

OAKTON CHRISTIAN PRESCHOOL
At Oakton United Methodist Church

ENROLLMENT PACKET

Oakton Christian Preschool
2951 Chain Bridge Road
Oakton, VA 22124
(703) 938-1233
ocp@oaktonumc.org



EMERGENCY CONTACT INFORMATION

Child's Full Name _____ DOB _____

Name of Parent(s) or Guardian: _____

Home Phone _____ Email Address _____

Mother's Cell Phone _____ Work Phone _____

Father's Cell Phone _____ Work Phone _____

When neither parent can be reached, contact (preferably local):
Relative/Friend _____ Relationship _____ Phone _____

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Persons to Whom OCP May Release Your Child*:

Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____
Name _____	Relationship _____	Phone _____

**The OCP Director must be notified via email ocp@oaktonumc.org or phone #703-938-1233 if anyone not named on this form will be picking up your child (friends' parents for playdates, visiting family members, babysitter, etc.)*

EMERGENCY MEDICAL AUTHORIZATION

I, _____, authorize Oakton Christian Preschool and its representatives to obtain immediate care and consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my child, _____, if an emergency occurs when I cannot be located immediately. It is understood that this agreement covers only those situations which are true emergencies and only when I cannot be reached. Otherwise I expect to be notified immediately. I also understand that I am responsible for payment of emergency medical care expenses.

Parent's Name (Please Print) _____

Parent's Signature _____ Date _____

Known Allergies/Medical Conditions: _____

Medical Insurance Company: _____ Insurance Phone: _____

Insurance Identification Number: _____ Group Number: _____

This information is for use during emergencies. It is important that all information is legible and is updated as needed throughout the school year.

REGISTRATION AND TUITION PAYMENT CONTRACT

Policy Statement

Acceptance of this enrollment form, payment of the registration fee, payment of the supply fee, and payment of first month's tuition assures your child a place in our program. **Without exception, the registration fee, the supply fee, and first month's tuition payment are nonrefundable.** In return, we expect that you will honor your enrollment for the full term (September 2022 - May 2023) unless you move from the community or unusual circumstances lead to a mutual agreement that dissolving the contract is the most advantageous for your child.

To cancel this contract, written notification to the Director of the preschool must be made thirty days prior to withdrawal. One month of tuition is due beyond the date of this written notice.

Annual tuition is divided into nine equal monthly payments. An advance monthly payment is due upon enrollment, in May. This nonrefundable tuition payment is the first of the nine payments. Subsequent tuition payments are due by the 5th of each month, September through April. As long as the child is enrolled, tuition must be paid whether or not the child is in attendance.

Schedule of Tuition Payments

<u>Classes</u>	<u>Nine Equal Payments</u>	<u>Total Payment for the Year</u>
2 ½ Year-Old (T & TH)	\$205	\$1,845
3-Year-Old (M, W, F)	\$285	\$2,565
Old 3/Young 4 (M, T, W, F)	\$350	\$3,150
Pre-K (M-F)	\$400	\$3,600

I have read this Parent-School contract, understand it, and agree to the school's fees. I understand that in signing this agreement, I agree for myself and my child to abide by all of the regulations and decisions of Oakton Christian Preschool (OCP), including but not limited to its Parent Handbook and fees. I further understand that should I decide to remove my child from the program, I will give thirty days' notice.

Parent/Guardian Name (Please Print) _____

Date _____ Signature _____

Name of Child _____

Child's Name _____

RELEASE OF INFORMATION

Permission to photograph my child during school activities Yes No

Permission to share photographs of my child in-house Yes No
(emails from teachers, class newsletters, school slideshows, etc.)

Permission to share photographs of my child on OCP's website/social media Yes No
(OCP will never identify a child by name online)

Permission to share email address with other OCP parents Yes No

PARENT'S STATEMENT OF ACKNOWLEDGEMENT

By signing my name below, I _____ knowingly and voluntarily
(Print your name)

Acknowledge all of the following:

A representative of the Oakton Christian Preschool program has spoken with me about the facilities, programs, and policies of the OCP program. I have received written material about the program and its physical facilities, enrollment capacity, food services, health requirements for the staff, and public liability insurance.

I understand that the OCP program in which my child(ren) is/are enrolled is religiously exempt from county and state licensing and regulation. OCP is regulated by the state of Virginia Department of Education as a Religiously Exempt Child Day Center (REDCDC) and is inspected by the local Fairfax County Fire and Health Departments annually. I have seen the facilities, indoor and outdoor, and I am satisfied with the provisions, conditions, and safety of the facilities, as they now exist.

I understand the following to be true concerning the school's financial policies:

- 1) The registration fee, the supply fee, and first tuition payment are nonrefundable.
- 2) Subsequent payments are due by the 5th of each month beginning September 2022.

My questions and concerns, if any, about the program or the special needs of my child(ren) have been discussed and resolved to my satisfaction at this time.

I do not waive any rights that I may have as a result of enrolling my child(ren) in this program.

I do hereby make application to enroll my child in Oakton Christian Preschool for the school term beginning in September 2022 and concluding in May of 2023.

Signed _____ Date _____
(Parent or legal guardian)

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Religiously Exempt Child Day Center Program Decision to Administer Medications

OCP has made the following decision regarding the administration of medications to a child.

I (or my staff) **will not** administer prescription and non-prescription medications, except for Epi-Pens.

Provider and the parent of each enrolled child must sign below. The provider must maintain a copy of this form in each child's individual record.

Provider's Name: (please print)

Raquel Corona-Parra, Director

Facility Name:

Oakton Christian Preschool

Provider's Signature:

Raquel Corona-Parra

Date:

Signed electronically on 1/12/2022

Parent's Name (Please Print):

Child(ren) Name(s):

Parent's Signature:

Date:



Child's Name _____ Nickname _____

Pronounced _____ DOB _____ Sex: Boy Girl

Mother's Name _____ Father's Name _____

Name & Ages of Sibling(s) _____

Other family members or important people your child may talk about during the school day: _____

What are the languages spoken at home? _____

Has your child been cared for by anyone other than parents? _____

Has your child previously attended preschool or a day care center? _____

Does your child use the restroom independently? _____

Does your child have any specific dislikes/fears (e.g. messy activities/water play)? _____

Does your child dislike any particular foods? _____

Does your child require any special medical care? If so, please explain: _____

Does your child have any allergies? _____

Do you have any concerns about your child's development? If so, please describe briefly:

Speech/language: _____

Social/emotional: _____

Physical/visual/hearing: _____

Cognitive: _____

Does your child have an IEP (*Individual Education Plan*)? **YES** **NO** If so, provide the office with a copy.

Current prescribed medication _____

Doctor _____ Phone _____

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PLAY EXPERIENCES

Favorite games _____

Favorite toys _____

Outdoors _____

With other children _____

Favorite books _____

Favorite TV shows _____