



Ox Hill Little Learners  
4101 Elmwood Street  
Chantilly, VA 20151  
(703) 378-0674  
Learners@oxhillbaptist.org

Dear Parents & Guardians,

Please print and fill out the attached 2023-2024 Registration Form and turn it in with your registration fee to the OHBC office.

### Program Schedule:

- Our school year runs from **September 5, 2023** to **May 24, 2024**.
- Classes are held 5 days a week, **Monday through Friday** from **9:30 AM - 1:30 PM**.
- We offer the following classes: 2 year olds, 3 year olds, and 4 year olds.
  - *Students must turn the age of the class by September 30<sup>th</sup> to register.*

### Registration Fee:

- \$100 per child
- The registration fee is **non-refundable** unless classes do not fill.
- Fees are accepted in the form of cash or check.
- Checks need to be made out to “Ox Hill Baptist Church” with “Little Learners Registration - *Your Student’s Name*” in the memo line.

### Tuition Fees:

- Monthly tuition fees for the 2023-2024 year are \$495 per child.
- Tuition is due by the 10<sup>th</sup> of each month.
- A late fee of \$15 will be charged for tuition payments after the 10<sup>th</sup>.
- Payments are accepted in the form of cash or check.



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## Registration Form 2023-2024

Student's Name: \_\_\_\_\_

Birthdate (Month/Date/Year): \_\_\_\_\_ Male  Female

Class (check one):  2-Year-Old  
 3-Year-Old  
 4-Year-Old

Child's Childcare Experience (check one):  Has attended the Ox Hill childcare program  
 Has attended another childcare program  
 Has NOT attended a childcare program

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

### Contact Information:

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Notes: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Notes: \_\_\_\_\_

Other Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

Notes: \_\_\_\_\_

Does Your Child Have an Allergy that Requires an EpiPen? Yes No

Please List ALL Allergies: \_\_\_\_\_

Any Medical Conditions: \_\_\_\_\_