



**The
Oak Grove
School**

**Student Enrollment Application
& Registration Forms**

2025-2026



Student Registration Form 2025-2026

Name of Child: _____ Nickname: _____ Sex: _____
Address: _____ City: _____
Zip Code: _____ Home Phone _____ Birth date: _____
Child's Primary Residence: Both parents _____ Dad only _____ Mom only _____ Other _____
Previous school/childcare experiences: _____

Please ensure that all allergies/restrictions and/or developmental/physical concerns are communicated with Director prior to enrolling.

Allergies; Food Restrictions: _____ EpiPen/ Auvi-Q Inhaler
Developmental/Physical Concerns _____

First Guardian's Info:

Name: _____ Relationship: _____
Address (if different from child): _____
Email Address: _____ Cell Number: _____
Occupation: _____ Work Phone: _____
Place and Address of Employment: _____

Second Guardian's Info:

Name: _____ Relationship: _____
Address (if different from child): _____
Email Address: _____ Cell Number: _____
Occupation: _____ Work Phone: _____
Place and Address of Employment: _____

Besides parents, please list names of those authorized to pick up child from school:

Please select desired program (specific teacher requests are taken in consideration, but are not guaranteed)

2-year-olds = 5 day (Mon-Fri) 3 day (Mon/Wed/Fri)
 2 day (Mon/Wed) 2 day (Tues/Thurs) No preference in days

3-year-olds = 5 day (Mon-Fri) 3 day (Mon/Wed/Fri) 2 day (Tues/Thurs)

4-year-olds = 5 day (Mon-Fri) 3 day (Mon/Wed/Fri)

PreK = 5 day (Mon-Fri) Must be five years old by March 2026

Kindergarten = 5 day (Mon-Fri, 9 am – 1 pm)

1st Grade = 5 day (Mon-Fri, 8:50 am – 2:50 pm)

2nd Grade = 5 day (Mon-Fri, 8:50 am – 2:50 pm)

I have read and understand/agree to abide by all the policies and procedures printed in The Oak Grove School Parent Handbook.

(Print name) _____ Signature: _____ Date _____



Getting to Know All About You! 2025-2026

All about (name) _____ Date _____

I like to be called _____ by my friends and teachers.

I will be _____ years old when I start school. My birthday is _____

My family includes (list parents, brothers/sisters, ages and any pets)

If you have questions/concerns about me, call _____ at _____.

Once you get to know me, I really am a _____ child.

Before I came to Oak Grove I was cared for by _____.

The best way to comfort me is _____.

A few of my favorites include:

Book(s) _____

Game _____

Activity _____

Animal _____

Song _____

Food _____

Place _____

Other _____

One thing I really don't like is _____.

At The Oak Grove School, I hope:

***All children in 3-year-old classes and above must be potty trained. ***

2-year-old students only. Please select one:

- I am potty trained
 I am not potty trained.



Tuition & Fees Agreement 2025-2026

➔ 1st month Tuition is due: **AUGUST 1, 2025** ←

Student's Name: _____

Check here if you are a UMC member to receive 5% discount off tuition rate

This Agreement reserves a place at The Oak Grove School for the school year 2025-2026 at a tuition rate as follows:

Registration Fee _____ \$200 Early Bird (until 02/21/2025) _____ \$225 (starting 02/22/2025)

Two- and Three-Year-Old Classes (9:00 am - noon)

2 mornings/week _____ 9 payments of \$270 (\$2,430/yr) plus registration fee

3 mornings/week _____ 9 payments of \$300 (\$2,700/yr) plus registration fee

5 mornings/week _____ 9 payments of \$570 (\$5,130/yr) plus registration fee

Four-Year-Old Classes (9:00 am - noon)

3 mornings/week _____ 9 payments of \$315 (\$2,835/yr) plus registration fee

5 mornings/week _____ 9 payments of \$345 (\$3,105/yr) plus registration fee

PreK (9:00 am - noon)

5 mornings/week _____ 9 payments of \$345 (\$3,105/yr) plus registration fee

Kindergarten (9:00 am - 1:00 pm)

5 days/week _____ 9 payments of \$420 (\$3,780/yr) plus registration fee

1st Grade (8:50 am - 2:50 pm)

5 days/week _____ 10 payments of \$580 (\$5,800/yr) plus \$300 technology fee & registration fee

2nd Grade (8:50 am - 2:50 pm)

5 days/week _____ 10 payments of \$580 (\$5,800/yr) plus \$300 technology fee & registration fee



(continue 2025-2026 Tuition and Fee Agreement Form on following page)

Student's Full Name: _____

1st month tuition will be pulled via ACH AUGUST 1, 2025: Please initial _____ 

1st Month Tuition Payments not received via ACH by August 1, 2025 will forfeit placement in program.
All monthly tuition payments must be set-up through ACH account.

We agree to pay the tuition specified herein for the above student according to the payment schedule below:

- Tuition is due on the first day of each month via ACH account.
- A \$25.00 late fee will be assessed for any tuition not received via ACH by the 5th of the month.
- A \$35.00 fee will be assessed for any overdrafts via the ACH account.
- A 10% late fee will be assessed the following month to any overdue Lunch Bunch fees. If Lunch Bunch account is delinquent, parent must arrange a Pre-Payment Plan with the Director prior to signing child up for future Lunch Bunch dates. **PARENT INITIAL** _____ 
- If tuition cannot be made via ACH account, please arrange with the Director to pay via electronically at www.theoakgroveschool.org. Please note a 4% processing fee will apply.
- **FIRST AND SECOND GRADE ONLY:** Each student in first and second grade will receive a Chromebook at the start of the school year; thus, each student is required to pay a \$300 technology fee. If your child attended The Oak Grove School last year for first grade and you would like to continue using the computer received last year, you do not need to repay the technology fee this year. Please check how you would like to pay: **PARENT INITIAL** _____ 
 - My child is entering the 2nd grade and will continue to use last year's computer
 - \$300 ACH pull on July 1st
 - \$30 ACH installments for 10 months beginning August 1st

We understand that we are responsible for the tuition charged for our child to attend school. According to the Parent Handbook, we agree to provide the Director of The Oak Grove School a 30 day advance, written notice from the next billing date, of intent to withdraw a child from The Oak Grove School. If we fail to provide such notice, one month's full tuition will be due. Absence from the classroom does not constitute withdrawal from the school.

We understand that The Oak Grove School is a nonprofit organization that relies completely on tuition to pay operating expenses. If tuition payments cannot be made because of an emergency situation, we must inform the Director immediately so that a plan can be agreed upon to resolve tuition payments.

Non-payment of tuition over 30 days may result in the dismissal of the child from The Oak Grove School. Should we fail to pay the required tuition payments, the school may find it necessary to forward our account to a collection agency for payment.

We understand that the **registration fee is non-refundable**, and that our regular monthly payments, as noted above, are required for our child to remain in The Oak Grove School.

By: (Please print name) _____ Date: _____

Signature: _____



Emergency Medical Authorization 2025-2026

Child's Name: _____ Date of Birth: _____

Name of Parent(s) or Guardian(s): _____

Home Address: _____

Email Address: _____

Phone Numbers where Parent(s)/Guardian(s) may be reached while school is in session:

1st Guardian's Cell: _____ 2nd Guardian's Cell: _____ Other : _____

I _____, the parent/guardian of _____ authorize The Oak Grove School to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic tests, and the use of surgery on and/or the administration of drugs for my child in the event that an emergency medical situation occurs during school hours and when I may not be located immediately. It is understood that this agreement covers *only* those situations which are true emergencies and only if I cannot be reached. Otherwise, I expect to be notified immediately.

I will be responsible for payment of medical care expenses.

Medical treatment costs for my child are covered by:

Insurance Carrier: _____

Policy No.: _____

Name of Policy holder: _____

Child's Physician: _____

Physician Phone Number: _____

Child's Dentist: _____

Dentist Phone Number: _____

By: (Please print name) _____ Date: _____

Signature: _____



Medical Release Agreement 2025-2026

1. The Oak Grove School agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the preschool/kindergarten.
2. The parent(s)/guardian(s) authorize The Oak Grove School to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. **
3. The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after the child/student or any member of the immediate family has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening disease which must be reported immediately.

I agree with and will abide by the policies set forth in The Oak Grove School Parent Handbook.

By: (Please print name) _____ Date: _____

Signature: _____

Date Child Entered Care: _____ Date Left Care: _____

***If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s)/guardian(s) that states the objection and the reason for the objection.*

HEALTH INFORMATION GUIDELINES

In order to complete registration at The Oak Grove School, an immunization record showing up-to-date vaccinations is required for new students only. Doctors stamp or signature required.

For all children entering Kindergarten, A COMPLETED VIRGINIA SCHOOL ENTRANCE HEALTH FORM (including results of a recent physical and current immunization record) IS REQUIRED BEFORE SCHOOL BEGINS.



Say "CHEESE!" Photo & Video Release 2025-2026

Please check one box:

- I give permission for my child to be photographed or videotaped while participating in activities at The Oak Grove School. Such photographs/videos may be appropriately used by the School, or Oak Grove United Methodist Church, for publicity or educational purposes, including **social media**, printed materials, class assignments, electronic distribution and display on Oak Grove's website. Students will not be identified on social media/website; only images used.

- I give permission for my child to be photographed or videotaped while participating in activities at The Oak Grove School only for the purpose of class assignments and/or being shared with the classroom thread via Remind App.

- I DO NOT give permission for my child to be photographed or videotaped for any reason.

By: (Please print name) _____

Date: _____

Signature: _____



ACH Sign-Up 2025-2026

AUTHORIZATION AGREEMENT FOR AUTOMATIC TRANSFERS FROM PARENT'S BANK ACCOUNT TO THE OAK GROVE SCHOOL ACCOUNT (ACH DEBITS)

THE OAK GROVE SCHOOL
A ministry of Oak Grove United Methodist Church

Name: **The Oak Grove School**
472 N. Battlefield Blvd.
Chesapeake, VA 23320

Students Name: _____
(please print)

I (We) hereby authorize* The Oak Grove School, hereinafter called SCHOOL, to initiate debit entries and, if necessary, debit correction and adjustment entries to my (our) Checking Account indicated below at the depository financial institution named below, hereafter called FINANCIAL INSTITUTION, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Financial Institution Name: _____ Branch: _____

City: _____ State : _____ Zip: _____

Routing Number: _____ Account Number: _____

Total Transfer for Tuition Authorized \$ _____

Transfer date (on the 1st of each month) Start Date _____

I understand that if we use Lunch Bunch, the fees will also be debited from this account once a month.

Initial _____ Date _____ 

This authorization is to remain in full force and effect until the School has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the School and the Financial Institution a reasonable opportunity to act on it.

By: (Please print name) _____ Date: _____

Signature: _____

By: (Please print name) _____ Date: _____

Signature: _____

PLEASE PROVIDE A VOIDED CHECK (in person) TO BE KEPT ON FILE. 