

\*\*\*Please print\*\*\*

Child #1 Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ ☐ Boy ☐ Girl

## FAMILY INFORMATION

Legal Guardian #1

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

Legal Guardian #2

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

CHILD #1 lives with ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian Special Custody Information \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Any allergies, special problems, or physical limitations of which we should be aware? \_\_\_\_\_

List any foods your child should not eat: \_\_\_\_\_

\*\*\* NOTE: If your child requires medication, a Request for Administration of Prescription of Non-Prescription must be completed. \*\*\*

## EMERGENCY CONTACT

Who can be contacted in case parent or guardian cannot be reached?

Contact 1 \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Contact 2 \_\_\_\_\_ Address \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## DAYS OF THE WEEK ATTENDING

Please checkmark the days that your child will attend.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday☐ Play Date Program

I acknowledge that the information provided is correct. Furthermore, I understand and agree that it is my responsibility to notify Oak Grove School Extended Day, in writing, of any changes to this information. I agree to waive and release the District from all losses, claims, liabilities, injuries, damages and expenses including reasonable attorneys fees, that the District may incur by reason of any injury or damage sustained as a result of any action other than the District's willful misconduct or gross negligence. The indemnification of this section shall survive the termination or completion of this Agreement.

Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only  
Teacher \_\_\_\_\_ Grade \_\_\_\_\_

# OAK GROVE SCHOOL EXTENDED DAY

# 2026-27 REGISTRATION

\*\*\*Please print\*\*\*

2<sup>nd</sup> Child

Child #2 Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_ ☐ Boy ☐ Girl

## FAMILY INFORMATION

### Legal Guardian #1

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_

### Legal Guardian #2

Full Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Employer \_\_\_\_\_ Address \_\_\_\_\_

CHILD #2 lives with ☐ Both Parents ☐ Mother ☐ Father ☐ Guardian Special Custody Information \_\_\_\_\_

Physician \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Any allergies, special problems, or physical limitations of which we should be aware? \_\_\_\_\_  
List any foods your child should not eat: \_\_\_\_\_

\*\*\* NOTE: If your child requires medication, a Request for Administration of Prescription of Non-Prescription must be completed. \*\*\*

## EMERGENCY CONTACT

Who can be contacted in case parent or guardian cannot be reached?

Contact 1 \_\_\_\_\_ Address \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Contact 2 \_\_\_\_\_ Address \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## DAYS OF THE WEEK ATTENDING

Please checkmark the days that your child will attend.

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday  
☐ Play Date Program

I acknowledge that the information provided is correct. Furthermore, I understand and agree that it is my responsibility to notify Oak Grove School Extended Day, in writing, of any changes to this information. I agree to waive and release the District from all losses, claims, liabilities, injuries, damages and expenses including reasonable attorneys fees, that the District may incur by reason of any injury or damage sustained as a result of any action other than the District's willful misconduct or gross negligence. The indemnification of this section shall survive the termination or completion of this Agreement.

Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Office Use Only  
Teacher \_\_\_\_\_ Grade \_\_\_\_\_

# OAK GROVE EXTENDED DAY

## 2026-27 PAYMENT FORM

Child(ren) Full Name(s) \_\_\_\_\_

### DEPOSIT

\$50.00 per child

### TUITION

School Dismissal - *until 6:00 pm*

- Daily - **\$30**
- Weekly - **\$150**

Early Dismissal

*from dismissal until 6:00 pm*

- Afternoon Dismissal Days - **\$32**
- Morning Dismissal Days - **\$40**

*lunch provided by the District*

Play Date Program

- Daily - **\$32**

### PAYMENT INFORMATION

- ☐ Check made payable to Oak Grove School 68  
☐ Payment made using RevTrak (online payment system)

### REGISTRATION AGREEMENT

Students registered in the Oak Grove Extended Day program are subject to the rules, policies and guidelines provided in the Parent/Student Handbook for the current school year as found on the District 68 website.

**Agreement:** I understand that the registration form is a contract for childcare for specific days and weeks and that I am liable for the cost regardless of whether or not my child attends. I agree to pay Oak Grove School District 68 my weekly tuition in advance. I understand that there is no credit given for absences, vacations, or holidays. Further, I am responsible for payment of all days and weeks that I have indicated or added. One (1) week's advance notice is required in writing to change my child's permanent schedule or withdraw from the program. I understand I am liable for these charges if one week's notice is not given for any permanent changes in scheduled attendance or withdrawal from the program.

**Payment:** Except for the first payment in August, payments are due no later than the Thursday prior to the first day of attendance for the payment period. I, the registrant, (parent or guardian who signs the form), agree to make payments to Oak Grove School District 68 no later than the due date or pay an additional \$10.00 per late payment. In the event of a payment more than one week past due, your child may be dismissed from the program. If your child is allowed to return, you will be required to make payment in full for the past-due amounts in addition to one week's tuition in advance before readmitting your child to the program.

By completing and signing the Registration Form, I the registrant, understand and agree to terms, policies and guidelines. I agree to be responsible for all costs incurred with collecting debts more than 30 days past due, including but not limited to, fees for late payments, returned payments, uncollected payment, filing fees, court costs, and attorney's fees. I acknowledge that the information provided is correct. Furthermore, I understand and agree that it is my responsibility to notify Oak Grove School Extended Day, in writing, of any changes to this information. I agree to waive and release the District from all losses, claims, liabilities, injuries, damages and expenses including reasonable attorneys fees, that the District may incur by reason of any injury or damage sustained as a result of any action other than the District's willful misconduct or gross negligence. The indemnification of this section shall survive the termination or completion of this Agreement.

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