



1722 Oak Grove Road ♦ Decatur, Georgia 30033 ♦ 404-636-7951  
www.ogyics.org

### 2021-2022 KINDERGARTEN ADMISSION APPLICATION

*Oak Grove Young Children's School accepts students without regard to race, creed, sex, religion or national origin.*

Oak Grove Young Children's School is excited to be offering a Kindergarten class to our community. We at YCS believe that students in a Kindergarten class should not be pushed into a high-pressure environment, rather be able to learn with joy, discovery and creativity. Our developmental approach and low student-teacher ratios allow the students to reach his/her academic potential and grow as an individual.

Child's Full Name \_\_\_\_\_ Preferred Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Parent Name \_\_\_\_\_ Parent Name \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Telephone Number \_\_\_\_\_ Preferred Phone Number (please circle one): HOME MOM CELL DAD CELL

Oak Grove UMC Member? Yes  No  Family's Church Membership/Affiliation \_\_\_\_\_

Names and ages of siblings \_\_\_\_\_

Returning Student? Yes  No  (If "yes", current teacher/class) \_\_\_\_\_

Sibling of Current Student? Yes  No  (If "yes", name of sibling) \_\_\_\_\_

Sibling of Former Student? Yes  No  (If "yes", name of sibling) \_\_\_\_\_

Please List Previous School Experience: \_\_\_\_\_

Has your child received or currently receiving services from Babies Can't Wait, DeKalb, Fulton, Cobb, or Gwinnett County Schools, or any private therapist for speech, OT, or behavior? Yes  No  (If "yes", please explain.) \_\_\_\_\_

Language(s) spoken in the home: (1<sup>st</sup>) \_\_\_\_\_ (2<sup>nd</sup>) \_\_\_\_\_

**The YCS Kindergarten class will be filled on a first-come, first-served basis. Once the class is filled we will place names on a wait-list.**

**Students must be 5 years by September 1<sup>st</sup>, 2021 to be enrolled in the Kindergarten class.**

**Oak Grove Young Children's School is in session from August 2021- May 2022. Hours are 9-1:00 pm.**

**Tuition is \$475/month with a \$200 registration fee due at time of registration.**

**Acceptance letters will be mailed by March 19<sup>th</sup>. A confirmation from the parent is due back to YCS by April 16<sup>th</sup>.**

**At that time, a supply fee of \$125, August's half-tuition (\$237.50) and May, 2022's tuition (\$475) is due to hold your child's spot.**

**All payments are non-refundable and non-transferable.**

<b>PRESCHOOL OFFICE USE:</b>	DATE RECEIVED _____	CHECK NUMBER _____	CHECK AMOUNT _____	PURPOSE _____	
MEDIA RELEASE SIGNED	Yes <input type="checkbox"/> No <input type="checkbox"/>	FINANCIAL POLICY SIGNED	Yes <input type="checkbox"/> No <input type="checkbox"/>	TERMS & COND. SIGNED	Yes <input type="checkbox"/> No <input type="checkbox"/>
MEDICAL CONDITION:	Yes <input type="checkbox"/> No <input type="checkbox"/> (Specify: _____)	FOOD ALLERGY ALERT:	Yes <input type="checkbox"/> No <input type="checkbox"/> (Specify: _____)		
DIETARY RESTRICTION:	Yes <input type="checkbox"/> No <input type="checkbox"/> (Specify _____)				

Child's Name \_\_\_\_\_

*By signing below, I agree to abide by all policies and procedures, as well as periodic revisions to the policies and procedures as set forth by Oak Grove Young Children's School in its Parent Handbook as well as through other means of communication.*

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACTS**

**EMERGENCY CONTACTS:** Oak Grove YCS will always try to contact parents first in the event of an emergency. In your absence, the following people have your permission to act on your behalf to seek care or emergency treatment for your child:

Name	Home Phone	Cell Phone	Relationship to Child

**CHILD RELEASE:** By signing below, you authorize Oak Grove YCS to release your child to the following person(s):

Name	Home Phone	Cell Phone	Relationship to Child

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

**PROCEDURES FOR MEDICAL EMERGENCIES**

In case of a severe illness or injury, the Director or a member of the Preschool Office Staff will first call the DeKalb Emergency Medical Squad (911). The parents will be called to make them aware of the emergency. If the parents or emergency contact person(s) are unavailable, the Director or a Preschool Office Staff member will follow the emergency vehicle to the hospital.

If the injury is not serious enough to warrant a call to 911 but does require immediate medical attention and the parents or emergency contact cannot be reached, transportation to Children's Healthcare of Atlanta will be provided by ambulance.

All minor injuries will be handled in house. If a minor illness occurs, the parents (guardian) or emergency contact person will be contacted immediately. The child will remain in the Director's office or the classroom until dismissal or until a parent or emergency contact has arrived. If a call is placed for a parent to pick up a child due to illness, you must arrange for the child to be picked up within 30 minutes. A late fee will be applied if your child is not picked up within this time period.

**WAIVER OF LIABILITY**

It is mutually understood that in the event of an accident or illness involving my child while in the care of Oak Grove YCS, the staff shall use their best efforts to contact me. In the event I am not immediately available, the staff is authorized to secure such medical care as the situation may reasonably warrant.

It is agreed that where the school has acted in good faith to secure appropriate treatment following an accident or illness involving my child, any and all liability as might exist, is expressly waived by me, the parent or guardian.

