



43115 Waxpool Road
Ashburn VA 20148
Office#: 703-729-9144
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2023 2024 ALL DAY PROGRAM

Desired Start Date: _____

All-Day Program (Mon-Fri, 7:00 am-5:30 pm)

Part-Time All-Day Program (Intermediate Preschool-After School)

M T W Th F

After-School Program (Mon-Fri, 2:30 pm-5:30 pm)

2023 2024 HALF DAY PROGRAM

AM Classes: 8:50-11:50 am or 9 am-12 pm

Beginning Preschool (Must be 2 by March 31, 2023)

___ Tues & Thurs AM

Intermediate Preschool (Must be 3 by September 30, 2023)

___ Mon/Wed/Fri AM ___ Mon-Fri Extended 9am-2pm

Pre-Kindergarten (Must be 4 by September 30, 2023)

___ Mon-Fri AM ___ Mon/Wed/Fri Extended 9am-2pm ___ Mon-Fri Extended 8:50 am-1:50 pm

STUDENT INFORMATION

CHILD'S FULL NAME: _____ NICKNAME: _____

AGE: _____ BIRTHDATE: _____ SEX (circle one): M F

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CHILD LIVES WITH: _____

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

FATHER/GUARDIAN

NAME: _____ CELL PHONE: _____

EMPLOYER: _____ OCCUPATION: _____

FULL WORK ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____

FATHER'S EMAIL ADDRESS: _____

HOME ADDRESS: ☐ same as child OR _____

MOTHER/GUARDIAN

NAME: _____ CELL PHONE: _____

EMPLOYER: _____ OCCUPATION: _____

FULL WORK ADDRESS: _____

WORK PHONE: _____ HOME PHONE: _____

MOTHER'S EMAIL ADDRESS: _____

HOME ADDRESS: ☐ same as child OR _____

MEDICAL INFORMATION

CHILD'S PHYSICIAN _____ PHONE #: _____

MY CHILD HAS ALLERGIES and/or SENSITIVITIES. NO YES LIST: _____

MY CHILD REQUIRES EMERGENCY MEDICATION (EPI-PEN, INHALER ETC). NO YES LIST: _____

MY CHILD HAS SPECIAL DIETARY REQUIREMENTS (VEGETARIAN?). NO YES LIST: _____

MY CHILD REQUIRES MODIFICATIONS TO THE PROGRAM IN ORDER TO FULLY PARTICIPATE. NO YES
LIST: _____

MY CHILD HAS AN 'INDIVIDUALIZED EDUCATION PROGRAM' OR 'INDIVIDUALIZED FAMILY SERVICE PLAN.' NO YES

IF YES, DATE OF LAST IEP: _____ (VA licensing standards require Open Arms to keep a copy of your child's most recent IEP on file)

OTHER DEVELOPMENTAL INFORMATION: _____

EMERGENCY CONTACT PERSONSMust have 2 contacts, OTHER THAN parents. At least 1 contact must be local.

NAME & RELATION: CONTACT PHONE #: CONTACT'S FULL HOME ADDRESS:

1. _____

2. _____

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

RELIGIOUS AFFILIATION: _____

WHERE DOES YOUR FAMILY CURRENTLY ATTEND CHURCH?: _____

HAS YOUR CHILD BEEN BAPTIZED? NO ☐ YES ☐ WOULD YOU LIKE INFORMATION ABOUT BAPTISM? NO ☐ YES ☐☐ N/A: CHILD'S PREVIOUS DAY CARE PROGRAM(S) AND SCHOOL(S) ATTENDED: _____☐ N/A: CHILD ALSO ATTENDS ANOTHER SCHOOL/PROGRAM
SCHOOL/PROGRAM: _____ GRADE: _____**SIGNATURE**

PARENT/GUARDIAN _____

DATE _____

- OFFICE USE ONLY -

Place of Birth	Date of Birth	Form Rcvd Date: _____	Amt Paid: \$ _____
		Date Paid: _____	Check #: _____
		CEF Given Date: _____	Due Date: _____
Birth Certificate Number	Date Issued	<input type="checkbox"/> Reg Form PC Entry	<input type="checkbox"/> Waitlist Fee
		<input type="checkbox"/> Roster Entry	<input type="checkbox"/> Registration Fee
Office Signature	Date Signed	<input type="checkbox"/> Calendar	<input type="checkbox"/> HD Deposit
		<input type="checkbox"/> CEF PC Entry	<input type="checkbox"/> Activity Fee
		<input type="checkbox"/> PC Schedule	<input type="checkbox"/> PC Billing
Other Form of Proof			<input type="checkbox"/> Sibling Discount

Start Date: _____ Schedule: M T W Th F Classroom: _____

Withdraw Date: _____ Reason for Withdraw: _____