

OPEN ARMS Christian
Child Development Center

A Ministry of Resurrection Lutheran Church



Enrollment Application

Application Date: _____

Security Code: _____

CHILD'S NAME _____ NICKNAME _____

AGE _____ BIRTHDATE _____ SEX _____

Parent/Guardian

Relationship to Child

Child's Home Address – Street

City

ZIP

HOME TELEPHONE _____

ENTRY DATE _____

DAILY ARRIVAL TIME _____

DAILY DEPARTURE TIME _____

CHILD LIVES WITH: (Check all that apply)

- MOTHER
- FATHER
- STEP-MOTHER
- STEP-FATHER
- LEGAL GUARDIAN
- Other _____

MOTHER'S INFO: Name _____

Home Address – Street

City

ZIP

Occupation

Business Address – Street

City

Business Phone

Hours of Employment

SS#

Driver's License

ST

FATHER'S INFO: Name _____

Home Address – Street

City

ZIP

Occupation

Business Address – Street

City

Business Phone

Hours of Employment

SS#

Driver's License

ST

ENROLLMENT APPLICATION (CON'T)

STEP-PARENT/LEGAL GUARDIAN INFO: NAME _____

Home Address – Street _____ City _____ ZIP _____

Occupation _____ Business Address – Street _____ City _____

Business Phone _____ Hours of Employment _____ SS# _____ Driver's License _____ ST _____

How did you hear about us? _____

Do you have any individual needs or concerns that you would like us to know about your child?

LOCAL CHURCH AFFILIATION (or PREFERENCE) _____

MOTHER _____ FATHER _____

WHAT IS YOUR CURRENT CHILD CARE ARRANGEMENT? _____

IS THERE ANYTHING WE SHOULD KNOW ABOUT VISITATION? _____

PERSON(S) HAVING PERMISSION TO PICK UP YOUR CHILD: (MUST be 18 years of age or older)

1) NAME _____ TELEPHONE # _____

LOCAL ADDRESS _____

2) NAME _____ TELEPHONE # _____

LOCAL ADDRESS _____

PLEASE NOTIFY THE OFFICE ANYTIME 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.

Enrollment (Con't.)

SIBLINGS & AGES: _____

Please list anyone else who lives in your home or spends a significant amount of time with your child.

INTERNET ACCESS: YES _____ NO _____ MOTHER'S EMAIL: _____

FATHER'S EMAIL: _____

May we take and utilize pictures of your child for Center publicity? YES _____ NO _____

I understand that my child is attending a Christian Center. While in care at Open Arms my child will learn about Jesus, the Bible, and will partake in daily prayer and devotions. INITIALS: _____

I give Open Arms staff the permission to transport my child, _____, on field trips or Center outings. I understand that I will be given notice before my child participates in any activity that involves leaving the center whether it be a walk around/off campus or in a vehicle through Center newsletters, class calendars, and verbal reminders. I also understand that all current child restraint laws will be followed and that I may have to provide an appropriate safety seat for the Center to use while transporting my child. It is my responsibility to read Center newsletters and calendars so that I am aware of activities that would involve transportation. INITIALS _____

Parent: _____

Date: _____

Director: _____

Date: _____