



**REGISTRATION FORM
2016-2017**

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| For office use only Registration/supply fee paid _____ Birth certificate file no. _____ |
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New families: A \$100.00, **non-refundable**, registration fee must accompany this application.
 Returning families: A \$50.00, **non-refundable**, registration fee must accompany this application.
 Please indicate the program(s) your child would attend:

| Preschool (9:00 a.m. – noon) | Early, Extended and After Care |
|--|---|
| 2 1/2 year old/young 3s 2 day(Tuesday/Thursday) <i>(age 2 1/2 by September 30, 2016 for all 2s classes)</i> | Early care (7:00 a.m. – 9 a.m.) Indicate which days needed : __M __T __W __Th __F |
| 2 1/2 year old/young 3s 3 day (Monday/Wednesday/Friday) <i>(age 2 1/2 by September 30, 2016 for all 2s classes)</i> | Extended Day (noon – 2:00 p.m.) Indicate which days needed : __M __T __W __Th __F |
| 2 1/2 year old/young 3s 5 day (Monday-Friday) <i>(age 2 1/2 by September 30, 2016 for all 2s classes)</i> | After Care (noon – 6:00 p.m.) Indicate which days needed : __M __T __W __Th __F |
| Older 3 year old/ young 4s 3 day (Monday/Wednesday/Friday) | Please indicate below for any extended care: |
| Older 3 year old/ young 4s 5 day (Monday-Friday) | School year (September through May) |
| 4 year old Prekindergarten (Monday-Friday) | Full year (September through August) |
| Older 4's /young 5s Junior Kindergarten (Monday-Friday) 9:00 a.m. – 2:00 p.m. | |

Child's Name _____ Name Used at Home _____
 Email address _____
 Phone (primary) _____ (secondary) _____
 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 _____
 Siblings (Names and ages): _____
 How did you learn about the preschool? _____

MORNING PRESCHOOL TUITION (Contact the director for all extended care rates.)

| Morning Preschool Classes | Monthly Rate | Additional Information |
|---------------------------|--------------|-------------------------------|
| 2 day classes | \$225.00 | 5% discount for RRUMC members |
| 3 day classes | \$290.00 | 10% discount for second child |
| 5 day classes (except JK) | \$420.00 | 15% discount for third child |
| 5 day Junior Kindergarten | \$665.00 | |

Preschool tuition will be billed monthly, with the first payment due July 1, 2016. Families enrolled in any of the extended care programs will also be billed monthly, with first month payment due upon entering the program. If an alternate method of payment is required, see the director to make arrangements

I hereby enroll my child, _____ in the Open Arms Christian Preschool, 8800 River Road, Richmond, VA, for the 2016-2017 school year.

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.