



Ohr Kodesh Early Childhood Center *Summer Discovery 2017* Application for Enrollment

Child's Full Name: _____

Child's Preferred Name: _____

Date of Birth (mm/dd/yyyy): _____

Age as of June 1: _____ years and _____ months

Home Address: _____

Home Phone: _____

Parent Name: _____

Email: _____

Cell Phone: _____

Work Phone: _____

Parent Name: _____

Email: _____

Cell Phone: _____

Work Phone: _____

Does the household have membership to OKC for the 2017 summer? Yes () No ()

Does your child currently attend OKECC? Yes () No ()

If yes, which class is your child enrolled in?

If no, which school did your child attend?

Will your child attend OKECC in the upcoming school year? Yes () No ()



CHILD'S NAME: _____ AGE ON JUNE 1, 2017: _____ YRS. _____ MTHS.

HISTORY

If your child did not attend OKECC during the 2016-2017 school year, then please complete the below.

Has your child attended any other school? Yes () No () If yes, please list the school(s) and year(s):

Do we have permission to contact the school? Yes () No ()

Does your child have any allergies? Yes () No () If yes, please describe:

Has your child had any diagnostic testing? Yes () No () If yes, please explain:

Please list any particular skills, talents or hobbies that a family member could share with the school.



CHILD'S NAME: _____ AGE ON JUNE 1, 2017: _____ YRS. _____ MTHS.

CORE PROGRAMS AND PROGRAM OPTIONS

CORE PROGRAM

9:15am-1:00pm

Families may enroll their child for any one, any two or all three sessions. For age requirements for the 3-days or 5-days option, refer to the *Programs* section of the *Ohr Kodesh Early Childhood Center Summer Discovery Registration Cover Letter*.

Please initial your enrollment choice(s) from the below program options.

Session 1, June 12– June 30	3 Days MWF _____	5 Days MTWThF _____
Session 2, July 3 – July 21	3 Days MWF _____	5 Days MTWThF _____
Session 3, July 24 – August 11	3 Days MWF _____	5 Days MTWThF _____

EARLY DROP-OFF

7:30am-9:00am

All children may be enrolled for weekly Early Drop-off, one to five mornings per week, per session or for the duration of the summer program in order to guarantee their child a space. Early Drop-off is between 7:30am and 9:00am. (Note: *Early Drop-off is available on a drop-in basis with 24-hour advance sign-up and depending on if space allows.*)

Please initial next to each of the day(s) you would like to enroll your child for each session enrolled.

Session 1, June 12– June 30	_____ M	_____ T	_____ W	_____ TH	_____ F
Session 2, July 3 – July 21	_____ M	_____ T	_____ W	_____ TH	_____ F
Session 3, July 24 – August 11	_____ M	_____ T	_____ W	_____ TH	_____ F

ENRICHMENT ACTIVITIES

1:15pm-2:30pm

Children ages 4 or 5 years may be enrolled for a weekly Enrichment Activity, one to five afternoons per week, per session or for the duration of the summer program. Enrichment extends the day to a 2:30pm pick-up. An Art Intensive will be offered on Tuesdays and Thursdays, and requires enrollment for both afternoons per session enrolled. All other Enrichment Activity options may be signed up for individually and will be announced in late Spring.

Please initial next to each of the day(s) you would like to enroll your child for each session enrolled.

Session 1, June 12– June 30	_____ M	_____ W	_____ F	_____ T/TH
Session 2, July 3 – July 21	_____ M	_____ W	_____ F	_____ T/TH
Session 3, July 24 – August 11	_____ M	_____ W	_____ F	_____ T/TH



Child's Full Name: _____ Age on June 1, 2017: ___ yrs., ___ mos.

AGREEMENT

Please initial each statement and sign the Agreement on page 5 to acknowledge you have read and consent as indicated.

_____ I hereby apply for my child to attend Ohr Kodesh Congregation's Early Childhood Center Summer Discovery Program. I understand that my financial commitment for the **Summer Program** and the options earlier and later each day (Early Drop-off and Enrichment Activities) extends to all costs incurred from **June 12, 2017** through **August 11, 2017**.

_____ I understand that following my \$35 non-refundable application fee and \$125 non-refundable registration deposit submitted with this application, my full tuition fees are due on or by May 1, 2017.

_____ I have read the portions of the registration cover letter entitled *Financial Policies* and the separate *Ohr Kodesh Congregation Early Childhood Center 2017 Summer Discovery Fees* form. I agree to be bound by these terms.

_____ I have read the portions of the registration cover letter entitled *Emergency and Medical Forms*. I understand that my child may not attend the summer program, regardless of payment of fees, without proper completion and submission of the applicable documentation in accordance with the Maryland State Department of Education Office of Child Care.

For the time period initialized above:

_____ I authorize school officials, in case of emergency, to request that the Rescue Squad transport my child to the nearest medical facility for treatment.

_____ I have read a copy of the consumer education brochure entitled *Parent's Guide to Regulated Childcare*. (An electronic copy of this brochure is available on the OKECC website in the Forms and Calendar section at: <http://ohrkodesh.org/early-childhood-center/forms-and-calendars>. A hard copy may be provided upon request.)

_____ I give permission for my child to accompany the class on walking field trips near the school.

AGREEMENT continued on page 5



Child's Full Name: _____ Age on June 1, 2017: ___ yrs., ___ mos.

AGREEMENT *continued*

_____ I authorize the use of the image of my child as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the OKECC website. I understand that *my child's last name will not be used* in conjunction with any video or digital images. *(Please check all that apply.)*

_____ Unrestricted usage: I give unrestricted permission for my child's image to be used for a variety of purposes, including the OKECC's website available to the general public, without further notifying me.

_____ Limited usage: I give permission for my child's image to be used for purposes within the OKECC community.

_____ Deny usage: I deny permission to use my child's image for any purpose.

Parent(s) Signature: _____ Date: _____

Parent(s) Printed Name: _____

COMPLETED APPLICATION CHECKLIST	
Ohr Kodesh Early Childhood Center <i>Summer Discovery 2017</i> Application for Enrollment: Completed pages 1-5, and signed and dated page 5	_____
\$35 Non-Refundable Registration Fee	_____
\$125 Non-Refundable Registration Deposit	_____
Medication Administration Authorization Form for Sunscreen (<i>for all children; completed by parent</i>)	_____
Emergency Contact Form, Health Inventory, Immunization Chart and other applicable medical forms (<i>for all children new to OKECC; see 2017 Registration and Polices letter</i>)	_____