## Oakwood Baptist Day School

4315 Chestnut Street Camp Hill, PA 17011 Phone (717)737-7308 E-mail – <u>lisa.dowdrick@oakday.org</u>

## **Application For Enrollment**

Summer 2024

<u>Please print:</u>						
Child's Name						
	irst	Middle	Last			
Address						
Home Phone						
		Male	_ Female			
School district in which you reside						
Mother's Name _						
Employer / Occup	pation					
Cell Phone		Work Phone				
Father's Name						
Employer/Occupa	ation					
Cell Phone		Work Phone				
Email Address						
With whom does	the child reside	e? (please check one)				
Both Parent	sMother	Father	Other (please			
explain)						
Church you atten	d					
How did you hear	∽ r ahout Oakwor	od?				
i i chi alla you neu		···				

Please enroll my child in the following class:

Upstairs Class (3-5 year olds) all day \_\_\_\_\_ morning \_\_\_\_\_ morning with lunch \_\_\_\_\_ How many days per week? (please check one) \_\_\_\_3 \_\_\_4 \_\_\_5 Which days? (please check) \_\_\_\_ M \_\_\_ T \_\_\_W \_\_\_Th \_\_\_F Please indicate who will be permitted to pick up your child.

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

Upon acceptance into Oakwood Baptist Day School, I agree to pay my child's tuition **IN ADVANCE**. All payments are due on the first day of school each week throughout the entire school year, *regardless of illness or vacations*. In case of withdrawal, I agree to give **written** notice two weeks in advance.

I have enclosed a \$75.00 non-refundable registration fee.

Signature			Date	
Please p	rint			
Office use:	LD	KB	Student #	