



FULL-DAY AND HALF-DAY PRESCHOOL ENROLLMENT APPLICATION

818 South King Street
Leesburg, VA 20175
571-223-6736 (Main)
571-223-6442 (Fax)
www.leesburgopenarms.org

FULL-DAY PROGRAM

Projected Start Date: _____

Full-time care

Mon through Fri, all day

Part-time care

(Please check the days of the week you are interested in)

After-school care

Mon through Fri

Mon Tues Wed Thurs Fri Drop-in

Kindergarten Enrichment

Mon through Fri

Full-day Kindergarten

Mon through Fri

HALF-DAY PRESCHOOL PROGRAM

School Year: _____

(We DO NOT accept advance applications for the following school year. Please check our website for Half-Day Preschool Open Enrollment details.)

2-Year-Old

Tues, Thurs AM only

3-Year-Old

Mon, Wed, Fri AM Tues, Thurs AM

4-Year-Old

Mon, Wed, Fri AM Tues, Wed, Thurs, Fri PM

4/5-year-Old Pre-K

Mon, Tues, Thurs, Fri AM

3/4/5-Year-Old Enrichment Class

Wed AM only

Note: "Lunch Bunch" for 3/4/5-year olds will run until 2 PM on select days

Hours of operation
AM: 9:00-12:00
PM: 12:30-3:30

CHILD'S FULL NAME: _____ NICKNAME: _____

AGE: _____ BIRTHDATE: _____ SEX: MALE FEMALE

STREET: _____ CITY: _____ STATE: _____ ZIP: _____

CHILD LIVES WITH: MOTHER FATHER STEPMOTHER STEPFATHER LEGAL GUARDIAN _____ (OTHER)
WHO HAS CUSTODY OF CHILD, OTHER THAN PARENT? _____

PARENT AND/OR LEGAL GUARDIAN INFORMATION

FATHER

NAME: _____

ADDRESS: same as child OR

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

OCCUPATION: _____

WORK NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

E-MAIL: _____

MOTHER

NAME: _____

ADDRESS: same as child OR

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

OCCUPATION: _____

WORK NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

E-MAIL: _____

LEGAL GUARDIAN

NAME: _____

ADDRESS: same as child OR

ADDRESS: _____

CITY: _____

STATE: _____ ZIP: _____

OCCUPATION: _____

WORK NAME: _____

HOME PHONE: _____

WORK PHONE: _____

CELL PHONE: _____

E-MAIL: _____

MEDICAL INFORMATION

DOCTOR'S OFFICE/NAME _____ PHONE NUMBER _____ ADDRESS _____

CHILD ALLERGIES, SPECIAL DIET REQUIREMENTS, OR OTHER SPECIAL NEEDS: Check here if "None"

If allergies/special needs, what action should be taken? _____ Has EPI pen

DEVELOPMENTAL INFORMATION: SPECIAL ACCOMODATIONS, CHRONIC PHYSICAL PROBLEMS: Check here if "None"

DOES YOUR CHILD HAVE AN IEP? NO YES IF YES, DATE OF LAST IEP: _____

(For our records we require a current copy of your child's IEP each time it is updated or changed.)

LOCAL EMERGENCY CONTACT PERSONS - OTHER THAN THE PARENTS: (Licensing requires we MUST have at least 2)

NAME

PHONE #

ADDRESS

1. _____

2. _____

(Note: The school agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian agrees to pick up the child as soon thereafter as possible. _____ (initial)

OTHER PERSONS WITH YOUR PERMISSION TO PICK UP YOUR CHILD (Must be 18 years of age or older)

1. _____ 2. _____

PLEASE NOTIFY US ANY TIME SOMEONE ELSE WILL BE PICKING UP YOUR CHILD. IF THEIR NAME IS NOT ON THIS LIST AND WE HAVE NO OTHER INSTRUCTIONS **IN WRITING** FROM YOU, WE WILL NOT ALLOW THEM TO LEAVE WITH YOUR CHILD. IF, DUE TO AN EXTREME EMERGENCY, YOU MUST PHONE IN THIS INFORMATION, YOU WILL BE ASKED FOR A CODE WORD TO VERIFY YOUR IDENTITY. **NO EXCEPTIONS!**

IDENTITY CODE: _____ **CHILD'S MOTHER'S MAIDEN NAME:** _____

WHEN CHILD IS ENROLLED, WOULD YOU LIKE US TO EMAIL YOU CONCERNING UPCOMING EVENTS OR INCLEMENT WEATHER ALERTS? (**YOUR EMAIL ADDRESS WILL BE KEPT CONFIDENTIAL**) Yes No

PLEASE INDICATE YOUR FAMILY'S RELIGIOUS AFFILIATION: _____ **HAS YOUR CHILD BEEN BAPTIZED?**
WHERE DOES YOUR FAMILY CURRENTLY ATTEND CHURCH? _____ Yes No

HOW DID YOU FIRST LEARN ABOUT **LEESBURG OPEN ARMS?** Open Arms Website CCLC Website
 Sign Yellow Pages Mailing Friend CCLC Member Other

Someone currently at **Open Arms** - please give name: _____

Child's Previous Day Care Program(s) and School(s) attended: _____ N/A

If child attends this center AND another public school/program, please give name of the other school/program:
_____ Grade: _____ N/A

IMPORTANT!! Please complete form in its entirety. Incomplete forms may delay enrollment.

SIGNATURE

Parent or Guardian

Date

Please provide identify verification to the office within two weeks of enrollment date. The form used for identification purposes will immediately be returned after the documentation has been made. Proof of the child's identity and age may include a certified copy of the child's birth certificate; birth registration card; notification of birth (hospital, physician or midwife record); passport, copy of the placement agreement; other proof of the child's identify from a child placing agency; record from a public school in Virginia, certification by a principle or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). When programs are not required to keep the proof of the child's identify, documentation of viewing this information must be maintained for each child.

--OFFICE USE ONLY (Identity Verification) --

---OFFICE USE ONLY---

Place of Birth _____ **Date of Birth** _____

Birth Certificate No. _____ **Date Issued** _____

Other Form of Proof _____

Authorized Center Signature: _____

Date Signed: _____ **Withdrawal Date:** _____

Reason for Withdrawal: _____

Chart given: _____ **School Leader Entry:** _____

Application Date: _____ **Wait List Entry:** _____

Start Date: _____

Classroom/Program: _____ AM PM

Days Attending: M T W Th F

Tuition Rate: _____ / Month or week

New Returning Sibling CCLC

Reg. Fee: \$ _____ **Act. Fee:** \$ _____ **Check Date:** _____

Amount Paid: \$ _____ Cash Credit Check # _____

Wait List Fee Paid: \$ _____ **Check Date:** _____

Amount: \$ _____ Cash Credit Check # _____