

# REGISTRATION FORM



*Children are a gift from the Lord. They are a reward from him. Psalm 127:3*

## TELL US ABOUT YOUR CHILD

FULL NAME: \_\_\_\_\_

NICKNAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_ [ ] MALE [ ] FEMALE

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CHILD LIVES WITH:** [ ] Mother [ ] Father [ ] Stepmother [ ] Stepfather [ ] Legal Guardian [ ] Other \_\_\_\_\_

[ ] **YES**, there is a custody order in place (a certified copy must be on file at Open Arms). [ ] **NO**, there is not a custody order in place.

### IF APPLICABLE:

Elementary School: \_\_\_\_\_ Grade: \_\_\_\_\_

Prior Preschool Experience: [ ] **NO** [ ] **YES** (If yes, list schools/programs and dates attended.)

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Name: \_\_\_\_\_ Dates: \_\_\_\_\_

Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

### IF APPLICABLE:

Is the child potty trained: [ ] **YES** [ ] **NO** [ ] **In Training**

Allergies (List all and **provide an allergy plan**): \_\_\_\_\_

Special Dietary Requirements: \_\_\_\_\_

Independent Education Plan or other special education requirements that may help us work more effectively with your child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FOR OFFICE USE

REQUESTED START DATE: \_\_\_\_\_ PROJECTED START DATE: \_\_\_\_\_ WAIT LIST: [ ] YES [ ] NO

RECIEVED: \_\_\_\_\_ NOTE(S): \_\_\_\_\_

## MOTHER / LEGAL GUARDIAN

NAME: \_\_\_\_\_

ADDRESS:  Same as child \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

HOME PH: \_\_\_\_\_ WORK PH: \_\_\_\_\_

CELL PH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TEXT ALERTS: We utilize text messages to notify you of school wide emergencies, inclement weather and closings.

**YES**, send me text messages. Cell carrier: \_\_\_\_\_

**NO**, do not send me text messages.

## FATHER / LEGAL GUARDIAN

NAME: \_\_\_\_\_

ADDRESS:  Same as child \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

WORK ADDRESS: \_\_\_\_\_

HOME PH: \_\_\_\_\_ WORK PH: \_\_\_\_\_

CELL PH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

TEXT ALERTS: We utilize text messages to notify you of school wide emergencies, inclement weather and closings.

**YES**, send me text messages. Cell carrier: \_\_\_\_\_

**NO**, do not send me text messages.

## FINANCIAL RESPONSIBILITIES

**PRIMARY PERSON RESPONSIBLE FOR FINANCIALS:** \_\_\_\_\_

Contact information if different than parent / guardian:

ADDRESS: \_\_\_\_\_

PH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**Tuition is billed WEEKLY. We accept check, credit/debit or auto withdrawl. Please review the financial agreement terms and conditions for complete details.**

## LOCAL EMERGENCY CONTACTS

**You must notify us when someone else will be picking up your child.** In order for your child to leave with someone else, their name MUST BE on this list or we must have been provided written instructions from you. If, due to an emergency, you must phone this information in, you will be asked for a code word to verify your identity.

**IDENTITY CODES:** Mother's Birth Month: \_\_\_\_\_ Father's Birth Month: \_\_\_\_\_

**The contacts below must be different than the parents / legal guardians.**

**1:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ PH: \_\_\_\_\_ [ ] **PERMISSION TO PICK UP**

**2:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ PH: \_\_\_\_\_ [ ] **PERMISSION TO PICK UP**

**3:** \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ PH: \_\_\_\_\_ [ ] **PERMISSION TO PICK UP**

## AGREEMENTS & CONSENTS

**TO INDICATE THAT YOU UNDERSTAND AND AGREE, INITIAL EACH STATEMENT BELOW.**

**Prior to the first day of attendance, I will:**

- [ ] Pay the non-refundable registration fee.
- [ ] Provide Open Arms (OA) with a copy of the child's birth certificate, physical and immunization records.
- [ ] Read, sign and abide by the OA parent handbook.
- [ ] Complete the OA financial paperwork.

