



Dear Parents,

Preschool Registration is now open for our 2026-2027 school year! Registration will be available to existing families and church members from February 2nd - February 27th. At that point, we will open it up to the general public. **If you plan on returning next year, please complete the attached registration paperwork and pay your registration fee by Friday, February 27th.**

Our registration fee, tuition and programs for this upcoming school year are as follows:

Registration Fee: \$100 per child or \$200 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!

Sarah Elliott & Victoria Sullivan
Directors 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 Procure Immunization Records

Registration Fee Paid Check/MO #: _____