



A Ministry of Bethany Lutheran Church
1300 8th Street Slidell, LA 985-646-0974

FOR SCHOOL USE ONLY	Application Date: _____	Wait List Fee Paid: <input type="radio"/>
	Accepted by: _____	Registration Fee Paid: <input type="radio"/>
	Enrollment Date: _____	Amount: \$ _____
	Assigned Classroom: _____	<input type="radio"/> Cash <input type="radio"/> Check Check #: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

Projected Start Date:

Child's Full Name Nickname:

Age: Birthdate: Sex

Street Address:

City: State: Zip:

Home Phone: Child Lives With:

Who has custody of child if other than parent?

PARENT OR LEGAL GUARDIAN INFORMATION

MOTHER	
Name	<input type="text"/>
Street Address	<input type="text"/> or same as child <input type="checkbox"/>
<input type="text"/>	
City	<input type="text"/>
State	<input type="text"/> Zip <input type="text"/>
Cell Phone #:	<input type="text"/>
Work Phone #:	<input type="text"/>
Occupation	<input type="text"/>
Employer	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/> Zip <input type="text"/>
Family Church	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
Pastor's name:	<input type="text"/>
Phone #:	<input type="text"/>

FATHER	
Name	<input type="text"/>
Street Address	<input type="text"/> or same as child <input type="checkbox"/>
<input type="text"/>	
City	<input type="text"/>
State	<input type="text"/> Zip <input type="text"/>
Cell Phone #:	<input type="text"/>
Work Phone #:	<input type="text"/>
Occupation	<input type="text"/>
Employer	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/> Zip <input type="text"/>
Family Church	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
Pastor's name:	<input type="text"/>
Phone #:	<input type="text"/>

LEGAL GUARDIAN	
Name	<input type="text"/>
Street Address	<input type="text"/> or same as child <input type="checkbox"/>
<input type="text"/>	
City	<input type="text"/>
State	<input type="text"/> Zip <input type="text"/>
Cell Phone #:	<input type="text"/>
Work Phone #:	<input type="text"/>
Occupation	<input type="text"/>
Employer	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/> Zip <input type="text"/>
Family Church	<input type="text"/>
Address	<input type="text"/>
City	<input type="text"/>
Pastor's name:	<input type="text"/>
Phone #:	<input type="text"/>

PEDIATRICIAN INFORMATION:

Doctor's Name/Name of Office:

Phone #: Address

Child ALLERGIES, Special Diet Requirements, or Other Special Needs: check here if none:

If allergies/special needs, what action(s) should be taken?

LOCAL Emergency Contact Person (other than Parents) MUST have at least 3.

Name: Phone #: Address

Name: Phone #: Address

Name: Phone #: Address

NOTE: The school agrees to notify the parent/guardian whenever the child becomes ill, and the parent/guardian agrees to pick up the child as soon thereafter as possible. Please initial your acceptance of this. _____

CHILD'S Insurance Information:

Provider: Group #: Phone #:

Name of Individual authorized to have access to health information:

Person with YOUR PERMISSION to pick up your child: (must be 18 years of age or older).

1. Name: 2. Name:

PLEASE notify us any time someone else will be picking up your child. If their name is not on this 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:

When your child is enrolled, would you like us to e-mail you concerning upcoming events or inclement weather alerts?
(Your e-mail address will be kept confidential.)

Yes No E-mail address:

How did you first learn about Open Arms? Sign Yellow Pages Mailings
 Someone currently at Open Arms -- Church Member -- Friend -- Other:
Please provide name:

I allow Open Arms to apply Diaper Ointment, Sunscreen and Bug Spray, that I have supplied from home for my child.

Parent/Guardian Signature: _____ Date: _____

SIGNATURE FOR ENTIRE FORM:

Parent/Guardian Signature: _____ Date: _____

PARENTAL AGREEMENT FORM

Please initial each section on the blank line and sign at the bottom.

1. Open Arms Lutheran Child Development Center of Slidell agrees to provide childcare and developmentally appropriate curriculum for _____ Monday through Friday from 6:30 am to 6:30 pm from January through December for full-time participants.

Parents Initials

2. A fee of \$100 holds your child's position and is non-refundable. Upon enrollment, this fee will be applied to the \$175.00 Registration Fee. A four-week termination notice or payment of three additional weeks' tuition is required to cancel this contract. Currently enrolled students are required to give a written 4 weeks' notice when unenrolling. The full tuition is due during those four weeks. If collection procedures become necessary, please be advised that Open Arms will add late fees, interest at 18% on any outstanding balance, penalties and court costs, along with attorney fees to your final payment. Tuition is due in full regardless of holiday and vacations. This application provides only for your opportunity to be on the waiting list, it does not guarantee acceptance into Open Arms.

Parents Initials

3. The tuition rate for the service is \$_____ and due on Friday prior to the week of service. A late payment fee of 10% of the balance due will be assessed to all accounts not paid by Tuesday at 6:30pm. Unenrollment will result if tuition is not paid for two consecutive weeks.

Parents Initials

4. Medication is only dispensed at designated times and only with a medication authorization form including date, name of child, name of medication, prescription # and dosage. Medications are kept in the staff room in the cabinet marked "medicines" or in the refrigerator in the staff room.

Parents Initials

5. My child will not be permitted to enter or leave the facility without being escorted by the child's parent or authorized person. All children will be signed in/out daily.

Parents Initials

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

Parents Initials

7. The facility agrees to keep me informed of any incidents, injuries, and illnesses and adverse reaction to medications that occur to my child.

Parents Initials

8. Open Arms of Slidell I agrees to obtain written permission from me before my child participates in routine transportation, field trips, special activities that take place away from the center, and water related activities occurring in water that is more than two (2) feet deep.

Parents Initials

9. In the event of an emergency involving my child, and if Open Arms is unable to contact me, I hereby authorize any medical care needed.

Parents Initials

10. I have received a copy, read and agree to abide by the policies and procedures as outlined in the Open Arms Parent Policies and Procedures Handbook.

Parents Initials

Parent/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____