

Oakwood Baptist Day School

4315 Chestnut Street Camp Hill, PA 17011

Phone (717)737-7308

E-mail – lisa.dowdrick@oakday.org

Application For Enrollment

Summer 2025

Please print:

Child's Name _____
First Middle Last

Address _____

Home Phone _____

Birthdate _____ Male _____ Female _____

School district in which you reside _____

Mother's Name _____

Employer / Occupation _____

Cell Phone _____ Work Phone _____

Email Address _____

Father's Name _____

Employer/Occupation _____

Cell Phone _____ Work Phone _____

Email Address _____

With whom does the child reside? (please check one)

____ Both Parents ____ Mother ____ Father ____ Other (please explain)

Church you attend _____

How did you hear about Oakwood? _____

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 print _____

Office use: LD _____ KB _____ Student # _____