**Open Arms Lutheran Child Development**

 **Parental Agreement**

 **Please initial each item and sign below**

**\_\_\_\_\_\_Open Arms Lutheran Child Development Center agrees to provide childcare and developmentally appropriate curriculum for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(child’s name) enrolled on**

 **Monday Tuesday Wednesday Thursday Friday (circle days your child will be here)**

**\_\_\_\_\_\_The tuition rate for the service is \_\_\_\_\_\_\_\_\_\_\_\_\_\_. Payment is due on Monday of each week for our full time programs. Payment is due on the first (1st) of each month for the part time programs. A $30.00 per child per week late payment fee will be assessed to all accounts not paid on time. If tuition is not paid for two (2) consecutive weeks, your child will be unable to return to Open Arms until the account is paid in full.**

**\_\_\_\_\_\_A registration fee of $100.00 for one child or $150 for a family is due upon enrollment and annually on September 1st.**

**\_\_\_\_\_\_Open Arms requires two (2) weeks written notice if you decide to terminate enrollment. The full tuition is due during these two weeks.**

**\_\_\_\_\_\_Medication is administered only with a Medication Authorization form (found in the office) with the date, name of child, name of medication and dosage. Prescription medications must be in the original pharmacy container. Medications are kept in a locked cabinet in the child’s home room. If med needs refrigerated, we will keep it in the fridge in office.**

**\_\_\_\_\_\_My child will not be permitted to enter or leave the Center without being escorted by an authorized person. The teacher will be notified daily upon the arrival and dismissal of my child.**

**\_\_\_\_\_\_Open Arms operates from 630am – 6:00pm. It is imperative that the office be notified as soon as possible if a parent is going to be late for any reason. For every fifteen (15) minutes, beginning 5 minutes after your program end time, a $25 late pick up fee will be charged to the parents account for each child. If the parent/guardian fails to notify the school, management will attempt to reach the parents and/or emergency contacts. If management is unable to contact responsible parties, authorities will be notified.**

**\_\_\_\_\_\_I acknowledge that it is my responsibility to keep my child’s record current to reflect any significant changes as they occur such as telephone numbers, work location, emergency contacts, child’s physician, child’s health status, infant feeding plans and immunization records.**

**\_\_\_\_\_\_The Center agrees to keep me informed of any incidents, injuries, and illnesses and adverse reaction to medications that may occur to my child.**

**\_\_\_\_\_\_Open Arms agrees to obtain written permission from me before my child can participate in routine transportation, field trips, photographs and special activities that take place away from the Center.**

**\_\_\_\_\_\_In the event of an emergency that involves my child, and if Open Arms in unable to contact me, I hereby authorize any medical care.**

**\_\_\_\_\_\_I understand that in the event of any school closure due to multiple staff illnesses, tuition will still be expected and will remain the same. Prorates will NOT be applied in these situations.**

**\_\_\_\_\_\_\*This is for only preschool families. I understand that if my child does not meet the OA stated potty training guidelines, my rate will stay at the two-year old rate until they achieve that milestone.**

**\_\_\_\_\_\_I have received a copy, read, and agree to abide by the policies and procedures as outlined in the Open Arms Parent Handbook and Operating Policies and Procedures. I understand this handbook is found in the documents section of the Brightwheel system (if you cannot find it please let the office staff know so that we can help you. Furthermore, I understand that Open Arms reserves the right to add, remove, or change policies as necessary. Written notification will be provided for all policy changes.**

**Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Director Signture\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**