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**AUTHORIZATION FOR CONSENT TO MEDICAL TREATMENT FOR A MINOR CHILD**

I, \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
City State

\_\_\_\_\_, do hereby state that I am the natural parent or legal guardian, having  
County

legal custody of \_\_\_\_\_ who resides with me at

Child's name

Address

Home phone

Work phone

Cell Phone

I authorize my child's teacher, the Director or the Office Staff of Oak Grove YCS, Decatur, Georgia to consent to x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or specific supervision and advice of a physician or surgeon licensed to practice medicine in the state of Georgia, when the need for such treatment is immediate and when efforts to contact either parent or guardian is unsuccessful. This authorization applies only during the hours my child is attending Oak Grove YCS. If such a situation should arise, I understand medical care, as the situation may reasonably warrant, will be secured. I do hereby indemnify and hold harmless the physician, hospital, and other persons, including Oak Grove YCS and church personnel, who act in reliance upon this authorization.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_

**MEDICAL AND ALLERGY INFORMATION**

**MEDICAL CONDITIONS:** Does your child have any chronic medical conditions?  Yes  No If yes, please explain. \_\_\_\_\_

**MEDICATIONS** taken regularly, dosage, and for what use \_\_\_\_\_

*In order for Oak Grove Young Children's School to administer any medication during the school day, a separate Authorization for the Administration of Medication form must be completed and signed by the child's pediatrician.*

**ALLERGY ALERTS:** Does your child have any allergies  Yes  No. If yes, please list allergies \_\_\_\_\_

*Oak Grove Young Children's School will require that a Food Allergy Action Plan be filed in the preschool office. The plan will require your doctor's signature and an Authorization for the Administration of Medication form if there is an epi-pen or other medicine specified in the action plan.*

**DIETARY RESTRICTIONS:** Please indicate any dietary restrictions of which the school should be aware. \_\_\_\_\_

**ACKNOWLEDGEMENT OF EXEMPTION**

- YCS is not licensed by Bright from the Start: Georgia Department of Early Care and Learning and is not required to be licensed. **By signing below I am acknowledging Oak Grove Young Children's School is an exempt facility.**

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**MEDIA INFORMATION: PHOTO/WEBSITE/DIRECTORY RELEASE**

- During the school year, pictures are taken of children and classes at OGYCS for the preschool's use only. This may include the preschool links on the church website, a teacher's web page, a brochure, the preschool yearbook, or an advertisement. By signing below, you are giving your consent which will enable the preschool to use a picture of your child for preschool purposes only, including, but not limited to the OGYCS website, brochures, yearbook, or advertisements. Student's names are never publicized.
- Further, I give OGYCS permission to print my child's name and our family's name, address, phone numbers, and e-mail address in the school directory, with the understanding that it will be for preschool family use only and not for commercial purposes.

**By signing below I hereby give consent for Oak Grove Young Children's School to use an image of my child for the purposes listed above.**

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

**CUSTODY**

If there is a separation or divorce in the family, please complete the questions below:

If separated or divorced, with which parent does the child reside? \_\_\_\_\_

Please describe the custody agreement regarding either parent visiting classes or taking the child from school on a separate sheet.

Name of Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_ Home Telephone \_\_\_\_\_

**\*\* Oak Grove Young Children's School reserves the right to request court documentation regarding custody of your child.\*\***

**FINANCIAL POLICIES**

**\*\*\*PLEASE REVIEW THE OGYCS FINANCIAL POLICIES ON PAGE 5 OF THIS APPLICATION.\*\*\***

**By signing below, I acknowledge that I have read and agree to abide by all Oak Grove Young Children's School Financial Policies and I understand that all payments are non-refundable and non-transferable.**

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_

Child's Name \_\_\_\_\_



#### OAK GROVE YOUNG CHILDREN'S SCHOOL FINANCIAL POLICIES

Oak Grove Young Children's School operates as a non-profit organization and relies on registration fees and tuition payments for operating expenses. Prompt payment of monies enables OGYCS to maintain its program with the highest quality and standards. Families whose children are currently enrolled in the 2020-2021 school year must have their accounts current in order to register for the 2021-2022 school year.

**BILLING SCHEDULE/LATE PAYMENTS/LATE FEES:** All payments are due the 1<sup>st</sup> of the month. If payments are not received by the 10<sup>th</sup>, a \$25 late fee per child will be applied. If payment is not made within 30 days your child may be considered withdrawn from OGYCS.

**REFUNDS:** All payments are non-refundable and non-transferable. No refunds will be made for short or long absences. There will be no financial credits due to illness, inclement weather, travel, or any other reason. In the case of extended absence or illness, Tuition payments must be paid to reserve a place in the class. If your child will be absent for an extended period of time, you are responsible for paying all monies due in order to retain his/her placement in our program. Failure to do so will result in forfeiture of your child's spot.

**WITHDRAWALS:** Should it become necessary to withdraw a child from Oak Grove Young Children's School, written notice to the Director or Assistant Director is required at least 30 days in advance. You will be responsible for any Tuition Payments due while your child attends OGYCS.

**RETURNED PAYMENT FEES:** When a payment is returned to the Preschool for insufficient funds, the Preschool is charged a fee by the bank, therefore there will be a fee of \$35 assessed by the Preschool for each returned check.

**PAYMENT OPTIONS:** For more information about lump sum payments or enrolling in Tuition Express, please contact the preschool office.

**\*Please keep this page for your records and reference.\***