

Student Name	
Student ID #	
Program	Interdisciplinary Early Childhood Education/ Somerset Program

I am applying for the program shown above and agree to the rules, regulations, policies and procedures as stated below.

1. The program requires a period of assigned, guided experiential experiences in an appropriate facility in the community.
2. These experiential experiences are assigned by the instructor for their educational value and thus no payment (wages) will be earned or expected.
3. It is understood that I will be a student within the facilities that affiliate with my school and that I will conduct myself accordingly. All required and published personnel policies, standards, philosophy, and procedures of these agencies will be followed: I also agree to obtain all tests and immunizations required by the affiliating agency.
4. I have read and agree to adhere to the school's policies, rules, and regulations related to the program for which I am applying.
5. I understand the information regarding any child or client is confidential and is to be used only for purposes within an educational setting.
6. I understand the educational experiences and knowledge gained during the program do not entitle me to a job; however, if all educational objectives and requirements are successfully attained, I will be qualified for a job in this occupation and may be assisted by the college to obtain employment.
7. I understand any action on my part inconsistent with the above understandings may result in suspension of training.
8. It is understood that I am liable for my own medical and hospitalization insurance.
9. I understand that I will be accountable for my own actions; therefore, I will carry adequate limited professional liability insurance during the experiential phase of the program. (The College will assist in identifying plans available to be acquired at the student's expense.)

I have read, understand each statement, and agree to abide by the above.

To be signed by legal guardian if applicant is a minor.

Student Signature:	
Date:	

As the legal guardian of the student named above, I agree to the above conditions for enrollment.

Agreement must be signed, dated, and mailed to IECE Coordinator by date indicated IECE instructor's course syllabus.

**Donna S. Eastham, Associate Professor
IECE Coordinator**

Somerset Community College
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