



Christian Child Development Center

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

Website: www.openarms-ccdc.org

ALL-DAY PROGRAM

Projected Start Date: _____

- All-Day Program (Mon-Fri, 6:30am-6:30pm)
- After-School Program (Mon-Fri, after school-6:30pm)

- Part-Time Care
- M T W Th F

2012-2013 HALF-DAY PROGRAM

(We do NOT accept advance applications for the 2013-2014 school year. Please check our website for open enrollment details.)

2-Year-Old (Must be 2 by March 31, 2012)

- Tues & Thurs AM Wed & Fri AM

AM Classes: 8:50am-11:50am or 9am-12noon
PM Classes: 12:30pm-3:30pm

Preschool 3s (Must be 3 by September 30, 2012)

- Tues & Thurs AM Tues & Thurs 9a-2p Mon/Wed/Fri AM Mon/Wed/Fri PM

Pre-Kg 4s (Must be 4 by September 30, 2012)

- Mon/Wed/Fri AM Mon/Wed/Fri 9a-2p Tues-Fri AM Mon-Fri AM Mon-Fri 9am-2pm
- Mon/Wed/Fri PM

2012-2013 FULL-DAY KINDERGARTEN

(We do NOT accept advance applications for the 2013-2014 school year. Please check our website for open enrollment details.)

- Full-Day Kindergarten (Mon-Fri, 8:30am-3:30pm)
- Extended Program Morning (Mon-Fri 6:30-8:30am) After School (Mon-Fri 3:30-6:30pm)

STUDENT INFORMATION

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 GUARDIAN

WHO HAS CUSTODY OF CHILD, IF OTHER THAN PARENT: _____

FATHER/GUARDIAN

NAME: _____ CELL PHONE: _____

WORK NAME: _____ OCCUPATION: _____

WORK ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____

HOME ADDRESS: same as child OR _____

MOTHER/GUARDIAN

NAME: _____ CELL PHONE: _____

WORK NAME: _____ OCCUPATION: _____

WORK ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____

HOME ADDRESS: same as child OR _____

MEDICAL INFORMATION

DOCTOR'S OFFICE: _____ DOCTOR'S NAME: _____ PHONE #: _____

ADDRESS: _____

DOES YOUR CHILD HAVE ALLERGIES? NO YES

IF YES, PLEASE INITIAL HERE _____ GIVING PERMISSION FOR US TO POST ALLERGIES IN THE CLASSROOM.

CHRONIC PHYSICAL PROBLEMS/DEVELOPMENTAL INFORMATION/SPECIAL ACCOMMODATIONS:

SPECIAL DIETARY REQUIREMENTS: _____

DOES YOUR CHILD HAVE AN INDIVIDUALIZED EDUCATION PROGRAM? NO YES

IF YES, DATE OF LAST IEP: _____

(According to Virginia daycare licensing standards, we require a copy of your child's IEP each time it is updated/changed)

EMERGENCY CONTACT PERSONS

(Licensing requires we MUST have at least TWO LOCAL contacts, other than the parents)

NAME & RELATION:	CONTACT PHONE #:	CONTACT'S FULL HOME ADDRESS:
1. _____	_____	_____
2. _____	_____	_____

Listing a name as emergency contact person does NOT give permission for them to pick-up your child. Anyone other than a parent/guardian that is picking up your child MUST have current release paperwork (available at front desk) and will be verified by Open Arms staff..

PLEASE INDICATE YOUR FAMILY'S RELIGIOUS AFFILIATION: _____

WHERE DOES YOUR FAMILY CURRENTLY ATTEND CHURCH?: _____

HAS YOUR CHILD BEEN BAPTIZED? NO YES

WOULD YOU LIKE INFORMATION ABOUT BAPTISM FOR YOUR CHILD? NO YES

CHILD'S PREVIOUS DAY CARE PROGRAM(S) AND SCHOOL(S) ATTENDED: _____ N/A:

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

SIGNATURE

PARENT/GUARDIAN

DATE

- OFFICE USE ONLY - (Identity Verification)

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

- OFFICE USE ONLY -

Form Rcvd Date: _____	New <input type="checkbox"/>	Returning <input type="checkbox"/>	Sibling <input type="checkbox"/>	OSW <input type="checkbox"/>
Amt Paid: \$ _____	Date Paid: _____	Cash <input type="checkbox"/>	Check <input type="checkbox"/>	
CEF given date: _____	Due date: _____	Check #: _____		
Enrollment Coordinator	Center Administrator	Start Date:		
<input type="checkbox"/> Reg Form PC Entry	<input type="checkbox"/> Waitlist Charge	_____		
<input type="checkbox"/> Roster Entry	<input type="checkbox"/> Reg Charge	Classroom:		
<input type="checkbox"/> Google Calendar	<input type="checkbox"/> Actvty Charge	_____		
<input type="checkbox"/> CEF PC Entry	<input type="checkbox"/> Sched Billing	Schedule:		
<input type="checkbox"/> Profile to Class	<input type="checkbox"/> EFT Entry	M T W Th F		

(revised 12/30/2011)