



OPEN ARMS LUTHERAN CHILD DEVELOPMENT CENTER OF BUCKHEAD, INC.

APPLICATION FOR ENROLLMENT

Tour Date: _____

Name: _____

Address: _____
Street City State Zip

Email Address: _____ Phone: _____

How did you hear about us?

- Internet
 Sign/Banner
 Our Website
 Print Ad
 LCA Member: _____
 OA Parent: _____
 Other: _____

Child's Name: _____ Nickname: _____

Date of Birth: _____ Age: _____ Sex: M F

Date you would like to begin attending Open Arms: _____

Child lives with: Mother/Step-Mother
 Father/Step-Father
 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? _____

ADMINISTRATIVE USE ONLY

- Available Opening
 Wait List

Start Date: _____ Classroom: _____

Infant Transition Date: _____ Infant WL Form Signed? Y / N

Follow-Up Completed: Y / N _____

NOTES: _____

Application Fee: \$50.00
 Credit Card Payment
 Check #: _____

Registration Fee: \$ _____
 Credit Card Payment
 Check #: _____