[ ] I authorize OA to photograph or video my child during school activities. OA agrees to only use images of children who are presenting themselves in a positive manner. Children will remain anonymous.

**These pictures may be used on/in:** [ ] OA Website [ ] OA Facebook [ ] OA Internal Publications [ ] TV/Video

[ ] I authorize the sharing of my email address to other parents/guardians at OA for things such as invitations/play dates. Will not be provided for commercial purposes. Email: \_\_\_\_\_

[ ] If an emergency occurs and the parent(s) or guardian(s) cannot be immediately reached, I authorize OA to obtain immediate medical attention for my child.

[ ] If the parent(s) or guardian(s) cannot be immediately reached, I authorize OA to reach out to the local emergency contacts I have provided on page 3.

[ ] When notified of an illness, I or an emergency contact agree to pick up my child within one hour.

[ ] I agree to inform the center within 24 hours after my child has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

**NON-DISCRIMINATORY POLICY:** Open Arms Christian Child Development Center enrolls students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic or other school-administered programs.

I have read, reviewed and had the opportunity to ask questions regarding this application for admission to Open Arms Christian Child Development Center and wish to submit this application for my child. My **NON-REFUNDABLE** registration fee is enclosed.

**PARENT / GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

# FINANCIAL AGREEMENT



## TERMS AND CONDITIONS

I hereby agree to enroll my child, \_\_\_\_\_, at Open Arms Christian Child Development Center (OA) at the tuition rate shown below. I understand that my child will be in the \_\_\_\_\_ program.

### TO INDICATE THAT YOU UNDERSTAND AND AGREE, INITIAL EACH STATEMENT BELOW.

- I agree to pay the **annual registration fee** of \$90 per child or \$160 per family which is due upon enrollment and annual re-registration. Enrollment fee is nonrefundable.
- I agree to pay the weekly rate of \_\_\_\_\_, which will be due the first day my child begins school for the week. **There are no adjustments for illness, vacations, holidays or inclement weather.** If tuition has not been paid by the close of business on Wednesday it will be considered late. There will be a \$25 charge per week until the tuition is current. If an account remains delinquent for two weeks, and no arrangement has been made to bring the account current, the child will not be able to return to the center, and their space may no longer be considered reserved. A payment plan can be worked out with the director if it is done before tuition is past due.
- Our goal is to care for your child in the best way possible. I understand that it is my responsibility to advise if my child will not be at school. I agree to pick up my child no later than 6:30 PM and understand the following **late fee policy**:  
**FIRST OFFENSE:** \$15 for the first 15 minutes + \$1.00 for every minute after 15 minutes.  
**SECOND OFFENSE:** \$25 for the first 15 minutes + \$1.00 for every minute after 15 minutes.  
This late fee will be assessed the following day and you will be notified of the charge at the check-in system. Chronic lateness will be dealt with on an individual basis and could result in dismissal from the center.
- Tuition is billed WEEKLY. We accept check, credit/debit or auto withdrawl (Tuition Express). Checks should be made payable to **Open Arms Christian Child Development Center**. A charge of \$25 will be applied for all returns checks. After a third returned check, payments must be made as cash or certified funds.
- After 90 days, each family whose account is **current and paid in full**, receives one week of **vacation credit per school year**.
- This contract can be terminated within 14 days written notice. Until such a notice is given all tuition payments are due and payable as described. If less than 14 days notice is given, payment will be prorated to include the 14 days following the date of notification.

I, \_\_\_\_\_, read understand and agree to the Terms and Conditions laid out in the OA Financial Agreement outlined above. I understand that there will be no credits issued for absences due to illness or other causes. I assume personal and individual responsibility for all charges, including those of a collection agent if necessary. I understand my first payment of \_\_\_\_\_ is due \_\_\_\_\_.

### INDIVIDUAL RESPONSIBLE FOR FINANCIALS:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_