SUMMER (SU) PROGRAM ENROLLMENT FORMS
REQUIRED FOR CURRENTLY ENROLLED ECDC CHILDREN

**For ECDC filing purposes, please do not print 2-sided**

A child cannot begin the ECDC program unless all of the required forms have been completed and are on file in the ECDC office. Please mail or drop off your completed enrollment forms to:

<table>
<thead>
<tr>
<th>ECDC</th>
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<tbody>
<tr>
<td>University of Notre Dame</td>
<td>Saint Mary’s College</td>
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<tr>
<td>10 Child Care Center</td>
<td>Havican Hall</td>
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<tr>
<td>Notre Dame, IN 46556</td>
<td>Notre Dame, IN 46556</td>
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1) The following is required for ALL children enrolled at ECDC-ND and is DUE MAY 1st:

_____ Income Documentation – (ECDC-ND only) – Attach a signed copy of the first two pages of your most recent Federal Income Tax Return, Form 1040, to the ECDC Income Documentation Form.

2) The following is required for ALL children enrolled at either ECDC site, and DUE MAY 15th:

_____ SchoolMessenger Emergency Contact Information Form – Please complete and submit this form to ensure that you receive notifications of an emergency or closing as quickly as possible.

3) Please complete the following if applicable:

- **Under-Immunized Agreement** – Please complete if your child is under-immunized due to a medical or religious exemption. Obtain form from ECDC office.

- **Menu Approval & Food Transport Form** – Please contact the ECDC office to schedule an appointment to review menus, discuss any substitutions and sign necessary paperwork if your child has a food allergy.

- **Summer Gymnastics Permission Form** – Required for all children enrolled in the 2/3’s, 3’s, 3/4’s and 4/5’s. Form attached-due May 15.

- **Summer Swim Lessons Waiver** – Required for all children in the 4/5’s, 5/6’s, 6/7’s and 8/9/10’s who are enrolled in the mornings. Form attached-due May 15.
**INCOME DOCUMENTATION for ECDC-ND ONLY**

**Summer Due Date: May 1st**

School Year Due Date: June 1st

The income based tuition fee schedule at the Early Childhood Development Center at Notre Dame (ECDC-ND) is based upon current combined family gross income. To be considered for the income based tuition fee schedule program, a copy of your most recent signed Federal Income Tax Return and this form must be completed and submitted to ECDC-ND by May 1 for the summer program and June 1 for the school year program.

If your most recent federal tax return does not reflect your current combined family income (larger or smaller), please provide an email or letter indicating the differences and 6 weeks of payroll summaries. If your family didn’t submit a federal tax return due to being a visiting professional, please provide your appointment letter that includes your salary.

The income based tuition fee schedule is available to ND and SMC staff, students, administration and faculty. *It is not available to ND and SMC Alumni(ae) and/or Holy Cross Order employees.* Those who elect not to provide income information/most recent tax return will be assessed the full tuition rate.

If your child is enrolled for both the summer and school year programs, only one submission of your Federal Income Tax Return with this form is required on or before May 1. Income based tuition eligibility is granted from the first day of the child’s enrollment in the summer program or the school year program, whichever occurs first, through the end of the school year. Verification of combined family gross income is required on an annual basis. If you have any questions, please contact Terri Kosik, Executive Director, at tkosik@saintmarys.edu or 631-3344. Please be assured that all income information will remain strictly confidential.

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Early Childhood Development Center - University of Notre Dame

( ) I (we) am not eligible for the income based tuition fee schedule.

( ) I (we) am eligible but do not wish to apply for the income based tuition fee schedule.

( ) I (we) wish to apply for the income based tuition fee schedule for the Summer and/or the School Year Program(s) at ECDC-ND. (This does not apply to ECDC-SMC enrollment.) I (we) have attached a copy of my (our) most recent signed Federal Income Tax Return (first two pages) for review in determining program eligibility. (Please note – this is required for participation in the income based tuition schedule.)

( ) I (we) wish to apply for the income based tuition fee schedule for the Summer and/or the School Year Program(s) at ECDC-ND. I am submitting a letter of appointment because I do not file a U.S. Federal Tax Return.

