



Dear Parents,

Preschool Registration is now open for our 2026-2027 school year! Our registration fee, tuition and programs for this upcoming school year are as follows:

Registration Fee: \$150 per child or \$300 per family (non-refundable)

3-Year-Old Program (must be 3 by August 31st and fully potty trained):

Tuesday, Wednesday, Thursday from 9am – 12pm. \$280 monthly (Sept – May)

4-Year-Old Program (must be 4 by August 31st and fully potty trained):

Monday – Friday from 9am – 12pm. \$310 per month (Sept – May)

Lunch Bunch: \$30/month for Pre-K 3, \$50/month for Pre-K 4

We accept checks and money orders made payable to Open Arms for all Tuition and Registration Fees.

We look forward to having another fun-filled school year! If you have any questions, please let us know.

Blessings!

Victoria Sullivan

Director of Open Arms Christian Child Development Center

2920 Veterans Parkway Clayton, NC 27520 • 919-553-7227

PRESCHOOL REGISTRATION FORM



919-553-7227

www.holycrossclayton.com/open-arms

2920 Veterans Parkway, Clayton, NC 27520



STUDENT INFORMATION

Name:

Nickname:

Date of Birth:

/ /

Home Address:

City:

State:

Zip Code:

Gender: ☐ Male ☐ Female

Previous School (if any):

PARENT/GUARDIAN INFORMATION

Mother's Name:

Cell:

Email:

Work:

Father's Name:

Cell:

Email Address:

Work:

PROGRAM SELECTION

☐ PRE-K3 (9am-12pm, T,W,TH) **\$280/mo.**

☐ PRE-K3 + LUNCH BUNCH (9am-1pm, T,W,TH) **\$310/mo.**

☐ PRE-K4 (9am-12pm, M-F) **\$310/mo.**

☐ PRE-K4 + LUNCH BUNCH (9am-1pm, M-F) **\$360/mo.**

MEDICAL INFORMATION

Does the student have any allergies? ☐ yes ☐ no

If yes, please list: _____

Does the student have any medical conditions we should be aware of? ☐ yes ☐ no

If yes, please specify: _____

FOR OFFICE USE ONLY

Registration Number: _____

Registration Received On: _____

☐ In Procare

☐ Immunization Records

☐ Registration Fee Paid

☐ Check/MO #: _____