



Oak & Lily Academy – Suffolk Campus Infants-2's Financial Agreement 2024-2025

Student Name: _____ Date of Birth/Due Date: _____

Registration Fee: \$150--Due at time of registration, non-refundable (\$75 for Active-Duty Military Families)

6 weeks – 12 months (6:30AM- 6:00PM):

Monthly Fee: \$1299

13 months – 23 months (6:30AM- 6:00PM):

Monthly Fee: \$1299
Activity Fee: \$75 (Due with 1st month's payment)
Shirt Size (circle) 2T 3T 4T

2's (6:30AM- 6:00PM):

Monthly Fee: \$1189
Activity Fee: \$100 (Due with 1st month's payment)
2's Curriculum Fee: \$75 (**Due at Registration**)
Shirt Size (circle) 2T 3T 4T

Tuition Payment:

- Tuition payments are due on the 15th of each month.

Other Fees:

- Late Payment (past the 20th of the month) - \$20
- Return Item/Payment Fee - \$20
- After 6PM closing Late Pick Up, Emergency Closure Late Pick Up, and Sick Call Late Pick Up - \$10 after the first 5 minutes, \$1 every additional minute

Discounts:

- Sibling Discount: 5% off each additional child

This agreement summarizes the procedures of Oak & Lily Academy, the services to be provided, and the fees which will be charged for these services. By signing this agreement, the parents indicate their understanding of, and agreement with, Oak & Lily Academy's policies. Registration and Curriculum fees (if applicable) are due at the time of registration and are non-refundable. These policies are non-negotiable.

Parent Signature _____



Oak & Lily Academy
Registration 2024-2025 School Year

Student Profile

Name of Child: _____ Nickname: _____

Age by Sept. 30th: _____ Date of Birth: _____ (circle) Male Female

Address: _____

Father's Name _____ Cell No. _____ Carrier _____

Email _____

Employer _____ Work No. _____

Mother's Name _____ Cell No. _____ Carrier _____

Email _____

Employer _____ Work No. _____

Child Lives With:

Other Children in family (names & ages):

Previous School or Centers:

Allergies and/or medical conditions:

Emergency Contacts and Authorized Pick-Up Persons (other than parents):

Name

Phone Number

Persons NOT allowed to pick up child: (court or legal documents stating so are required)

With my signature, I certify that all the information provided on this form is true and updated to the best of my knowledge and that I am the true legal guardian of the above. I agree not to hold Oak & Lily Academy or any of its representatives or employees at fault should my child be injured in any manner whatsoever. I give Oak & Lily Academy permission to take whatever action required in an emergency.

Parent/Custodian Signature

Date

PERMISSION TO USE IMAGE

Oak & Lily Academy uses student pictures on our Facebook page and our website. The images are used to show parents, friends, and family the activities we are participating in daily. At no time is a child singled out or identified by name. The images are not used for anything outside of the above-mentioned pages.

Please sign below acknowledging your notification of the use of image for the Facebook page and the Oak & Lily Academy website.

Student Name _____

Parent Signature _____

PERMISSION TO TEXT

I/We hereby give permission to Oak & Lily Academy to send pertinent text message (Weather, Emergency Updates) concerning the student listed below.

Student Name _____

MILITARY STATEMENT

I certify that I am Active Duty Military serving in the _____ (branch), and I am the legal parent/guardian of _____ (student's name).

I acknowledge that I have read and agree with the Parent Handbook, the Oak & Lily Sick Policy, and Oak & Lily Discipline Policy (age group specific). These documents can be found on the Oak & Lily Academy website at www.oakandlilyacademy.org under the Parent Resources tab.

I understand that to enroll my child at Oak & Lily Academy: The registration packet, a completed Tuition Express form, along with the non-refundable Registration Fee and Curriculum Fee (if applicable) are due at the time of registration. Your child's spot will not be secured until we have received these items. By the day your child starts we will need a completed School Entrance Health Form including current immunizations signed by a physician, and a copy of the birth certificate or proof of birth must be provided for your child to attend on the 1st day.

Parent/Custodian Signature

Date

Donna Davis

Director Signature