



DAYCARE REGISTRATION FORM

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

TODAY'S DATE: _____

START DATE: _____

Child information:

Age: _____ Birth date: ____/____/____ Sex: MALE FEMALE Baptism date: _____

Last Name: _____ First Name: _____

<u>OFFICE USE ONLY</u>		
Registration Fee Paid:	YES/NO	Amount: _____
Materials Fee Paid:	YES/NO	Amount: _____
Sibling Discount:	10% 20%	
Room Placement:	_____	

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

PROGRAM	Monday	Tuesday	Wednesday	Thursday	Friday
Infant					
Toddler					
Two-Year-Old					
Early Preschool					
Preschool (Full Days)					
Preschool (½ Days*)					
Kindergarten Readiness (Full Days)					
Kindergarten Readiness (½ Days*)					
School Age (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: _____
(REQUIRED)

Mother/Guardian

Last Name: _____

First Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone Numbers: Home: _____

Work: _____

Cell: _____

E-mail: _____
(REQUIRED)

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: _____