

ENROLLMENT APPLICATION  
FOR  
OPEN ARMS EARLY LEARNING CENTER

CHILD'S FULL NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_  
AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ GENDER \_\_\_\_\_  
CHILD'S HOME ADDRESS \_\_\_\_\_

CHILD'S HOME TELEPHONE NUMBER \_\_\_\_\_  
DATE OF ENROLLMENT \_\_\_\_\_ CLASS \_\_\_\_\_  
CHILD'S LIVING ARRANGEMENTS (PERSONS IN RESIDENCE WITH CHILD)

ARE CUSTODY PAPERS ON FILE?    YES                  NO                  NA  
ALLERGIES \_\_\_\_\_  
CHILD'S PHYSICIAN \_\_\_\_\_ TELEPHONE #: \_\_\_\_\_  
INSURANCE CARRIER \_\_\_\_\_ POLICY # \_\_\_\_\_  
CHILD'S CHURCH HOME \_\_\_\_\_ DATE OF BAPTISM \_\_\_\_\_

MOTHER'S INFORMATION

NAME \_\_\_\_\_  
ADDRESS\_(if different from the above)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
PAGER # \_\_\_\_\_  
CELL  
PHONE \_\_\_\_\_  
CHURCH HOME \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
WORK  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
WORK  
PHONE \_\_\_\_\_  
EXTENSION # \_\_\_\_\_  
DRIVERS LICENSE # \_\_\_\_\_

FATHER'S INFORMATION

NAME \_\_\_\_\_  
ADDRESS\_(if different from the above)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
HOME PHONE \_\_\_\_\_  
PAGER # \_\_\_\_\_  
CELL  
PHONE \_\_\_\_\_  
CHURCH HOME \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
OCCUPATION \_\_\_\_\_  
WORK  
ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
WORK  
PHONE \_\_\_\_\_  
EXTENSION # \_\_\_\_\_  
DRIVERS LICENSE # \_\_\_\_\_

**We will need at least two (2) local emergency contacts other than parents (family members, friends, neighbors, co-workers, etc...).**

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
DRIVER'S LICENSE \_\_\_\_\_

HOME PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
DRIVER'S LICENSE \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
DRIVER'S LICENSE \_\_\_\_\_

HOME PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
DRIVER'S LICENSE \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
DRIVER'S LICENSE \_\_\_\_\_

HOME PHONE \_\_\_\_\_  
WORK PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
DRIVER'S LICENSE \_\_\_\_\_

THE ABOVE PERSONS ARE PERMITTED TO PICK UP MY CHILD AND ARE EMERGENCY CONTACTS IN THE EVENT THAT I CANNOT BE REACHED.

**I AM AWARE THAT I MUST CALL OPEN ARMS TO LET THEM KNOW IN ADVANCE IF ONE OF THE ABOVE PERSONS WILL BE PICKING UP MY CHILD**

PLEASE LIST NAMES OF INDIVIDUAL (S)

PARENT'S INSIGHTS (SHARE WITH US A LITTLE ABOUT YOUR CHILD)

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WOULD YOU LIKE MORE INFORMATION ON RIVERCLIFF LUTHERAN CHURCH?                      YES                      NO

CHILD'S PETS \_\_\_\_\_

CHILD'S FAVORITE TOY/ACTIVITY \_\_\_\_\_

HOW DO YOU DISCIPLINE YOUR CHILD AT HOME?

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CHILD'S FAVORITE SONG \_\_\_\_\_

CHILD'S FAVORITE STORY \_\_\_\_\_

CHILD'S FAVORITE FOODS \_\_\_\_\_

PERMISSION TO:

USE SUNSCRREN (PROVIDED BY PARENTS)                      YES                      NO

USE BUG REPELLANT (PROVIDED BY PARENTS)                      YES                      NO

USE DIAPER CREAM (PROVIDED BY PARENTS)                      YES                      NO

USE TEETHING GEL (PROVIDED BY PARENTS)                      YES                      NO

USE BABY POWDER (PROVIDED BY PARENTS)                      YES                      NO

\*\*\*USE MYLICON DROPS (PROVIDED BY PARENTS)                      YES                      NO

*\*\*\*USE OF MYLICON ALSO REQUIRES A MEDICATION FORM*

CHILD'S HISTORY

SIBLING (S) AND AGES:

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PLEASE LIST ANY OTHER PERSONS LIVING WITH THE FAMILY AND INDICATE THEIR RELATIONSHIP TO THE CHILD \_\_\_\_\_

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IS YOUR CHILD ADOPTED? \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_

WHAT OTHER CHILD CARE SITUATIONS HAS YOUR CHILD BEEN A PART OF? \_\_\_\_\_

FOR HOW LONG? \_\_\_\_\_

WAS IT A POSITIVE EXPERIENCE? \_\_\_\_\_

DOES YOUR CHILD HAVE A SECURITY ITEM (BLANKET, PACIFIER, TOY, ETC.)? IF SO, WHAT DOES HE/SHE CALL IT? \_\_\_\_\_

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HOW DOES YOUR CHILD BEST SEPARATE FROM YOU? \_\_\_\_\_

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NAPTIME HABITS \_\_\_\_\_

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REGULAR MEDICATIONS \_\_\_\_\_

DEVELOPMENTAL CONCERNS \_\_\_\_\_

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SPECIAL NEEDS \_\_\_\_\_

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MEDICAL NEEDS \_\_\_\_\_

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TELL US ABOUT YOUR FAMILY \_\_\_\_\_

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HOW CAN RIVERCLIFF LUTHERAN CHURCH/OPEN ARMS ASSIST YOU IN YOUR FAMILY'S FAITH ENRICHMENT?

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HOW COULD YOU AND YOUR FAMILY BE ACTIVE IN THE OPEN ARMS MISSION?

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INDIVIDUAL SPECIAL NEEDS FORM (ISN)

(to document any special needs: diet, medical condition, developmental delays, home situation)

FOR

\_\_\_\_\_

(child's name)

DATE \_\_\_\_\_

NATURE OF SPECIAL NEED \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DOCUMENTATION INCLUDED (must have complete information from physician, special needs assessments, IEP results from elementary/special needs preschool, details of special diet with documentation by physician, court orders, etc...)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NEEDS WITHIN ENVIRONMENT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PARENT'S COMMENTS, CONCERNS, INSIGHT:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PARENTAL AGREEMENT FORM**  
(please initial after each section and sign below)

- 1.) Open Arms Lutheran Child Early Learning Center agrees to provide child care and developmentally appropriate curriculum for \_\_\_\_\_ Monday through Friday from 6:30 a.m. to 6:30 p.m. from January through December.  
\_\_\_\_\_
- 2.) The tuition rate for these services is \_\_\_\_\_ and is due on the Friday prior to the week of service. A \$20.00 late payment fee will be assessed to all accounts not paid by Tuesday at 6:30 p.m. Disenrollment will result if tuition is not paid for two consecutive weeks. A \$75.00 non-refundable registration fee per child is due upon enrollment and annually in September. A written two-week notice is required for disenrollment. The full tuition is due during those two weeks.  
\_\_\_\_\_
- 3.) Medication is only dispensed at 12:00 NOON and only with a medication authorization form including: date, name of child, name of medication, prescription #, and dosage. Medications are kept in the staff room in the cabinet marked "medicines" or in the refrigerator in the staff room.  
\_\_\_\_\_
- 4.) My child will not be permitted to enter or leave the facility without being escorted by the child's parent or authorized person. All children will be signed in/out daily. Authorized pick-up persons shall obtain a pick-up pass prior to picking up the student.  
\_\_\_\_\_
- 5.) I acknowledge that it is my responsibility to keep my child's records current to reflect any significant changes as they occur ...telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans and immunization records.  
\_\_\_\_\_
- 6.) The facility agrees to keep me informed of any incidents, injuries and illnesses and adverse reactions to medications that occur to my child.  
\_\_\_\_\_
- 7.) Open Arms Early Learning Center agrees to obtain written permission from me before my child participates in routine transportation, field trips, special activities that take place away from the center and water related activities occurring in water that is more than two feet deep.  
\_\_\_\_\_
- 8.) In the event of an emergency involving my child, and if Open Arms is unable to contact me I hereby authorize any needed medical care. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child.  
\_\_\_\_\_
- 9.) I have received a copy, read and agree to abide by the policies and procedures as outlined in the Open Arms Parent Policies and Procedures Handbook.  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator's Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and agree to abide by the policies and procedures for  
Open Arms Lutheran Early Learning Center.

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Parent Signature

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Date