



2020-2021 Admissions Agreement

2801 W 18th Ave., Eugene, OR 97402 (541)683-3713
elc@onelivinghope.net

Child's First and Last Name: _____ Preferred First Name: _____
Custodial Parent/Guardian First and Last Name: _____

I understand and agree with the following:

1. **Living Hope Early Learning Center (ELC)** provides early learning education for my child during the school year.
2. Children may be enrolled in this program regardless of gender, religion, race, national origin, color, marital status of parent.
3. A goal of **Living Hope ELC** is to instill positive family values based on Christian principles, beliefs, and the Holy Bible. I understand the Bible will be taught as God's truth.
4. **Living Hope ELC** strives for an environment which is both safe and supports the positive family values being taught. Services may be terminated for any of the following reasons: late tuition, insufficient funds for tuition payment, not abiding by policy or procedures, unruly conduct by parent or guardian, child's behavior which threatens the immediate safety of him /herself or others, disrupts a positive learning / play environment, or is beyond the capacity of the staff and program to manage.
5. I understand teachers and childcare workers are required by law to report suspected child abuse.
6. If a child or family is removed from **Living Hope ELC** for failure to follow policies or procedures or state guidelines, access to the **Living Hope ELC** service will not be permitted for a minimum of one year from the date of termination. If the family situation significantly changes, the family may appeal to the Board of Directors of **Living Hope ELC** by presenting facts about the change and written plan to ensure adherence to policies and procedures and state guidelines.
7. The Department of Child Protective Services or licensing agency has authority to interview children or staff and to inspect and audit children or facility records without prior consent. The licensee shall make provision for private interviews with any child or staff member and for the examination of all records relating to the operation of the facility. The Department of Child Protective Services or the licensing agency shall have the authority to observe the physical condition of the child, including conditions which could indicate abuse, neglect or inappropriate placement and to have a licensed professional physically examine the child.
8. **Living Hope ELC** follows the 4J school district schedule for holidays, vacations, and weather-related closures.
9. During normal operation hours, upon presentation of identification, I have the right to enter and inspect the facility in which my child is receiving care without notice to the provider as stipulated in OAR 414-300-0030(8).
10. I have received the **Living Hope Early Learning Center** Parent Handbook and will comply with the policies and procedures.
11. If I cannot pick up my child, I will arrange for another authorized person, at least 16 years old, to sign out and pick up my child at the end of class. I understand that if I designate a different person to pick up my child than originally identified on registration forms; I will notify **Living Hope ELC** in writing.

12. Is there anyone **NOT** allowed to have contact with your child? () Yes () No

*If yes, _____
Name of Person Relationship to child Brief Description

**A copy of the legal document restricting contact is necessary for our records.

13. I agree to notify the **Living Hope ELC** office, in writing, at least two weeks in advance of attendance changes or termination. I understand that I am responsible for the full tuition until notice and withdrawal has occurred. Tuition remains the same whether or not my child attends. Tuition is not prorated for illness, vacation, or holidays.

14. For the safety of my child and in accordance with Oregon State Law, I agree to sign my child in and out each day electronically.

15. As required by law, a doctor's written order will be required if my child must take medication while at **Living Hope ELC**; this includes prescriptions and over the counter medicines. I will sign in the medication at the preschool office with instructions as to time and dose to be administered. **Living Hope ELC** will not be responsible for child illness due to failure to supply medication or notification of known conditions.

16. If my child will not be attending for any reason on a regularly scheduled day, I am required to notify **Living Hope ELC** in advance by calling **541-683-3713**.

17. **Living Hope ELC** utilizes Brightwheel for ACH tuition payments. Enrollment in **Living Hope ELC** requires enrollment in Brightwheel for regular monthly payments and any incidentals due.

18. I pledge and agree to meet my financial obligation on or before the date payment is due. If overdue, I will pay late fees, billed by Brightwheel. I understand tuition is payable on the 1st of the month of services rendered. Tuition is to be paid regardless of illness, vacation days, or holidays. Registration fees are non-refundable.

19. Start date for my child entering **Living Hope ELC** is _____.

20. My financial commitment: (please mark options that apply)

\$75 Registration Fee (required annually)

\$1060 (5) Full Day – Monday - Friday

\$545 (3) Full Day – Monday, Wednesday, Friday

\$365 (2) Full Day – Tuesday & Thursday

\$500 (5) Half Day – Monday - Friday

\$342 (3) Half Day – Monday, Wednesday, Friday

\$260 (2) Half Day – Tuesday & Thursday

21. Photos taken during **Living Hope ELC** activities may be released to newspapers, or for other media and advertising purposes. Photos of my child () may () may not be used as stated above. No names will be used but faces will be seen. Signature of Parent/Guardian regarding photos _____.

22. I have read and understand all policies of **Living Hope ELC** as stated in this Admissions Agreement and agree to them. I also understand as a signee I am responsible for the financial commitment I am making in #20.

Signature of Parent/Guardian _____ Date _____

Medical Information:

Child's name: _____

Please list your child's chronic health problems or allergies (including food and medications) or special concerns that staff should be aware of. Please list any helpful details regarding food allergies (for example: no scrambled eggs, but eggs in baked goods okay).

None known

Please list any special needs or disabilities that *Living Hope ELC* should be aware of. _____

Emergency Information

Child's Physician _____ Phone # _____

Daycare Provider _____ Phone # _____

Emergency Contact Person (other than parents)

Name _____ Relationship to child _____

Address _____ Phone # _____

I understand that every effort will be made to contact the parents if (child's name) _____ needs medical attention. However, if it is impossible to do so, I hereby give my permission to the staff of *Living Hope ELC* to secure proper treatment and call an ambulance to take my child to _____ medical treatment facility if deemed needed.

Parent/Guardian Signature _____ Date _____