

OAKWOOD BAPTIST DAY SCHOOL
4315 Chestnut Street Camp Hill, PA 17011

APPLICATION FOR ENROLLMENT

SCHOOL YEAR _____

Child's Name _____

First

Middle

Last

Address _____

Street

City/Town

Zip Code

Date of Birth _____ Male _____ Female _____ Home Phone _____

Month Day Year

School District in which you reside _____ Religious Affiliation or Church you Attend _____

Mother's Name _____ Occupation _____

Employer _____ Phone _____

Work Address _____

Father's Name _____ Occupation _____

Employer _____ Phone _____

Work Address _____

With whom does child reside? Both parents _____; Mother only _____; Father only _____; Other _____ (Explain on back)

Please enroll my child in the following class:

Kindergarten (age 5 by October 1) all day _____ a.m. only _____

Pre-Kindergarten Class (ages 4 & young 5's) all day _____ a.m. only _____

Nursery Class (ages 3 & young 4's) all day _____ a.m. only _____

Summer Elementary (finished K - 3rd Grade) all day _____ a.m. only _____

2 Days (T-Th) _____ 3 Days (M-W-F) _____ All 5 Days _____ (Kindergarten MUST be all 5 Days)

Who will pick up your child? _____

(Under no circumstances will the child be voluntarily released to anyone not known to school personnel without authorization from parents or guardian.)

How did you hear about Oakwood? _____ referral _____ internet _____ phone book _____ other _____

If this application is accepted, I agree to pay my child's tuition **IN ADVANCE**. All students' accounts are due the first day of school each week for the entire school year, with the exception of Christmas break. In case of withdrawal, I will give a notice of two weeks.

I have enclosed a \$50.00 non-refundable registration fee.

Date _____ Signature _____

FOR OFFICE USE ONLY:

MED. _____ F/SH _____ P/EC _____ EIC _____ HB _____ AF _____ HPB _____