



Christian Child Development Center

43115 Waxpool Road  
Ashburn, VA 20148-4400  
Wrk#: 703-729-9144  
Fax#: 703-729-9149

Website: www.openarms-ccdc.org

**IMPORTANT!! Please complete form in its entirety. Incomplete forms may delay enrollment.**

**ALL-DAY PROGRAM**

Projected Start Date: \_\_\_\_\_

- Full-time care (Mon thru Fri, all day)
- After-school care (Mon thru Fri)

- Part-time care (Please check the days of the week you're interested in)
- M     T     W     Th     F

**2010-2011 HALF-DAY PROGRAM**

(We DO NOT accept advance applications for the following school year. Please check our website for Half-Day Open Enrollment details.)

3hrs AM: 9-12    3hrs PM: 12:30-3:30    4hrs AM: 8-12

- 2-Year-Old     Tues & Thurs 3hr AM
- Preschool     Tues & Thurs 3hr AM     Mon/Wed/Fri 3hr AM     Wed/Thurs/Fri 3hr PM     Tues - Fri 3hr PM
- Pre-Kg     Mon - Fri 4hr AM     Mon/Wed/Fri 3hr AM     Wed/Thurs/Fri 3hr PM     Tues - Fri 3hr PM

CHILD'S FULL NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_  
 AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ SEX: (circle one)    M    F  
 STREET ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 HOME PHONE: \_\_\_\_\_ PARENT'S EMAIL: \_\_\_\_\_  
 CHILD LIVES WITH:     MOTHER     FATHER     STEPMOTHER     STEPFATHER     LEGAL GUARDIAN    \_\_\_\_\_ (other)  
 WHO HAS CUSTODY OF CHILD, IF OTHER THAN PARENT?: \_\_\_\_\_

**PARENT OR LEGAL GUARDIAN INFORMATION**

<u>FATHER</u>	<u>MOTHER</u>	<u>LEGAL GUARDIAN</u>
NAME: _____	NAME: _____	NAME: _____
CELL PHONE: _____	CELL PHONE: _____	CELL PHONE: _____
WORK NAME: _____	WORK NAME: _____	WORK NAME: _____
OCCUPATION: _____	OCCUPATION: _____	OCCUPATION: _____
WORK ADDRESS: _____	WORK ADDRESS: _____	WORK ADDRESS: _____
WORK PHONE: _____	WORK PHONE: _____	WORK PHONE: _____
HOME ADDRESS: <input type="checkbox"/> same as child <b>OR</b>	HOME ADDRESS: <input type="checkbox"/> same as child <b>OR</b>	HOME ADDRESS: <input type="checkbox"/> same as child <b>OR</b>
CITY: _____	CITY: _____	CITY: _____
STATE: _____ ZIP: _____	STATE: _____ ZIP: _____	STATE: _____ ZIP: _____
HOME PHONE: _____	HOME PHONE: _____	HOME PHONE: _____

**MEDICAL INFORMATION**

DOCTOR'S OFFICE: \_\_\_\_\_ DOCTOR'S NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_

DOES YOUR CHILD HAVE ALLERGIES?    NO     YES     If YES: For your child's safety, please initial here \_\_\_\_\_  
 giving permission for us to post allergies in classroom.

CHRONIC PHYSICAL PROBLEMS/DEVELOPMENTAL INFORMATION/SPECIAL ACCOMMODATIONS/SPECIAL DIETARY REQUIREMENTS:  
 \_\_\_\_\_

DOES YOUR CHILD HAVE AN IEP?    NO     YES     IF YES, DATE OF LAST IEP: \_\_\_\_\_  
 (For our records, we require a current copy of your child's IEP each time it is updated or changed.)

**LOCAL EMERGENCY CONTACT/PICK UP PERSONS—OTHER THAN THE PARENTS:** (Licensing requires we MUST have at least 2)

<u>NAME &amp; RELATION:</u>	<u>CONTACT PHONE #:</u>	<u>CONTACT'S FULL HOME ADDRESS:</u>
1. _____	_____	_____
2. _____	_____	_____

**OTHER PERSONS WITH 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:** \_\_\_\_\_

WHEN YOUR CHILD IS ENROLLED, WE WILL EMAIL YOU WITH "NEWS FOR THE WEEK" & TUITION ACCOUNT INFORMATION. PLEASE PROVIDE ONE FAMILY EMAIL ADDRESS FOR ALL NOTIFICATIONS (YOUR EMAIL ADDRESS WILL BE KEPT CONFIDENTIAL)

**FAMILY EMAIL ADDRESS:** \_\_\_\_\_

PLEASE INDICATE YOUR FAMILY'S RELIGIOUS AFFILIATION: \_\_\_\_\_ HAS YOUR CHILD BEEN BAPTIZED? \_\_\_\_\_

WHERE DOES YOUR FAMILY CURRENTLY ATTEND CHURCH?: \_\_\_\_\_  Yes  No

HOW DID YOU FIRST LEARN ABOUT **OPEN ARMS?**  Open Arms Website  Our Savior's Way Website

Sign  Yellow Pages  Mailing  Friend  OSW Church Member  Other

**Open Arms** parent referral—please give name: \_\_\_\_\_

Child's Previous Day Care Program(s) and School(s) attended: \_\_\_\_\_ N/A:

If child attends this center AND another public school/program, please give name of the other school/program:

School/Program: \_\_\_\_\_ Grade: \_\_\_\_\_ N/A:

**SIGNATURE**

\_\_\_\_\_

Parent or 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 or 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 U.S. 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 the 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 the proof of the child's identity, documentation of viewing this information must be maintained for each child.

**- OFFICE USE ONLY- (Identity Verification)**

<b>Place of Birth</b>	<b>Date of Birth</b>
<b>Birth Certificate Number</b>	<b>Date Issued</b>
<b>Other Form of Proof</b>	
<b>Authorized Center Signature:</b> _____	
<b>Date Signed:</b> _____ <b>Withdrawal Date:</b> _____	
<b>Reason for Withdrawal:</b> _____	

**- OFFICE USE ONLY - (revised 01/08/10)**

Form Rcvd Date: \_\_\_\_\_ New  Returning  Sibling  OSW

Amt Paid: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ Cash  Check

CEF given date: \_\_\_\_\_ CEF given by: \_\_\_\_\_ Due date: \_\_\_\_\_

OA	SA	CA
<input type="checkbox"/> Reg Form SM Entry	<input type="checkbox"/> Profile to Class	<input type="checkbox"/> Reg Charge
<input type="checkbox"/> Roster Entry	<input type="checkbox"/> IEP to Class	<input type="checkbox"/> Actvty Charge
<input type="checkbox"/> Profile & Reg Copy to SA	<input type="checkbox"/> Notify Bus Admn	<input type="checkbox"/> Sched Billing
<input type="checkbox"/> G Calendar	<input type="checkbox"/> Copy to CA	<input type="checkbox"/> EFT Entry
<input type="checkbox"/> CEF SM Entry		
<input type="checkbox"/> Updated Profile to Class		

Start Date: \_\_\_\_\_  
Classroom: \_\_\_\_\_  
Schedule: M T W Th F