

The registration fee and tuition installment, \$ 600.00 total, is **non-refundable** at any time after registration.



**Oakdale Christian Academy**  
 3425 Emory Church Road Olney, MD 20832  
 301-774-5369

<b>Office Use Only</b>	
Reg. Date _____	
<b>Fees</b>	
Registration Fee	\$100.00
Ck # _____ Amt. _____	
Tuition Installment	\$500.00
Ck# _____ Amt. _____	
Bi Yearly Tuition _____	
_____	

**KINDERGARTEN  
 2009-2010 REGISTRATION FORM**

<u>Fees &amp; Tuition</u>		<u>Tuition Payment Schedule</u>	
Application Fee	\$100.00 per child	Due at Registration	\$ 100.00 Registration Fee
Yearly Tuition	\$5700.00 per child	Due upon acceptance to OCA	\$ 500.00 Tuition Installment
		Due on/by July 15, 2009	\$ 2600.00 Bi-Yearly Tuition
		Due on/by January 15, 2010	\$ 2600.00 Bi-Yearly Tuition

Date of Application \_\_\_\_\_ Enrollment Date \_\_\_\_\_

Current Ark Student/Sibling \_\_\_\_\_ OEUMC Member \_\_\_\_\_ Alumni \_\_\_\_\_ Community \_\_\_\_\_

**Child's Name:** First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name by which your child is called \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ (Month/Day/Year) Gender of Child \_\_\_\_\_

**Address:** Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Mother/Guardian** \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_

Address (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

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

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

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

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

Occupation \_\_\_\_\_

Occupation \_\_\_\_\_

**(COMPLETE REVERSE SIDE) >>>>>>>>**

**PERSONAL INFORMATION**

Child lives with: ( )Both Parents ( )Mother ( )Father ( )Other\_\_\_\_\_

Custody Concerns: ( )Yes ( )No If yes, specify on separate paper.

Siblings:	Name	Date of Birth	Name	Date of Birth
	1. _____	_____	3. _____	_____
	2. _____	_____	4. _____	_____

Language spoken at home \_\_\_\_\_

Does your child attend religious services? \_\_\_\_Yes \_\_\_\_ No Sunday School? \_\_\_\_Yes \_\_\_\_No

Place of Worship? \_\_\_\_\_

Child's Bedtime\_\_\_\_\_ Nap Routine \_\_\_\_\_

Is this your child's first school experience? ( )Yes ( ) No

Specify: \_\_\_\_\_  
\_\_\_\_\_

Specify child's allergies: (Needing medical intervention at school)\_\_\_\_\_

Any special concerns\_\_\_\_\_

Does your child have any great fears?\_\_\_\_\_

Does your child cry easily?\_\_\_\_\_

Your child's typical mood is\_\_\_\_\_

What types of discipline techniques are used at home?\_\_\_\_\_

**Please list any concerns below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List goals for your child's kindergarten experience:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_