

Oakwood Baptist Day School

4315 Chestnut Street

Camp Hill, PA 17011

Phone (717) 737-7308

E-mail – lisa.dowdrick@oakday.org

Application for Enrollment School Year _____

Child's Name _____
First Middle Last

Address _____

Home Phone _____

Birth Date _____ Male ___ Female ___

School District in which you reside _____

Mother's Name _____

Employer & Occupation _____

Cell Phone _____ Work Phone _____

Father's Name _____

Employer & Occupation _____

Cell Phone _____ Work Phone _____

With whom does the child reside? Both Parents _____

Mother only ___ Father only ___ Other ___ (explain on back)

How did you hear about Oakwood? _____

Please enroll my child in the following class:

Kindergarten All-day _____ morning only _____
(Must come all 5 days)

Pre-Kindergarten All-day _____ morning only _____
(ages 4 & young 5's)

Preschool All-day _____ morning only _____
(ages 3 & young 4's, and must be potty trained)

How many days per week? 2 ___ 3 ___ 4 ___ 5 ___

Which days? 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 \$50.00 non-refundable registration fee (Kindergarten is \$100.00 of which \$50.00 will be credited back at the end of September). You will need to pay \$10.00 for each security fob, which will be refunded when the fob is returned.

Signature _____ Date _____

Office Use Only: KB _____ LK _____ EP _____
Fob # _____ Student # _____