



OPEN ARMS LUTHERAN CHILD DEVELOPMENT CENTER OF BUCKHEAD, INC.

Application for Enrollment

Name: _____ Tour Date: _____

Address: _____

Parent 1 Email Address: _____ Phone: _____

Parent 2 Email Address (optional): _____ Phone: _____

Child's Name: _____ Sex M F

Nickname: _____ Date of Birth: _____ Age: _____

Date you would like to begin attending Open Arms: _____

Child lives with: Mother/Stepmother Father/Stepfather Legal Guardian Other

Who has custody of child? _____

What is your current child care arrangement? _____

Is there anything else we should know about your child? _____

How did you hear about us?

Internet Search Sign/Banner Our website Print Ad

LCA Member: _____ OA Parent: _____ Other: _____

ADMINISTRATIVE USE ONLY

Application Fee: \$100

Credit Card Payment

Check # _____

Registration Fee \$____

Credit Card Payment

Check # _____

Available Opening

Wait List

Start Date: _____ Classroom: _____

Infant Transition Date: _____

Follow-Up Completed: Y/N _____

Notes: _____