



# Oak Grove Preschool & Kindergarten

1st Grade  
Student Enrollment Application  
& Pre-Registration Forms

2024-2025



# Student Pre-Registration First Grade Form 2024-2025

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:

\_\_\_\_\_  
\_\_\_\_\_

*I have read and understand/agree to abide by all the policies and procedures printed in the Oak Grove Preschool & Kindergarten Parent Handbook.*

(Print name) \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_



# Getting to Know All About You! 2024-2025

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)

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

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

I attended kindergarten at \_\_\_\_\_.

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 Oak Grove Preschool and Kindergarten, I hope:

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# Tuition & Fees Agreement 2024-2025

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

This Agreement reserves a place at Oak Grove Preschool & Kindergarten for the school year 2024-2025 at a tuition rate as follows:

**Registration Fee**    \_\_\_\_\_ \$200 Early Bird (until 02/21/2024)            \_\_\_\_\_ \$225 (starting 02/22/2024)

**All curriculum and additional supply fees are included in the tuition rates.**

**First Grade (8:50am-2:50pm)**

5 mornings/week    \_\_\_\_\_ 10 payments of \$580 (\$5800/yr )plus registration fee  
                                         \_\_\_\_\_ 10 payments of \$551 (\$5510/yr) plus registration fee (members of Oak Grove UMC)

**➔ Technology fee will be pulled via ACH July 1, 2024: Please initial \_\_\_\_\_ ➔**

**➔ 1st month tuition will be pulled via ACH AUGUST 1, 2024: Please initial \_\_\_\_\_ ➔**

**1st Month Tuition Payments not received via ACH by August 1, 2024 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 5<sup>th</sup> of the month.
- A \$35.00 fee will be assessed for any overdrafts via the ACH account.
- If tuition cannot be made via ACH account, please arrange with the Director to pay via electronically at www. Oakgroveschool-k.org. Please note a 4% processing fee will apply.

We understand that we are responsible for the tuition charged for our child to attend preschool and kindergarten. According to the Parent Handbook, we agree to provide the Director of Oak Grove Preschool & Kindergarten a 30 day advance, written notice from the next billing date, of intent to withdraw a child from Oak Grove Preschool & Kindergarten. 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 preschool.

We understand that Oak Grove Preschool & Kindergarten 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 Oak Grove Preschool & Kindergarten. 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 Oak Grove Preschool & Kindergarten.

By: (Please print name) \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# Emergency Medical Authorization 2024-2025

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:

1<sup>st</sup> Guardian's Cell: \_\_\_\_\_ 2<sup>nd</sup> Guardian's Cell: \_\_\_\_\_ Other : \_\_\_\_\_

I \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ authorize Oak Grove Preschool & Kindergarten 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 2024-2025

1. Oak Grove Preschool & Kindergarten 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 Oak Grove Preschool & Kindergarten 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 Preschool & Kindergarten 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 Oak Grove Preschool and Kindergarten, an immunization record showing up-to-date vaccinations is required for new students only. Doctors stamp or signature required.

For all children entering first grade, 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 Release 2024-2025

Please check one box:

- I give permission for my child
- I DO NOT give permission for my child

To be photographed or videotaped while participating in activities at Oak Grove Preschool & Kindergarten. Such photographs/videos may be appropriately used by the School, or Oak Grove United Methodist Church, for publicity or educational purposes, including printed materials, electronic distribution and display on Oak Grove's website.

By: (Please print name) \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



# ACH Sign-Up 2024-2025

## **AUTHORIZATION AGREEMENT FOR AUTOMATIC TRANSFERS FROM PARENT'S BANK ACCOUNT TO OAK GROVE PRESCHOOL ACCOUNT (ACH DEBITS)**

**OAK GROVE PRESCHOOL & KINDERGARTEN**  
*A ministry of Oak Grove United Methodist Church*

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

Students Name: \_\_\_\_\_  
(please print)

I (We) hereby authorize\* Oak Grove Preschool & Kindergarten, hereinafter called PRESCHOOL, 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 \_\_\_\_\_

This authorization is to remain in full force and effect until the Preschool has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the Preschool 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.**