Child’s (Children’s) Name(s): ____________________________________________

Parent Signature: ________________________________________________________

Date: ____________________________________________________________________

Please submit this form and the first two signed pages of your Federal Tax Return by May 1 for summer or June 1 for school year.

Terri Kosik, Executive Director
Early Childhood Development Center
University of Notre Dame, 10 Child Care Center, Notre Dame, IN 46556
Fax: 574-631-7808 / Phone: 574-631-3344 / tkosik@saintmarys.edu
School Messenger Emergency Contact Information

This school year ECDC has signed on with SchoolMessenger, a California-based company that provides notification services for emergency broadcasts from schools. The system is programmed to call the primary phone number of parents as well as send emails and texts to notify parents of an emergency closing due to a facility emergency (e.g., broken boiler in the winter resulting in no heat in the building) or a weather emergency (e.g., snow storm that inhibits teachers/staff from driving to ECDC).

To make sure our information is accurate and that we have the best email addresses and phone numbers for your family, we are asking that you fill out the attached form. This will ensure that you receive notifications of any emergency closings as quickly as possible. On the form below, please include any phone numbers you would like us to contact in the event of an emergency closing, as well as email addresses. *Please note that telephone numbers with extensions cannot be read by the School Messenger system.*

If you are interested in receiving the text notifications, you will also need to "opt in" with SchoolMessenger. Once we have updated SchoolMessenger, you should receive a text from 68453 asking you to text yes to receive text messages from ECDC. This step is required to receive emergency notifications via text message and is only required once. If you have "opted in" previously, this step will not be necessary. If you do not receive an "opt in" text, you do not have to wait for it to arrive before opting in, simply send yes to 68453 and you will receive a text back letting you know you have opted in for text messages.

Please print an email address and at least one phone number for each parent on the form below. If you have any questions about this form, please contact Christina Cheney at ccheneyecdc@gmail.com or (574)631-3344.

Child's Name:________________________________________
Child's SU Classroom: □2/3's   □3/4's   □4's   □4/5's   □5/6's   □6/7's   □7/8/9/10's
ECDC Site:  □ECDC-ND     □ECDC-SMC

*Father's Name:________________________________________
*Father's Email:________________________________________
*Father's Primary Phone #:______________________________ □Home # □Cell # □Work #
Father's Secondary Phone #:______________________________ □Home # □Cell # □Work #

*Mother's Name:________________________________________
*Mother's Email:________________________________________
*Mother's Primary Phone #:______________________________ □Home # □Cell # □Work #
Mother's Secondary Phone #:______________________________ □Home # □Cell # □Work #

*required field
Please complete and submit to ECDC by May 15th if your child is enrolled in the 2/3’s, 3/4’s, 4’s or 4/5’s for the Summer Program.

ECDC GYMNASTICS FUN

The Gymnastics Bus will be at ECDC for summer class sessions. These classes will feature gymnastics, motor development, coordination and language building skills along with other developmental aspects. Classes are provided by ECDC as a part of the summer curriculum. Mrs. Jennifer and staff are ready for another great summer of gymnastics here at ECDC!

- Registration forms are needed for each child (even if registered in the past).
- Classes are provided for students as a part of ECDC’s summer curriculum.
- **No additional fees to parents for summer gymnastics.**
- Class sessions are held for thirty minutes each.
- Class sessions will be split up by age groups and are taught age appropriate skills.
- Return your Registration Form to ECDC by May 15.

**Call Jennifer Leininger if you have any questions @ (574)340-9454.**

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Registration Form- ECDC Gymnastic Fun

(Please fill out form completely)

Child’s Name__________________ Address__________________________________________________________

City________________ Zip Code______ Check one: ND____ SMC____

Health Insurance Carrier and Policy #____________________________________________________________

The basic goal of the “Gymnasts in Motion” bus is to introduce your child to the beginning basics of gymnastics. We hope that through the experience in the “Gymnasts in Motion” program your child will learn to appreciate and have fun at exercising and gain valuable beginning skills in gymnastics. We are by no means trying to make your child an Olympic gymnast through “Gymnasts in Motion”; however, we do hope to give your child a good basic background in gymnastics. Although gymnastics is a beautiful and dynamic activity for boys and girls, it also possesses the potential for serious injury to the participant. At the preschool level this potential is greatly reduced, but it is still there. Participants shall indemnify and hold harmless “Gymnasts in Motion” from any and all claims, demands, actions and causes of action whether groundless or not, in connection with any and all injuries, losses, damages or liability of any kind whatsoever arising, directly or indirectly, from participation in “Gymnasts in Motion” activities. The “Gymnasts in Motion” bus is designed with safety in mind. We take care to warn your child of the dangers of doing gymnastics unsupervised and trying skills they are unprepared for.

