

CHILD CARE REGISTRATION FORM

Open Arms Lutheran Church and Daycare
7865 Belleville Rd., Belleville, MI 48111
(734) 699-5000

TODAY'S DATE: _____

START DATE: _____

OFFICE USE ONLY

Registration Fee Paid: YES/NO Amount: _____

Materials Fee Paid: YES/NO Amount: _____

Sibling Discount: 10% 20%

Child information:

Age: _____ Birth date: ____/____/____ Baptism date: _____

Last Name: _____ First Name: _____

Please mark the box of the program and days you wish to enroll your child

PROGRAM	Monday	Tuesday	Wednesday	Thursday	Friday
Infants					
Tots					
Twos					
Early Preschool					
Preschool 3s (Full Days)					
Preschool 3s (½ Days*)					
Pre-Kindergarten Class (Full Days)					
Pre-Kindergarten Class (½ Days*)					
Young Fives Class (Full Days)					
Young Fives Class (½ Days*)					
Elementary Latchkey (AM/PM)					

*Half days are from 8:45am till 1:00pm

TURN OVER TO COMPLETE



Parent/Guardian Information:

With whom the child resides: _____

Father/Guardian

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Numbers: Home: _____

Work: _____

Cell: _____

E-mail: _____

Mother/Guardian

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Numbers: Home: _____

Work: _____

Cell: _____

E-mail: _____

Church Information:

➤ Are you a member of Open Arms Lutheran Church? YES NO

○ If not, do you have a home church? YES NO

▪ If yes, where? _____

➤ Would you like more information on Open Arms Lutheran Church? YES NO

➤ Would you like to be put on the mailing list? YES NO

➤ Where did you hear about us? Friend--Newspaper—Website--Other: _____

NOTES:
