

Registration Form
Open Arms Child Care Center
PO Box 1107
568 College Highway
Southwick, MA 01077
413-569-5151
Hours of Operation 7:00-6:00

Welcome to Open Arms Child Care Center. You have chosen a state of the art facility, which will provide the highest quality early care and education, as well as an introduction to God and Christian values.

To register your child, please return this completed form to Open Arms with a non-refundable registration fee of \$50.00 for one child, \$15.00 for each additional child. When your registration form and fee are received, the Center Director/Center Administrator will contact you regarding the enrollment process.

We look forward to providing a unique learning experience for your child and developing a partnership between home and school.

Child's Name: _____ Date of Birth: _____

Parent/Guardian:

Name: _____

Relationship: _____

Address: _____

Home Phone: _____

Parent/Guardian location during childcare:

Name: _____ Name: _____

Name of Employer: _____ Name of Employer: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Instructions: _____ Instructions: _____

Schedules (Please check one):

Mon-Fri (8-9 hours) _____ Mon-Wed-Fri (8-9 hours) _____ Tue-Thu (8-9 hours) _____

Mon-Fri (4 hours) _____ Mon-Wed-Fri (4 hours) _____ Tue-Thu (4 hours) _____

Before School only _____ Before & After School _____ After School Only _____

Arrival/Departure times: _____

What date would you like enrollment to begin? _____

How did you hear about Open Arms Child Care Center? _____

Parent/Guardian Signature: _____ Date: _____