



2021-2022 Infant/Toddler Application

Rosenbloom Jewish Community Center

3506 Gwynnbrook Avenue, Owings Mills, MD 21117 | 410.559.3554 | Fax 410.559.2473

AGES 3-24 MONTHS | AUGUST 25, 2021 - AUGUST 12, 2022 | MONDAY - FRIDAY, 7:30am-5:30pm

Child's Name _____ Nickname _____ Hebrew Name _____

Gender _____ Date of Birth _____ Age as of September 1, 2021 Years _____ Months _____

Parents are Single Married/Domestic Partners Separated Divorced Widowed Check if you are a new family to the JCC ELC

Parent 1 Name _____ Home Phone _____

Address _____ Email _____

Work Phone _____ Cell Phone _____

Parent 2 Name _____ Home Phone _____

Address _____ Email _____

Work Phone _____ Cell Phone _____

Emergency Contact _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____

Names and ages of siblings _____ Previous program/school attended (2020-2021) _____

List Allergies _____

List Medications _____

Does your child receive any support services? Yes No

If yes, please check all that apply: Speech Therapy Occupational Therapy Physical Therapy Behavioral Support

Other _____

Names of siblings who attend other JCC Early Childhood programs _____

T-Shirt Size _____

AS AN ELC FAMILY, YOU RECEIVE A JCC FAMILY MEMBERSHIP.

| | | |
|---|---|---|
| <input type="checkbox"/> 5 days Monday - Friday 7:30am - 5:30pm <i>*For part time options please speak with the Program Director.</i> | <input type="checkbox"/> INFANT/TODDLER PROGRAM CODE: #48926 | FEE (Monthly Tuition) \$1750 DEPOSIT (Half of First Month's Fee) \$875 |
|---|---|---|

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|---------------------|-----------------------|----------------------|------------------|
| FOR OFFICE USE ONLY | | | |
| Date Recrd _____ | Sta _____ | App _____ | Date Entrd _____ |
| Entrd by _____ | Memb# _____ | Sn 2022-MP _____ | |
| Cat _____ | Exp Date _____ | Amt of prog \$ _____ | |
| Dep \$ _____ | Proc in Acct by _____ | Date _____ | |

Please see reverse side for payment options. →

Enrollment of 2 or more children qualifies for a 15% sibling discount of the equal or lower priced program.

Please select your payment option below.

ACH Automatic Debit Authorization

Checking Savings (In addition to your deposit check, a voided check must be attached to this form in order to pay by ACH debit.)

Routing Number _____ Account Number _____

Make checks payable to Jewish Community Center. No post-dated checks will be accepted. Check# _____

Visa MasterCard Discover American Express Credit Card # _____

Exp Date ____/____/____ Amount Charged _____

Payments will be charged automatically to the credit card on file and continue monthly.

Cardholder's Name _____ Phone _____

Cardholder's Address _____

City/State/Zip _____

Cardholder's Signature _____

Cardholder agrees to pay the total amount according to the card issuer contact. Yes, I have read and understand all of the above.

I understand that my deposit is non-refundable and non-transferable, and is due in full at the time of registration.

All tuition charges will be charged on a monthly basis on the 20th of each month prior to the month's enrollment; there will be a \$10 late fee for all payments 10 days past due. The monthly tuition charges, as noted above, are for the period September 1, 2021 to August 31, 2022. Payments will be charged to the credit card or ACH on file. If my child leaves after the program starts, I will be responsible for that month's tuition. I understand that any program changes I make are subject to a \$60 service charge. Any declined credit cards or ACH will be assessed a \$10 return fee for reprocessing. All requests for program changes or withdrawals must be given in writing to the program director 60 days prior to the effective date. No refunds will be given without 60 days notice.

Photographs of my child taken during the program may be used for publicity purposes including, but not limited to, JCC websites, JCC Facebook pages, JCC YouTube videos, JCC print and advertising materials. I give the JCC permission to release my telephone number and address for carpool and social interaction purposes.

I understand that my child's placement will be determined by the program director and that my child's placement is subject to change based on their age and development.

Parent 1/Guardian Signature _____ Date _____

Parent 2/Guardian Signature _____ Date _____

COVID-19 Waiver and Release

By signing this waiver and release, I acknowledge and agree that I, on my behalf and on behalf of my children: a. Understand the contagious nature of COVID-19 b. Voluntarily assume the risk that me, my child(ren) or anyone for whom I may be responsible may become infected, exposed or otherwise contract COVID-19 while attending, participating in or otherwise engaging in any activities at or in connection with the JCC of Baltimore; and c. Hereby waive, release, and discharge the JCC of Baltimore from and against any and all claims or injuries arising out of, relating to or in any way connected to COVID-19 and the subject of this Waiver and Release.

Parent 1/Guardian Signature _____ Date _____

Parent 2/Guardian Signature _____ Date _____

Director's Signature _____ Date _____