State, Zip	

E-mail	

Best way to contact	<input type="checkbox"/> phone <input type="checkbox"/> email <input type="checkbox"/> mail

Number of children	

Child Name	Age
_____	_____
Child Name	Age
_____	_____

COMBINED ASSETS

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

EXPENSES

Monthly housing payment	<input type="checkbox"/> Mortgage <input type="checkbox"/> 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:
2016 Actual _____
2017 Estimate _____
Adult 2 Name

Employer Name

Work Phone

Address

City, State, Zip

Gross Annual Income:
2016 Actual _____
2017 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.

2017-2018 FEE ADJUSTMENT APPLICATION CONTINUED

PROGRAM COST

If requesting class/program/ECC adjustment (REQUIRED):

Program Name _____

OR ECC enrollment option _____

Total Cost of Program per month \$ _____

Anticipated Family Contribution per month \$ _____

Requested Fee Adjustment per month \$ _____

I can provide \$ _____ toward membership fees.

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 2016 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. For Early Childhood and membership, 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 _____