



Christian Child Development Center

14851 HULL STREET ROAD
CHESTERFIELD VA 23832
804-639-6248
804-639-6249 (FAX)
www.thenewhope.com

OPEN ARMS SCHOOL

AGE BY SEPT 30TH

AGE GROUP: _____

FULL-DAY (6:30-6:30)

HALF-DAY (6:30-1:00 or 1:00-6:30)

PRESCHOOL (9:30-12:30)

School Year: _____

Registration Paid _____ (date)

Check \$ _____ Cash \$ _____

SCHOOL AGE PROGRAM

GRADES K-5

BEFORE/AFTER SCHOOL

ELEMENTARY SCHOOL NAME _____ / GRADE _____

Projected Start Date: _____

FA _____ Birth Certificate _____

Immunizations _____

CHILD'S FULL NAME: _____ NICKNAME: _____

AGE: _____ BIRTHDATE: _____ SEX: (CIRCLE ONE) M F

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOMEPHONE: _____ PARENT'S EMAIL: _____

CHILD LIVES WITH: (circle) MOTHER STEPMOTHER LEGAL GUARDIAN
FATHER STEPFATHER OTHER _____

IS THERE A CUSTODY ORDER AFFECTING THIS CHILD? NO YES IF YES WE MUST HAVE A CERTIFIED COPY OF THE CUSTODY ORDER

CHURCH AFFILIATION: _____

I HERBY GRANT OPEN ARMS PERMISSION TO PHOTOGRAPH/FILM THE MINOR DESIGNATED ABOVE IN ANY MANNER OR FORM FOR ANY LAWFUL PURPOSE ASSOCIATED WITH THE OPEN ARMS PROGRAM.

PARENT OR LEGAL GUARDIAN INFORMATION

MOTHER/LEGAL GAURDIAN

NAME: _____

ADDRESS: SAME AS CHILD _____ OR _____

CITY: _____

STATE: _____ ZIP: _____

OCCUPATION: _____

WORK ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

FATHER/LEGAL GAURDIAN

NAME: _____

ADDRESS: SAME AS CHILD _____ OR _____

CITY: _____

STATE: _____ ZIP: _____

OCCUPATION: _____

WORK ADDRESS: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

NON-DISCRIMINATORY POLICY

Open Arms Christian Child Development Center admits 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.

PEDIATRICIAN INFORMATION

DOCTORS NAME/OFFICE _____

PHONE NUMBER _____

ADDRESS _____

CHILD ALLERGIES, SPECIAL DIET REQUIREMENTS, OR OTHER SPECIAL NEEDS: _____

IF ALLERGIES/SPECIAL NEEDS, WHAT ACTION SHOULD BE TAKEN? _____

LOCAL EMERGENCY CONTACT PERSON-OTHER THAN THE PARENTS: (Must have at least two)

NAME

PHONE #

ADDRESS

1. _____

2. _____

Note: The school agrees to notify the parents/guardian whenever the child becomes ill and the parent/guardian agrees to pick up the child as soon as possible _____ (initial)

PERSONS WITH YOUR PERMISSION TO PICK UP YOUR CHILD: (must be 18 years of age or older)

1. _____ 2. _____

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: _____

CHILD'S MOTHER'S ELEMENTARY SCHOOL: _____

CHILD'S FATHER'S ELEMENTARY SCHOOL: _____

WHEN CHILD IS ENROLLED, WOULD YOU LIKE US TO EMAIL YOU CONCERNING UPCOMING EVENTS OR INCLEMENT WEATHER ALERTS? (YOUR EMAIL ADDRESS WILL BE KEPT CONFIDENTIAL)

YES ___ NO ___ EMAIL: _____

HOW DID YOU FIRST LEARN ABOUT **OPEN ARMS**? (Please circle)

SIGN YELLOW PAGES MAILING FRIEND CHURCH MEMBER OTHER _____

SIBLINGS CURRENTLY ENROLLED AT **OPEN ARMS**-PLEASE GIVE NAME: _____

CHILD'S PREVIOUS CHILD CARE PROGRAM(S) AND SCHOOL(S) ATTENDED: _____

IF CHILD ATTENDS THIS CENTER AND ANOTHER SCHOOL/PROGRAM, PLEASE GIVE NAME OF THE OTHER SCHOOL/PROGRAM: _____

SIGNATURE

PARENT/GUARDIAN

DATE

Please provide identity verification to the office within two weeks of enrollment date. The form used for identification purposes will immediately be returned after documentation has been made. Proof of the child's identity and age may include a certified copy of the child's birth certificate; birth registration card; notification of birth (hospital, physician, midwife record); passport, copy of the placement agreement; other proof of the child's identity from a child placing agency; record from a public school in Virginia; certification by a principal or his designee of a public school in the US that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). When programs are not required to keep proof of the child's identity, documentation of viewing this information must be maintained for each child.