

<i>For office use only.</i>	Start date: _____	End date: _____
Days of attendance: _____		



3115 Dickens Avenue. Manhattan. Kansas 66503 Tel. (785) 539-7910

Website: *oakgroveschoolonline.org*

Email address: *oakgroveschool@sbcglobal.net*

Application for Enrollment

Child's name (and nickname if any): _____ (Girl / Boy)

Address: _____

Age of Child: _____ Birth date: _____

Parent/ Guardian Name: _____ E-mail: _____

Telephone: Home: _____ Work: _____ Cell: _____

Parent/ Guardian Name: _____ E-mail: _____

Telephone: Home: _____ Work: _____ Cell: _____

Two Local Emergency/Alternate Contact People (NOT parent/guardian):

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

- Application Fee: \$75
- Please indicate your choice of program (full-time or part-time) below and payment option (monthly or semi-monthly).
- Tuition will be due on the 1st and the 16th of each month. If the 1st or 16th falls on a holiday then the tuition will be due on the next working day.
- Hours of operation are **Monday through Friday, 7:30a.m. to 6:00p.m..**

Full Day

Tuition: ___ \$648 Monthly ___ \$324 Semi-Monthly

Monday/Wednesday/Friday Full day

Tuesday/Thursday Full day

Tuition: ___ \$475 Monthly
 ___ \$237.50 Semi-Monthly

Tuition: ___ \$329 Monthly
 ___ \$164.50 Semi-Monthly

- Optional:** The IRS requests that Oak Grove School collect ethnicity and race data about its students. Below, please circle the ethnicity and race of your child.

Ethnicity	Race					
Non-Hispanic or Hispanic	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White	Unknown

(over)

6. For staffing purposes please indicate approximate drop-off time _____ and pick up time _____

ANTICIPATED START DATE: _____

7. Enrollment Options. Please indicate your choice of length of your child's enrollment

- 1. _____ May
- 2. _____ August
- 3. _____ Other

Note: Enrollment is open throughout the year if there is an opening. The tuition will be prorated depending upon the enrollment date.

8. Please list three references that we could contact to learn more about your child's daycare/center experience and/or personality.

Name	Relationship to child	Telephone Number	E-mail Address

**Agreement between Oak Grove School
and the Parents of OGS Students**

I, the parent/legal guardian of _____ (child's name) agree to the following terms in order to help Oak Grove School keep its unique character as Manhattan's only parent-run preschool and child care center.

- 1. I agree to read the Oak Grove School Parent Handbook as well as the frequently asked questions on the website (oakgroveschoolonline.org) (a hard copy will be provided upon request) and follow the school's policies.
- 2. I agree to consider signing up for specific duties in order to help the school operate effectively and to be actively involved in my child's education.
- 3. I agree to pay the enrollment fee at the time of submitting the enrollment form.
- 4. I agree to pay half a month's tuition to secure my child's spot at Oak Grove. This money will be applied towards your child's first month tuition.
- 5. I agree to give one month advance notice prior to the termination of my child's enrollment in OGS.
- 6. I give permission to Oak Grove staff to call the Emergency/Alternate Contact People if they are not able to reach me.

Signed this _____ day of _____, 20____,

by _____, and _____.
(Parent/Legal Guardian) (Executive Director of OGS)