

Administrative Use



Date _____

Program _____

4 Number Code _____

Reg. _____ S&E _____

Food Allergy Restriction Form _____

Application for Enrollment
(PLEASE PRINT)

ALLERGY ALERT
Yes _____ No _____

Child's full name _____ Nickname _____

Age _____ Date of Birth _____ Sex: M F (circle one)

Date you would like to enroll your child in Open Arms _____

Daily estimated arrival time _____ departure time _____

Child lives with: ___Mother ___Step-Mother ___Legal Guardian
 ___Father ___Step-Father ___Other _____

Who has custody of child? _____

	Mother	Father	Legal Guardian / Step Parent
Name			
Home Address			
Occupation			
Business Address			
Home Phone #			
Work Phone #			
Other Phone #			
Work Hours			

How did you first learn about Open Arms?

___sign ___yellow pages ___website ___friend ___church member ___mailing

___Open Arms Parent (Name: _____) other _____

Do you have special needs or concerns that you would like us to know about?

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Child's Name: _____

Church affiliation of child _____ Mother _____ Father _____

Is your child baptized? Y N If yes, when? _____

Would you like information about Living Hope Lutheran Church? _____

What is your current child care arrangement? _____

Is there anything else we should know about your child? _____

Are you interested in volunteering at Open Arms? _____

Persons having permission to pick up your child (must be 18 years of age or older):

Name	Address	Day Time Phone	Cell Phone

Please notify us any time someone else will be picking up your child (see front desk). If their name is not on our list and we have no other instructions in writing from you, we will not allow them to leave with your child. If, due to an extreme emergency, you must phone in this information, you will be asked for a code word to verify your identity. NO EXCEPTIONS!

Identity code: Child's mother's maiden name _____

Persons to contact in case of emergency if you cannot be reached:

Name	Address	Day Time Phone	Cell Phone

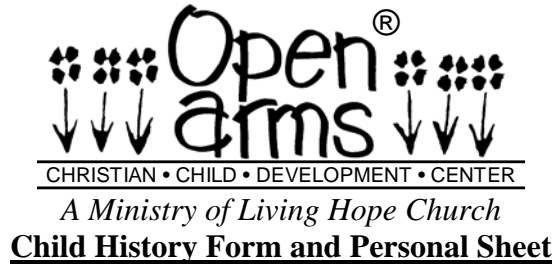
Pediatrician Information (Name/Office, Phone Number, Address):

Allergies - yes _____ no _____ Explain _____

Parent / Guardian Signature

Date

Date _____



Child's Name _____ Nickname _____

Address _____

Home Phone # _____

SSN _____ DOB _____

Mother's Name _____ Occupation _____

Work Phone # _____ Company Name _____

Father's Name _____ Occupation _____

Work Phone # _____ Company Name _____

Siblings Names and Ages: _____

Please list any other persons living with family and indicate their relationship to the child:

Does your child have any dietary restrictions or allergies? _____ Yes _____ No

If yes, please explain _____

Family pets (name and type): _____

Fears or dislikes: _____

Favorite Foods: _____

Favorite TV shows: _____

Bathroom competency (please circle):

In diapers In training Trained (asks to go potty)

Please explain: _____

How does your child handle frustrations? _____

Child's Experiences

1) Did your child have any serious complications at birth? _____

2) Is your child adopted? _____ If so, when? _____

3) Does your child have any developmental concerns? _____

4) What other child care situations has your child been a part of?

