

Parent Copy _____
Office Copy _____



818 South King Street
Leesburg, VA 20175

571-223-6736 (Main)
571-223-6442 (Fax)

Full Day Preschool Financial Agreement 2010-2011

Child's Name: _____ Date of Birth: _____

Start Date: _____ Attending These Days (Circle Days): M T W Th F

If changes are needed to my child's schedule, I agree to advise the Leesburg Open Arms Staff in writing.

Tuition

1. I agree to pay tuition in the amount of \$_____ per week, due each Monday or the first day of the week that my child attends. Payment is considered late on Wednesday evening and a late payment fee will be assessed at \$10.00 per week. Tuition costs are subject to change upon notice. We accept cash, check, debit/credit cards. **INITIAL** _____
2. The yearly registration fee of \$90 (one child) or \$125 (per family) is **non-refundable** and payable at the time of a new enrollment. I understand that a new registration fee of \$50 will be required each year should I choose to keep my child enrolled at the Leesburg Open Arms. **INITIAL** _____
3. An annual activities fee of \$50 will be charged for 2 year olds and up (per child) to your tuition account every September. This fee covers any and all field trips and in-school shows and events for the school year. There is no additional child discount for this fee. The \$50 fee is due when you enroll Sept. - Dec. and \$25 fee will be due upon enrollment Jan. - May. This fee is due at the time of registration and is **non-refundable**. **INITIAL** _____
4. Leesburg Open Arms opens at 6:30 am and closes at 6:30 pm. A late pickup fee is assessed at \$25 for the first 15 minutes past the designated closing time plus \$1 per minute after that and the fee is due at the time of pickup. **Initial** _____
5. A returned check from a bank is assessed a fee of \$35 for processing. If two checks are returned from the bank, future tuition is payable by credit card, cash, or money order. **Initial** _____
6. No refunds or changes in schedule will be made for days missed due to illness, snow, vacation, or holidays. The full tuition is payable each week that the child is enrolled. **Initial** _____
7. Your family will receive 2 weeks of vacation credit (1/2 tuition per week) if enrolled in a continual full time 2 day, 3 day, 5 day program provided your account is current. One week must be used between January through June the other used between July through December of the calendar year. **Initial** _____
8. You must provide written notice at least two (2) weeks prior to your child's last day of attendance. Failure to provide advanced notice will result in the expected 2 weeks tuition obligations at time of withdrawal. **Initial** _____

Holidays

Leesburg Open Arms will observe the following holidays during 2010-2011, during which the center will be closed: (The Holiday Schedule is subject to change.)

Holiday Schedule

<u>Holiday</u>	<u>Dates</u>
New Year's Day	Friday, January 1, 2010
Good Friday (close at 2 pm)	Friday, April 2, 2010
Memorial Day	Monday, May 31, 2010
Independence Day	Friday, July 5, 2010
Labor Day	Monday, September 6, 2010
Thanksgiving	Thursday-Friday, November 25-26, 2010
Christmas	Thursday, December 23, 2010 CLOSED at 2 pm
	Friday, December 24, 2010
New Year's Eve Day	Friday, December 31, 2010

Snow Days

Leesburg Open Arms Full Day Preschool will follow the Federal Government on snow closings and early dismissals. Tuition is structured to compensate for holidays and snow days, and therefore tuition credit is not provided. The full week tuition is charged for these weeks and or days.

Children enrolled on a part-week basis may not switch days to compensate for a holiday, illness, snow, or any other reason without the consent of the Center Director. Unused days from one week are not carried over to another week.

Health Assessment

A completed Commonwealth of Virginia School Entrance Health Form dated and signed by the pediatrician, must be provided to the center the first day of enrollment.

Illness

Any child with vomiting, diarrhea, or an auxiliary fever of 101° degrees, either alone or in combination with other symptoms including sore throat, cannot be brought to the center. If your child develops any of these symptoms while at the center, you will be contacted and asked to pick up your child as soon as possible. A sick child may not return to the center until 24 hours after the signs and symptoms have subsided, the fever is gone, and treatment has begun. If a child shows symptoms of a suspicious rash, sores, or discharge from the eyes, then a physician must verify the diagnosis and begin appropriate treatment. Written documentation must be provided from the child's physician concerning the condition of the child prior to returning to the center.

Release of Child or Children

The Leesburg Open Arms maintains an Emergency Contact/Parental Consent Form. A child will not be permitted to leave the center with anyone who has not been previously given authorization by the parent/guardian.

A child will not be released to a parent/guardian or other authorized person if the staff suspects that this person may be under the influence of drugs or alcohol.

Liability

Leesburg Open Arms will not be responsible or held liable for items brought to the center that are lost, stolen, or damaged. Parents are urged to not send valuables or toys.

This Enrollment Agreement may be subject to change without notice. Please refer to the Parent Handbook for additional information on policies.

I have read the above information and agree to its terms and conditions.

Parent/Guardian Signature (1) _____ Date: _____

Printed Name: _____

Parent/Guardian Signature (2) _____ Date: _____

Printed Name: _____

Leesburg Opens Arms Authorized Signature _____