Established 1964
Open Door Preschool
Augusta, Ga

Placed In: _____

Fee Received: _____

Waiting List: _____

Initials: _____

Registration Form

Please return this form with the registration fee or waiting list fee to enroll your child
These fees are non-refundable

Child's Name: _____ Gender: _____ Birth Date: _____

Class applying for (circle one)*: MMO 2-Day 2s 3-Day 2s 3-Day 3s
5-Day 3s Pre-K Kindergarten

Primary Address:

Parent(s): _____ Occupation(s): _____

Address: _____

Home Phone: _____ E-mail: _____

Cell Phone: _____ Work Phone: _____

Siblings: Name(s) and Age(s) _____

Secondary Address (if applicable):

Parent/Other(s):_____

Address: _____

Home Phone: _____ E-mail: _____

Cell Phone: _____ Work Phone: _____

Medical/ Emergency Info:

Pediatrician**: _____ Phone: _____

In Case of emergency, please list contacts other than parents:

Name: _____ Phone: _____

Name: _____ Phone: _____

Allergies: _____

Hearing Deficiencies: _____ Speech Delays: _____ Other: _____

Signature: _____ Date: _____

* We will attempt to honor special requests; however due to circumstances and ODP policies this may not always be possible. Final decisions on class lists will be made just prior to the start of the school year.

** Current immunization records need to be submitted prior to the child's 1st day of school.

Scholarshipsare available to a limited number ofstudents - must apply and demonstrate financial need