

# 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)					
<b>Preschool 3s (½ Days*)</b>					
Pre-Kindergarten Class (Full Days)					
<b>Pre-Kindergarten Class (½ Days*)</b>					
Young Fives Class (Full Days)					
<b>Young Fives Class (½ Days*)</b>					
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:

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