I (we) the undersigned do hereby consent to (our) child __________________________ participating in the "Gymnasts in Motion" bus at ______________________ Educational Child Development Center.

I (we) acknowledge that I (we) have been informed of the risks of gymnastics.

______________________________ ____________________
Parent or Guardian Signature                                             Date
Please complete and submit to ECDC by May 15th if your child is enrolled in the 4/5’s, 5/6’s, 6/7’s or 8/9/10’s for the Summer Program.

UNIVERSITY OF NOTRE DAME
WAIVER, RELEASE & INDEMNIFICATION AGREEMENT
SWIM LESSONS - MINOR
TERM: 8/17-8/18

I, ________________________________, am the parent or guardian of a minor child, ________________________________, who will be participating in a water safety program (the “Program”) at the University of Notre Dame du Lac, Notre Dame, Indiana (the “University”) during the 2017/2018 academic period. I am fully aware that my child’s participation in this Program is totally voluntary.

In consideration of the University’s agreement to permit my minor child to participate in the aforementioned Program, the receipt and sufficiency of which consideration is hereby acknowledged, I agree as follows:

1) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby release, acquit and forever discharge the University and its employees, students, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability whatsoever, including liability for the University’s own negligence, for any and all damages, losses or injuries (including death, mental anguish or emotional distress) to me or my minor child and/or property, including but not limited to any claims, demands, actions, causes of action, damages, costs, expenses (including hospital and medical expenses) and attorneys fees, which arise out of, occur during, or result from my child’s participation in the Program, including travel to and from the University and including without limitation any loss, claim, demand or suit that my child might assert once he/she attains the age of majority.

2) I, individually, and on behalf of my minor child and our respective heirs, successors, assigns and personal representatives, hereby agree to indemnify, defend and hold harmless the University, and its employees, students, agents, servants, officers, trustees and representatives (in their official and individual capacities) from any and all liability, loss or damage they or any of them incur or sustain as a result of any claims, demands, actions, causes of action, judgments, costs or expenses, including attorneys fees, which result from, arise out of, or relate to my child’s participation in the aforementioned Program or arise out of his or her travel to or from the University.

3) I agree that this Waiver, Release and Indemnification Agreement is governed by the laws of the State of Indiana and is intended to be as broad and inclusive as permitted by the laws of the State of Indiana. If any portion hereof is held invalid, it is agreed that the balance hereof shall, notwithstanding, continue in full legal force and effect. In the event of any cause of action related to the Program, I agree that jurisdiction lies with the St. Joseph County Superior Court or the U. S. District Court of Northern District of Indiana.

4) I hereby acknowledge and accept that there are certain risks, known and unknown, including bodily injury, drowning and death, that could result from my child’s participation in the aforementioned Program at the University, which Program will include swimming and related activities. I, individually, and on behalf of my minor child, have knowingly and voluntarily decided to assume the risks of these inherent dangers in consideration of the University’s permission to allow us to participate in the aforementioned Program. I, individually, and on behalf of my minor child, hereby release and discharge the University from any and all negligence, including the University’s own negligence, in connection with our attendance at or participation in the Program, including travel to and from the University, except for any gross negligence or willful and wanton misconduct on the part of the University.

5) I hereby consent to any publicity, including the use of our names and likeness, and waive any right to inspect and/or approve any photography, film videotape, recordings or advertising copy which may be used in connection with our participation in the Program.

6) In signing this Waiver, Release and Indemnification Agreement, I hereby acknowledge and represent that I have read this entire document, that I understand its terms and provisions, that I understand it affects my legal rights and those of my child, that it is a binding Agreement, and that I have signed it knowingly and voluntarily.

______________________________           ________________________________           __________________
Signature                                           Name (Printed)                                           Date