



Christian Child Development Center
Concordia Lutheran Church
17906 Garden Lane
Hagerstown, MD 21740
(301) 797-5955

email: openarms.hagerstown1@gmail.com
web page: <http://openarms.concordia-hagerstown.org>

Open Arms Registration Form

Child's Name: _____ Birth Date: _____ Age: ____ Sex: ____

Parent or Guardian's Name: _____

Address: _____

E-mail: _____

I prefer a: 2-day class____ 3-day class____ 4-day class____

How did you find out about Open Arms CCDC? (Mark all that apply)

___ Website ___ Facebook ___ Public Event
___ Friend(s) Name _____

___ Other _____

___ I received the Enrollment Packet.

___ I understand May's (non-refundable) tuition is due by August 1.

___ I understand the enrollment form, medical report, emergency care form and Signed cover of A Parent's Guide to Regulated Child Care need to be in the school office prior to the child attending class.

_____ Date the registration form and \$35.00 (non-refundable) Fee was received.

Received by: _____ Date: _____

(Parent / Guardian Signature)