

For office use only	Start date:	End date:
Days of attendance		



3115 Dickens Avenue. Manhattan, Kansas 66503 Tel. (785) 539-7910  
 Website: [oakgroveschoolonline.org](http://oakgroveschoolonline.org) Email address: [director@oakgroveschoolonline.org](mailto:director@oakgroveschoolonline.org)  
 Hours of operation are Monday through Friday, 7:30a.m. to 6:00p.m.

## Application for Enrollment

Child's name: \_\_\_\_\_ Nickname (if any): \_\_\_\_\_

Circle one:    Girl    Boy                      Pronouns: \_\_\_\_\_

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: \_\_\_\_\_

1. Enrollment Fee: \$100
2. Please indicate your choice of program (full-time or part-time) below and payment option (monthly or semi-monthly).
  - a. Tuition will be billed in full once per month and will be due on the 1<sup>st</sup> and the 16<sup>th</sup> of each month if paid semi-weekly or paid in full on the 1<sup>st</sup>. If the 1<sup>st</sup> or 16<sup>th</sup> falls on a holiday, then the tuition will be due on the next working day. Auto-draft is available.

<b>Full Week</b>	
Tuition Billed Monthly: \$800 _____	
Semi-Monthly: \$400 _____	
<b>Monday/ Wednesday/ Friday</b>	<b>Tuesday/ Thursday</b>
Tuition Billed Monthly: \$590 _____	Tuition Billed Monthly: \$410 _____
Semi-Monthly: \$295 _____	Semi-Monthly: \$210 _____





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Dear Parents,

The information on this survey will help us get to know your child better and help us work effectively with your child. Please feel free to use additional pages or the back of this form if needed. Thank you!

1. What is your child's normal sleep/wake schedule?
  
2. How does your child act or react when tired?
  
3. Does your child nap? If yes, does your child have any sleep routines or items to help fall asleep?
  
4. What is your child's normal eating schedule?
  
5. What % of the meal does your child normally eat?
  
6. Does your child have any food allergies or dietary restrictions?
  
7. Does your child have any strong food likes or dislikes?
  
8. How does your child act when she/he gets sad, upset, angry and hurt.

9.What sort of discipline do you use at home and how often do you use it?

10.What sort of things does your child like to do most?

11.Do you read to or with your child? If so, how often?

12.Does your child watch TV, play video games, or play on the computer? If yes, what kind and how many hours per day?

13.Does your child play outdoors? If yes, how many hours per day?

14.Are there other children that live with you or spend a lot of time in your house? If so, how old are they and what sort of relationship does your child have with them?

15.Does your child spend regular or significant amount of time in a place other than your home? If so, how much time and how often?

16.Please describe your child's personality.

17.Why did you choose Oak Grove School for your child & how did you hear about us?

18.What is the most important thing we can do for your child?

19.What are some ways you would like to be involved in our school?

20. Have you ever been asked to leave a preschool or childcare center before? If yes, please explain.

21. Please list the name and phone number of the last center/school attended.

22. Does your child receive speech or OT services? If yes, please explain.

23. Do you have any concerns about your child's behavior or social skills? If yes, please explain.



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### **Photo Permission**

I, \_\_\_\_\_ Parent/Guardian of \_\_\_\_\_, give consent to Oak Grove School to have my child's photograph and/or video to be taken at school and included in any newspaper/magazine articles, the Oak Grove School website, school archives, and to be posted on the Oak Grove School Facebook page. Photos and videos will not be tagged and will not contain any personal identifiers.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **Sunscreen Permission**

I, \_\_\_\_\_ Parent/ Guardian of \_\_\_\_\_, give the teachers and/ or representatives of Oak Grove School permission to apply sunscreen to my child during school hours when necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### **Bug Spray Permission**

I, \_\_\_\_\_ Parent/ Guardian of \_\_\_\_\_, give the teachers and/ or representatives of Oak Grove School permission to apply bug spray to my child during school hours when necessary.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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### Authorized Pick Up

I, \_\_\_\_\_ Parent/ Guardian of \_\_\_\_\_, give consent to Oak Grove School to allow the following people to pick up my child.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_