

**Open Arms Christian Child Development Center**  
325 Courthouse Rd.  
Stafford, VA 22554



Application Date: _____
Enrollment Date: _____
Assigned Classroom: _____
Days: M TU W TH F
Registration Fee Attached: <input type="checkbox"/> (Non-refundable)
Amount: _____
Check <input type="checkbox"/> Check # _____

**ENROLLMENT APPLICATION**

**CHILD INFORMATION**

Name: \_\_\_\_\_  
First Middle Last Nickname

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: (circle one) M F

Address: \_\_\_\_\_ Home Phone \_\_\_\_\_

Child Lives With:  Mother  Stepmother  Legal Guardian  
 Father  Stepfather  \_\_\_\_\_ (Other)

Who has Custody of Child, if other than Parent? \_\_\_\_\_

If child attended previous childcare and/or attends local school (list name and grade): \_\_\_\_\_

**PARENT(S) OR GUARDIAN(S) INFORMATION**

Father's Name: _____	Mother's Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone Numbers: (h) _____ (w) _____ (cell) _____	Phone Numbers: (h) _____ (w) _____ (cell) _____
Email Address: _____	Email Address: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Employer Address: _____	Employer Address: _____

Parent(s) or Person(s) responsible for tuition payments: \_\_\_\_\_

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency.: \_\_\_\_\_

Chronic Physical Problems/Pertinent Developmental Information/ Special Accommodations Needed: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Two People to Contact if Parent(s) Cannot Be Reached: (MUST BE LOCAL CONTACTS)**

1. _____	_____	_____
	Complete Address	Phone
2. _____	_____	_____
	Complete Address	Phone

Other Person(s) Authorized To Pick Up Child: (Must be 18 years of age or older) \_\_\_\_\_

Please notify us any time someone else will be picking up your child. If their name is not on the 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: \_\_\_\_\_

Person(s) NOT Authorized To Pick Up Child\* \_\_\_\_\_

- Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.
- Note: Section 22.1-4.3 of the Code of Virginia states that unless a court order has been issued to the contrary, the noncustodial parent of a student enrolled in a public school or day care center must be included, upon the request of such noncustodial parent, as an emergency contact for events occurring during school or day care activities.

**AGREEMENTS**

1. Open Arms CCDC agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the Center.
2. The parent(s)/guardian(s) authorize Open Arms CCDC to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.\*\*
3. The parent(s)/guardians agree to inform Open Arms within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

**SIGNATURES**

\_\_\_\_\_  
*Signature of Parent(s)/Guardian(s)*                      *Date*                      *Signature of Center Director*                      *Date*

Date Child Left Open Arms: \_\_\_\_\_ Reason for Withdrawal: \_\_\_\_\_

\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

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**OFFICE USE ONLY  
IDENTITY VERIFICATION**

Place of Birth \_\_\_\_\_ Birth Date \_\_\_\_\_

Birth Certificate Number \_\_\_\_\_ Date Issued \_\_\_\_\_

Date Documentation Viewed \_\_\_\_\_ Person Viewing Documentation \_\_\_\_\_

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): \_\_\_\_\_  
*Date*

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 or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. 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). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.