



# **REGISTRATION FORM** **2015-2016**

**For office use only**  
Registration/supply fee paid \_\_\_\_\_  
Birth certificate file no. \_\_\_\_\_

A \$125.00, **non-refundable**, registration/supply fee must accompany this application. This fee will cover current year registration, supplies, special programs and activities.

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) (age 2 1/2 by September 30, 2015 for all 2s classes)	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) (age 2 1/2 by September 30, 2015 for all 2s classes)	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) (age 2 1/2 by September 30, 2015 for all 2s classes)	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)	<b>Please indicate below for any extended care:</b>
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.	
Summer Camp (will have separate registration form and fees for those not enrolled in full year program)	

Child's Name \_\_\_\_\_ Name Used at Home \_\_\_\_\_  
 Email address \_\_\_\_\_  
 Phone (primary) \_\_\_\_\_ (cell) \_\_\_\_\_  
 Home Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_  
 Birthday \_\_\_\_\_ Age (Sept 30, 2015) \_\_\_\_\_ 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? \_\_\_\_\_

## **TUITION**

Morning Preschool Classes	Monthly Rate	Additional Information
2 day classes	\$212.00	5% discount for RRUMC members
3 day classes	\$277.00	10% discount for second child
5 day classes (except JK)	\$398.00	15% discount for third child
5 day Junior Kindergarten	\$632.00	

**Contact the director for all extended care rates.**

Preschool tuition will be billed monthly, with the first payment due July 1, 2015. 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 2015-2016 school year.

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