



Preschool Financial Agreement 2026-2027

Student Name: _____ Date of Birth: _____ Age by Sept. 30: _____

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

Monthly Tuition Rates (10 monthly payments)

•**PreK3-PreK4** (3 or 4 by September 30, 2026, and fully, 100% potty trained)

Select 1 option

___6:30am-5:30pm - \$1153	**(\$11,530 –10 Month School Year Total)
___6:30am-3:30pm - \$1029	**(\$10,290 –10 Month School Year Total)
___8:30am-5:30pm - \$1013	**(\$10,130 –10 Month School Year Total)
___8:30am-3:30pm - \$865	**(\$8,650 –10 Month School Year Total)
___6:30am-1:00pm - \$832	**(\$8,320 –10 Month School Year Total)
___8:30am-1:00pm - \$633	**(\$6,330 –10 Month School Year Total)

Additional Charges (one time charge)

_____(Initial) •**Activity Fee – Due August 15th**

PreK3 - \$100

PreK4 - \$150

_____(Initial) •**Curriculum Fee – Due July 1st**

PreK3 - \$125

PreK4 - \$150

_____(Initial) •**Cap and Gown Fee – Due January 15th (will be added to January 15th tuition)**

PreK4 - \$25

Tuition Payment:

- Tuition payments are due on the 15th of each month.
- **Preschool tuition is charged in 10 monthly payments. (August 15th-May 15th)

Other Fees:

- Late Payment (past the 20th of the month) - \$35
- Return Item/Payment Fee (per return) - \$50
- Late Arrival Charge after 9:00am - \$25
- After 5:30pm closing Late Pick Up, Emergency Closure Late Pick Up, Behavior, and Sick Call Late Pick Up Fee - \$25, \$1 for each additional minute.

Discounts:

- Sibling Discount: 5% off each additional child if enrolled full time **OR**
- **A 7% discount is offered if the school year's tuition is paid by the 1st day of attendance. (Extended Care costs are not included in this discount)

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/guardians indicate their understanding of, and agreement with, Oak & Lily Academy's policies. The registration fee is due at the time of registration and is non-refundable. These policies are non-negotiable.

Parent/Guardian Signature _____



OAK & LILY
ACADEMY

Student Information

Name of Child: _____ Nickname: _____

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

Shirt Size **Wadders-Kindergarten Only** (circle) 2T 3T 4T YXS YS YM YL YXL

Street Address: _____

City: _____ State: _____ Zip Code: _____

Father's Name _____

Cell No. _____

Email _____

Cell Phone Carrier _____

Employer _____

Work No. _____

Mother's Name _____

Cell No. _____

Email _____

Cell Phone Carrier _____

Employer _____

Work No. _____

Child Lives With:

Other Children in family (names & ages):

Previous School or Centers:

Allergies, medical conditions, dietary restrictions/preferences, etc.:

Emergency Contacts/Authorized Pick Up: (2 contacts other than parents, must be over 18.)

More names can be added to pick up list by submitting names and numbers on a separate sheet attached to this packet.

Name

Phone Number

Persons NOT allowed to pick up child: (legal documentation is required)

CUSTODY ORDERS DISCLOSURE

Does the child have any current court-issued custody orders in place?

- Yes
- No

*If yes, please provide a copy of the custody order for our records when submitting this registration packet. Oak & Lily Academy must have all relevant legal documentation to ensure compliance with court directives and the safety of the child.

PERMISSION TO USE IMAGE

Oak & Lily Academy will use student photographs on our public Facebook page, private classroom Facebook pages, and official school website to share classroom and school activities and learning experiences.

Students are never identified by name or highlighted in a way that reveals personal information. Images are used only for these purposes and will not be used elsewhere without additional consent.

Note: If permission is not granted, the child's face will be discreetly obscured in any shared photos to protect privacy while allowing full participation.

Please indicate your preference and sign below:

- Yes, I give permission for my child's image to be used as described above.
- No, I do not give permission for my child's image to be used.

Parent/Guardian Signature _____

PERMISSION TO TEXT

____ (Initial) I/We hereby grant permission to Oak & Lily Academy to send text messages containing important and time-sensitive information, including but not limited to weather-related closures and emergency notifications, regarding the student listed below.

MILITARY STATEMENT

____ (Initial) I hereby certify that I am an active-duty member of the United States Armed Forces, currently serving in the _____ (Branch of Service). I further affirm that I am the legal parent and/or guardian of _____ (Student's Full Name).

ACKNOWLEDGMENT TO PROCEDURES AND POLICIES

By signing below, I acknowledge that I have read, understood, and agree to comply with the policies outlined in the following Oak & Lily Academy documents:

- ____ (Initial) OLA Parent Handbook
- ____ (Initial) OLA Sick Policy
- ____ (Initial) OLA Discipline Policy (age group specific)
- ____ (Initial) OLA Potty-Training Policy (age group specific)

These documents are available for review at any time on the Oak & Lily Academy website at www.oakandlilyacademy.org under the "Admissions" section, and in printed form in OLA's front lobby.

Furthermore, I understand that to complete enrollment and secure a placement for my child at Oak & Lily Academy, the following documents must be submitted in full. I acknowledge that my child may not begin attendance, and their spot will not be reserved until all required documents have been received by OLA:

- _____ (Initial) This registration packet, completed
- _____ (Initial) A completed Tuition Express Authorization Form
- _____ (Initial) Payment of the non-refundable registration fee
- _____ (Initial) A completed School Entrance Health Form, including a current immunization record signed by a licensed physician
- _____ (Initial) A copy of the child's official birth certificate

By signing below, I hereby certify that all information provided on this form is accurate and current to the best of my knowledge. I affirm that I am the lawful legal guardian of the child named above.

I acknowledge and accept that Oak & Lily Academy, including its owners, employees, agents, and representatives, shall not be held liable for any injury, harm, or loss sustained by my child while participating in any activity, on or off the premises, except in cases of gross negligence or willful misconduct.

Furthermore, I authorize Oak & Lily Academy to take all reasonable and necessary actions in the event of an emergency involving my child, including but not limited to obtaining medical treatment. I understand that every effort will be made to contact me prior to such action, whenever possible.

Parent/Guardian Signature

Date

Donna Davis

Director Signature

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) OAK AND LILY ACADEMY to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

We accept Visa, Mastercard, Discover and American Express. All cards will be charged a 3.5% convenience fee per transaction. ***We **DO NOT** accept Cashapp cards or Cashapp checking accounts.

COMPLETE ONLY ONE SECTION BELOW

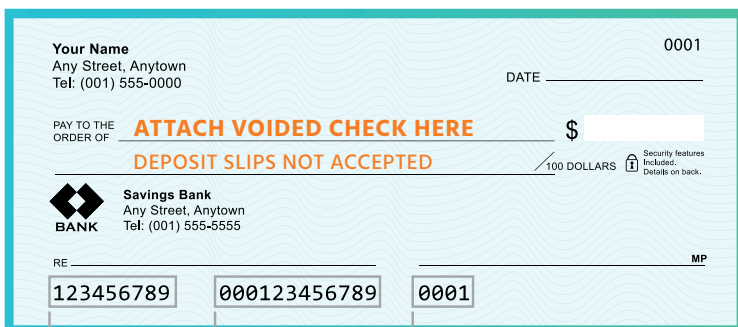
SECTION A (Credit Card) **All cards have a 3.5% convenience fee per transaction.

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date	CVV Code	
Cardholder Signature	Date		

-OR-

SECTION B (Bank Account) **No additional fees.

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER

ACCOUNT NUMBER

CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

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