5) How does your child act now when you have to leave him/her? What do you find is best to say at these times? _____

6) Does your child have any strong fears such as dogs, sirens, etc.? _____

7) Are there any sleeping or napping instructions? _____

8) Do you have any concerns about any of your child's routines (sleeping, eating, etc.)? _____

9) What other medical conditions does your child have or has he/she had? _____

10) Does your child have any mental health disorder, mental retardation, or developmental disabilities which would limit the child's participation in the center's program and activities? _____

11) Are any medications given regularly? _____

12) Are there any special procedures required in caring for your child? _____

13) Does your child have a tendency toward: (Specify and give dates or seasons)

Colds Y N _____ Stomach Problems Y N _____

Earaches Y N _____ Intestinal Problems Y N _____

Eye Problems Y N _____ Sore throats Y N _____

Respiratory Problems Y N _____ Rashes Y N _____

Allergic reactions Y N _____ Sleeping problems Y N _____

Does your child have a favorite song or story that is used at bed time or soothing times? _____

Please use the space below to tell us any other information about your child that you think would enable our staff to give him/her the very best care possible.

Please remember even small children have strong feelings concerning changes or tragedies that affect their lives, i.e. death (even a pet), relocation, change in home situations, any medications they might be taking, etc. Please keep an open dialogue with your child's teacher so we can do our part to help. Thank you.



Financial Agreement

Open Arms Christian Child Development Center is a not-for-profit mission of Living Hope Lutheran Church. We continually strive to provide the very best care and education for your child at competitive rates. The following is a description of our financial policy:

Registration Fees

A Registration Fee is due at the time of enrollment to reserve a space. The Registration Fee is an annual fee (from August to July of the next year) and is non-refundable.

Supply & Enrichment Fee

A Supply and Enrichment Fee (for children ages two and up) is billed each July for the upcoming school year. This annual fee covers supplies for classroom activities and is non-refundable.

Tuition

Weekly tuition is due on Friday for the following week. *Monthly* tuition (Half-day and Mother's Morning Out students) is due on the first of the month. Full tuition is due even if your child is not in attendance due to illness, vacation, holidays, or inclement weather. Please make checks payable to Open Arms.

Late Payments

If a *weekly* tuition payment is not received by the close of business on Monday, it will be considered late and a \$20.00 late fee will be charged. If a *weekly* tuition payment is not received by the following Friday and special arrangements have not been made, the child will not be allowed to return, their space will no longer be considered "reserved" and a weekly late payment fee of \$20 will be charged until the account balance is paid in full. If a *monthly* tuition payment is not received by the close of business on the 1st school day of the month, it will be considered late and a \$20.00 late fee will be charged. If a *monthly* tuition payment is not received by the 7th of the month and special arrangements have not been made, the child will not be allowed to return, their space will no longer be considered "reserved" and a weekly late payment fee of \$20 will be charged until the account balance is paid in full. A payment plan may be worked out with the Directors if it is done **before** tuition is past due.

Late Pick-up Fees

Our goal is to care for the children in The Center in the best possible way. Children become anxious when it is time to go home and no one has come for them yet. It is not only unfair to the child, but to the staff who cannot complete their day-end duties to leave on schedule. For these reasons, a stringent late pick-up fee will be assessed as follows:

Time Picked Up (Full day and ASP students)	Time Picked Up (Half-day & MMO students)	Late Pick-up Fee
6:31 - 6:45 pm	1:15 to 1:30 pm	\$15
6:46 - 7:00 pm	1:31 to 1:45 pm	\$30
7:01 - 7:15 pm	1:46 to 2:00 pm	\$45
7:16 and after	2:01 and after	\$50 and up

If there is a late pick-up, the fee will be invoiced the follow day and is to be paid by the next weekly tuition due date. In the event there are three late pick-ups, it will be brought to the attention of the Directors and could result in termination.

Returned Checks

Any check returned from the bank marked Non-sufficient Funds (NSF) will result in a \$20 charge per check. If three returned checks occur, Open Arms can only accept payments by cash or cashier's check.

