



Oak Tree Academy Registration Form

Date _____

Child's Name _____

Date of Birth _____ Place of Birth _____

Home Phone _____ Cell Phone _____

Address _____

Mother's Name _____ Work Phone _____

Occupation _____

Father's Name _____ Work Phone _____

Occupation _____

How did you hear about Oak Tree Academy? _____

Email address _____

I would like to enroll my child: ___ Full Days ___ M ___ T ___ W ___ Th ___ F

___ Half Days am ___ M ___ T ___ W ___ Th ___ F ___ o'clock to ___ o'clock

___ Half Days pm ___ M ___ T ___ W ___ Th ___ F ___ o'clock to ___ o'clock

Please return this form with your yearly \$100 non-refundable registration fee.
The payment and completed form guarantee placement for your child in our program.

All efforts will be made to place your child in the specific times you have selected.

Please make checks payable to Oak Tree Academy or OTA.