



Breckenridge  
Keystone  
Frisco  
Dillon  
Silverthorne  
Summit County

## Registration Form

Parent Name \_\_\_\_\_

Address \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Street Address City Zip*

Phone \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
*Cell Work Home*

Email \_\_\_\_\_

	Child's Name	Age (years / months)
1)	_____	____/____
2)	_____	____/____
3)	_____	____/____

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Please check one ...

Please **contact me** with more information

I wish to **hold a place** for the above named children.  
A non-refundable deposit of \$50 is required.

If you are *not* including a check, please contact us to make other payment arrangements. Please make checks payable to: Open Arms

Please return this completed form to us at:

*Mail:* Open Arms  
P.O. Box 593  
Frisco CO 80433

*Drop-Off:* 16072 Highway 9  
Breckenridge CO 80424

For more information, contact us at: **970-237-3229** or [Info@OpenArmsKids.com](mailto:Info@OpenArmsKids.com)