I have read the Open Arms Financial Agreement. I agree to and will abide by the terms and conditions:

Parent Signature

Date



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Parent Contract

1. The Open Arms Christian Child Development Center of West Cobb agrees to provide child care for _____ (child's name) on the following days:
 Mon Tues Wed Thurs Fri from _____ a.m. to _____ p.m.
 beginning _____ (month, year) through _____ (month, year).
 My child will participate in the following meals and snacks: (please circle)
 breakfast a.m. snack lunch p.m. snack
2. Before any medication (**Prescription Only**) is dispensed to my child, I will provide written authorization which includes: date, child's name, name of medication, prescription number, dosage, date and time of day medication is to be given. Medicine will be in its original container with my child's name on it.
3. My child will not be allowed to enter or leave the facility without being escorted by the parent(s)/legal guardian, or facility personnel.
4. I acknowledge it is my responsibility to keep my child's record current to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunizations records, etc.
5. The facility agrees to keep me informed of incidents, including illnesses, injuries, adverse reactions to medications, or exposure to communicable diseases, which affect my child.
6. The Open Arms Christian Child Development Center of West Cobb agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water more than two (2) feet deep.
7. I have received a copy and agree to abide by the policies and procedures for Open Arms Christian Child Development Center of West Cobb.

Signature (Parent/Legal Guardian) _____ Date _____



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PHOTOGRAPH RELEASE FORM

Periodically, we will be submitting articles and advertising, with pictures, to local publications including, but not limited to, The Brightside & Northside News neighborhood papers, the Open Arms website and MicroSteps-Activit-e website which is the Open Arms online community slated to begin mid-April. To stay in cooperation with BFTS rules and regulations, it is necessary to ask each parent to give permission to include your child's photo. Please sign below and indicate whether or not you agree to have your child's photo appear occasionally in articles or advertisements.

Please note: We do not use the children's names with the photographs.

Child's Name: _____

Parent's Name: _____

Signature: _____

___ I agree to have my child's photograph released for publication.

___ I decline to have my child's photograph released for publication.



Transportation Agreement

I For Before and After School Students - Kindergarten - Fifth Grade:

This is to certify that I give _____(name of facility)
permission to transport my child _____(name of child):

A) From Open Arms to _____ (delivery location) at _____ a.m.
and/or

B) From _____ (pickup location) to Open Arms at _____ p.m.

On the following days:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

_____ (name of authorized person) is authorized to receive my child. In the event the authorized person is not present to receive my child, the following procedures are to be followed:

The _____(location) is approximately _____ miles from the center.

In the event that my child is not to be transported as outlined above, I agree to notify Open Arms.

II Pre-K - Fifth Grade students

This is to certify that I give Open Arms permission to transport my child _____(name of child) for field trips from time to time and to various destinations as is planned by the Pre-K teaching staff. I shall be notified at least three (3) calendar days in advance of the destination of any given trip and have the opportunity to refuse my child's participation of said trip by notifying Open Arms.

Signature (Parent/Legal Guardian) _____ Date _____



Vehicle Emergency Medical Information & Emergency Medical Authorization

Child's Name _____ Date of Birth _____
 SSN _____ Home phone _____
 Address _____

	Mother	Father	Step Parent/Legal Guardian
Name	_____	_____	_____
SS#	_____	_____	_____
Home Phone	_____	_____	_____
Work Phone	_____	_____	_____

In an emergency, if parents cannot be reached, please contact:

(1) Name _____ Relationship _____
 Home Phone _____ Work Phone _____

(2) Name _____ Relationship _____
 Home Phone _____ Work Phone _____

Child's doctor _____ Phone _____
 Child's medical conditions (asthma, diabetes, drug allergies, etc.) _____

Current prescribed medication _____

Child's Special Medical Needs and Conditions _____

The Medical Facility used by Open Arms is:

Promina Kennestone Hospital, Inc.
 677 Church Street
 Marietta, GA 30060 Phone 770-793-5000

In the event of an emergency involving my child, _____, and if Open Arms is unable to contact me immediately, I hereby authorize Open Arms to secure any needed medical emergency medical care and attention. I agree to keep The Center informed of changes in telephone numbers, etc. where I can be reached. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child and to hold harmless and release Open Arms Christian Child Development Center from all liability. The Center agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Parent or Guardian _____ Date _____

Witnessed by _____ Date _____