





Applicants may withdraw from the program up to the **Friday prior** to attending the first class and receive a refund of all payments made, **less \$50**, which Camp Fire USA will retain to cover processing and handling costs. **No refund will be given after the Friday prior to attending the first class.**

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**E. Statement of Understanding and Enrollment Agreement**

*(Please read the following section carefully.)*

As a participant enrolled in the **early childhood management institute (ecmi)** conducted by Camp Fire USA First Texas Council, I will:

1. Attend and actively participate in all required learning components of ecmi.
2. Agree to and follow all the policies and procedures of ecmi.
3. Notify Camp Fire USA First Texas Council of any changes in name, address, or phone number.
4. Notwithstanding any other agreements, hold harmless and indemnify Camp Fire USA First Texas Council against any legal liability in respect to bodily injury, death and/or property damage while participating in ecmi.
5. Pay the required fees according to the prescribed procedures of ecmi.
6. Understand modules (full or part) missed will need to be made up within two (2) years and BEFORE final exam may be taken.
7. Understand that in addition to the ecmi credential, Minimum Standards requires two years experience in a licensed child care facility to meet director qualifications.

*Camp Fire USA First Texas Council will:*

1. Not discriminate on the basis of sex, race, color, religion, national origin, or age.
2. Provide a current and quality curriculum in compliance with Department of Family and Protective Services Minimum Standards for Licensed Child Care Centers.
3. Communicate all policy and procedural changes in writing and/or orally, as appropriate.
4. Keep participant records confidential (accessible to only specified authorized individuals).
5. Issue a Child Care Administrator Credential upon the participant's successful completion of ecmi requirements.
6. Issue a Renewal of Credential every 3 years based upon the participant's successful completion of renewal requirements.
7. Notify the Department of Family and Protective Services of any participant's suspension or revocation of Credential.

**F. Statement of Disclosure**

I certify that:

1. I have never been convicted of a felony offense or misdemeanor classified as:
  - an offense against the person or family,
  - a public indecency, or
  - a felony violation of any law intended to control the possession or distribution of any substance included as a controlled substance in the Texas Controlled Substance Act.
2. I have read the **Statement of Understanding and Enrollment Agreement.**
3. The information given herein is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

(Notary Seal)

Subscribed and Sworn to me on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_