

OPEN ARMS CHILD CARE CENTER PARENT CONTRACT

Please check the days your child will attend:

Monday	_____	From	_____	To	_____	Child's Name: _____
Tuesday	_____	From	_____	To	_____	Effective date: _____
Wednesday	_____	From	_____	To	_____	Reason for change: _____
Thursday	_____	From	_____	To	_____	_____
Friday	_____	From	_____	To	_____	

A tuition fee of \$ _____ is due on the 25th of each month and payable through the Simply Giving Program® with no deduction for any absences, holidays, or snow days.

Tuition not paid in full by the last working day of the month will be assessed a \$5.00 per day charge for the first 10 days. Suspension/Termination may result after that time period if a payment plan is not agreed upon and adhered to.

I, _____ (Parent/Guardian Sponsor Name) and/or _____ (Parent/Guardian Co-Sponsor Name) agree to the contracted hours and tuition amount. If these hours change in any way, I will notify Open Arms immediately so that they may arrange for proper staffing. If we go beyond our normal contract hours, we understand that the appropriate fees will be charged to my account. Tuition rates will be adjusted accordingly for changes in contract. Tuition may be adjusted annually with a 30 day notice.

We understand that if it becomes necessary for us to withdraw our child from the Center, a one month notice must be submitted in writing to the Director, and we are responsible for paying tuition for the one month notice.

Signature of both parents is required.

Parent/Guardian Sponsor Signature

Date

Parent/Guardian Co-Sponsor Signature

Date