

CAMP OPEN ARMS REGISTRATION FORM

Week(s) (Monday-Friday) 9:00 a.m. to noon.

<input type="checkbox"/> May 31-June 3 (Tu-Fr)*	<input type="checkbox"/> June 6-10	<input type="checkbox"/> June 13-17	<input type="checkbox"/> June 20-24
<input type="checkbox"/> June 27-July 1	<input type="checkbox"/> July 5-8(Tu-Fr)*	<input type="checkbox"/> July 11-15	<input type="checkbox"/> July 18-22
<input type="checkbox"/> July 25-29	<input type="checkbox"/> Aug. 1-5	<input type="checkbox"/> Aug. 8-12	<input type="checkbox"/> Aug. 15-19
<input type="checkbox"/> Aug. 22-26			

Extended Day

Each block of time is \$12/day. Must be enrolled in morning camp.

7-9 a.m.	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
Noon- 2 p.m.	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
2-4 p.m.	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F
4-6 p.m.	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> Th	<input type="checkbox"/> F

Child's Name _____ Name Used at Home _____
 Email address _____
 Phone (home) _____ (cell) _____
 Home Address _____ City/State/Zip _____
 Birthday _____ Age (Sept 30, 2016) _____ Male ☐ Female ☐
 Parent's Names _____
 Father's Occupation _____ Office phone _____
 Place of employment _____ Address _____
 Mother's Occupation _____ Office phone _____
 Place of employment _____ Address _____
 Child lives with: Both parents ☐ Father ☐ Mother ☐ Other ☐

Fee: Open Arms Families - \$165.00/week for morning camp.

Families from other preschools: \$175.00/week for morning camp

*For the weeks of May 31 and July 5, the fee will be \$135.00. See above chart for extended day fees. Fees are non-refundable and are to be paid the first day of each week. (May camp fee is due by May 15.)

Enrollment Agreement

I hereby enroll my child, _____ in the Open Arms Christian Preschool, 8800 River Road, Richmond, VA, for the 2016 Camp Open Arms.

Parent's Signature _____ Date _____

Open Arms Christian Preschool is open to anyone desiring a Christian, early education program for their child, subject to the Preschool's ability to provide such education without undue burden or expense, and without adversely affecting the educational experience of other students or the interests and capacities of the Preschool staff. Subject to the above, the Preschool will accept and serve children equally, without regard to race, color, sex, religion, national origin, or disability.