



www.cbeelc.org

SUMMER APPLICATION 2020

CBE EARLY LEARNING CENTER: 133 Prospect Street, Acton, MA 01720 - 978-266-9988 – preschool@bethelohim.org

Child Information:

Child's Name _____ Date of Birth ___/___/___ Gender: Male Female

Primary Language at home: _____ Identifying Marks: _____

Eye Color: _____ Hair Color: _____ Skin Color: _____

Height: _____ Weight: _____

Parent/Guardian Information:

*Parent/Guardian 1

Name _____

Street Address _____

City, State, Zip _____

Home Phone (____) _____

Cell Phone (____) _____

Business Phone (____) _____

Email Address _____

*Parent/Guardian 2

Name _____

Street Address _____

City, State, Zip _____

Home Phone (____) _____

Cell Phone (____) _____

Business Phone (____) _____

Email Address _____

* If Person responsible for payment is different from parent/guardian, please include the following information:

Name _____ Address _____ Phone (____) _____

Additional Information:

Child's Physician _____

Address _____ Phone (____) _____

Allergies/Special Diets? _____

* Does your child have an Individual Health Plan due to a chronic health condition? _____ If yes, please attach.

* Further, if applicable please attach copies of any custody agreements, court orders and restraining orders pertaining to the child.

Any special limitations or concerns? _____

How did you hear about the CBE Early Learning Center? _____

Our program is open and welcoming to all.

The following optional question is asked in order to better understand our families:

Please tell us which religion(s), if any, your family most closely identifies with: _____

None Prefer not to answer

(Over)

REGISTER MY CHILD FOR 2020 SUMMER PROGRAM:

Select weeks, circle the days, check the age group, and note the fee (two-week minimum registration):

* Please submit a separate application for each child you would like to register.

Preschool (\$45/day 3 – 5 years; minimum 3 days / week) Toddler (\$50/day 15 months – 35 months; minimum 2 days / week)

(To calculate: # _____ days per week X \$45 or \$50 per day)

Total Number of Days / Week (circle days of the week)

Week 1: June 22 – June 26 M T W Th F

Week 2: June 29 – July 2 M T W Th -

CLOSED Friday, July 3rd in honor of JULY 4TH

Week 3: July 6 – July 10 M T W Th F

Week 4: July 13 – July 17 M T W Th F

Week 5: July 20 – July 24 M T W Th F

Week 6: July 27 – July 31 M T W Th F

Week 7: August 3 – August 7 M T W Th F

Week 8: August 10 – August 14 M T W Th F

Tuition

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

EARLY DROP-OFF AND EXTENDED DAY:

(To calculate: # _____ days X # _____ weeks X \$ _____ amount per day) (Circle days of week)

8:00 – 9:00am (\$10/day) M T W Th F

1:00 – 4:00pm (\$30/day) M T W Th F

4:00 – 5:00pm (\$10/day) M T W Th F

TOTAL TUITION AND EARLY DROP-OFF/EXTENDED DAY

\$ _____

SUBTOTAL

\$ _____

Less deposit (\$250 or total tuition if less than \$250)

-

*BALANCE DUE BY JUNE 1st

\$ _____

A \$100 fee will be applied for changing schedules after May 1st; make-up days not permitted. Deposit is non-refundable unless requested schedule is not available.

ADDITIONAL INFORMATION:

Payment must be made in full for registration by **June 1, 2020**, space permitting, in order to insure my child’s participation in this program. I understand that there are no refunds after **June 1, 2020**.

RELEASES:

I hereby grant permission to the CBE Early Learning Center and its entities to use my photograph or video imagery or the photograph or video imagery of my child(ren) in any communication, marketing materials, social media, including but not limited to the CBE Early Learning Center Facebook page or in cooperation with media and other organizations without consideration unless indicated below. I acknowledge the CBE’s right to crop or treat the photograph at its discretion. I acknowledge that the CBE may choose not to use my photo or video imagery or my child’s photo or video imagery at this time, but may do so at its own discretion at a later date. I agree to indemnify and hold harmless from any claims against the CBE Early Learning Center, its entities, partner organizations and all employees related to the subject matter hereof. The CBE Early Learning Center reserves the right to discontinue use of photos without notice.

Please initial your preference below:

_____ **YES**, CBE/ELC may use photos/videos of my child.

_____ **NO**, CBE/ELC may **not** use photos/videos of my child.

I hereby unconditionally release the CBE Early Learning Center, and any of their officers, directors, executives, employees, agents, volunteers and anyone working under, through or in connection with any of them with respect to any incident, claim, occurrence, loss, injury, or damage whether known or unknown, present or future, foreseeable or not, that could or may arise out of such participation in any and all programs and activities, included provided travel to and from, in which I participate at the CBE Early Learning Center. I hereby grant permission for my child to participate in camp activities both on and off CBE grounds as planned for and supervised by the CBE Early Learning Center staff. I understand that the CBE Early Learning Center is not responsible for my child’s personal property.

Parent/Guardian Signature: _____ Date: _____/_____/_____

Print Name: _____