



## REGISTRATION INTEREST & WAITLIST 2020-2021

**For office use only**  
 Registration fee paid \_\_\_\_\_  
 Check # \_\_\_\_\_

Thank you for your interest in Open Arms Christian Preschool. Application forms for the 2020-2021 school year will be available to the public on February 1, 2020. This form along with your \$100 registration fee allows you to be added to the wait list for first availability for openings determined 2/1/2020. At that time, you will be contacted by the director with next steps for enrollment and updated 2020-2021 rates.

Child's Name \_\_\_\_\_ Name Used at Home \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Phone (mother) \_\_\_\_\_ (father) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Birthday \_\_\_\_\_ Age \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Parent's/Guardian'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 \_\_\_\_\_  
 Siblings (Names and ages): \_\_\_\_\_  
 How did you learn about the preschool? \_\_\_\_\_

Please indicate the program(s) your child would attend

<b>Preschool (9:00 a.m. – noon)</b>	<b>Please indicate below for any extended care needed AM Early Drop-off and/or PM Extended Day</b>
2 day (Tu/Th) Toddler (12 mo – 23 mo)	
3 day (M/W/F) Toddler (12 mo – 23 mo)	Early drop-off (7:00 a.m. – 9 a.m.) Indicate which days needed __M__ __T__ __W__ __Th__ __F__
5 day (M-F) Toddler (12 mo – 23 mo)	Extended Day (2 hours) Indicate which days & times needed __M__ __T__ __W__ __Th__ __F__ / Time: _____
2 day (Tu/Th) Jr. Preschool (2 yr old)	Extended Day (4 hours) Indicate which days & times needed __M__ __T__ __W__ __Th__ __F__ / Time: _____
3 day (M/W/F) Jr. Preschool (2 yr old)	Extended Day (6 hours) Indicate which days & times needed __M__ __T__ __W__ __Th__ __F__ / Time: _____
5 day (M-F) Jr. Preschool (2 yr old)	Extended Day (8 hours) Indicate which days & times needed __M__ __T__ __W__ __Th__ __F__ / Time: _____
3 day (M/W/F) Preschool (3 yr old)	
5 day (M-F) Preschool (3 yr old)	<b>Please indicate below enrollment year (9mo or 12mo) Program:</b>
5 day (M-F) Pre-Kindergarten (4 yr old)	School year (September through May) – 9 months
5 day (M-F) Junior Kindergarten (5 yr old) 9am-2pm	Full year (September through August) – 12 months

I hereby give permission to include my child, \_\_\_\_\_ on the waitlist for Open Arms Christian Preschool, 8800 River Road, Richmond, VA 23229 for the 2020-2021 school year.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_