

Lorain County Community College

Field Based Experience

Students enrolled in Early Childhood Education courses are required to successfully complete field-based experiences in early childhood center. The time and observation/participation activities as well as approved centers will be determined by the ECE coordinator.

Applicant's Name (print) _____

Address (print) _____

Street

City, State

Zip

Phone

CONFIDENTIALITY STATEMENT

I UNDERSTAND THAT I MUST MAINTAIN THE CONFIDENTIALITY OF PRIVILEGED INFORMATION I RECEIVE AS A RESULT OF MY FIELD EXPERIENCE FOR EARLY CHILDHOOD EDUCATION. ALL INFORMATION REGARDING THE INTERNAL OPERATIONS OF THE CENTER, THE CHILDREN OR THEIR PARENTS, OR THE CENTER'S PERSONNEL MUST BE CONSIDERED PRIVILEGED AND THEREFORE MUST BE KEPT CONFIDENTIAL.

I UNDERSTAND THAT ANY VIOLATION OF CONFIDENTIALITY WHETHER IT CAUSES HARM OR NOT, MAY RESULT IN DISMISSAL FROM LCCC EARLY CHILDHOOD EDUCATION PROGRAM.

Signature

Date

LIABILITY

Neither Lorain County Community College, nor any individual employee assumes liability for injury, loss, damage ,accident, delay, irregularity, or additional expense, including loss or damage to personal effects, arising from any use of any vehicle or service; or from strike, war, weather, quarantine, sickness, government restrictions or regulations; or from any act or omission of any steamship, railroad, motor coach, airline company or other transporation;or for any other cause whatsoever in connection therewith."

I acknowledge that I have been advised of and understand the statement of the College's limitation of liability, as printed above, and further, I do form myself, my heirs, and personal representatives hereby defend, hold harmless, indemnify and release and forever discharge all its officers, agents, and employees from and against any and all claims, demands, and actions, or causes of action on account of damage to personal property or personal injury, or death which may result from my participation and which result from causes beyond the control of, and without the fault or negligence of the Lorain County Community College, its officers, agents, or employers, during the period of my participation as foresaid.

Signature

Date

