

Children's Enrollment Form 2018-2019  
You must fill out the form completely.  
**(A SEPARATE FORM IS REQUIRED  
FOR EACH CHILD)**



CHILD'S NAME \_\_\_\_\_ male \_\_\_\_\_ female \_\_\_\_\_

CHILD'S DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ GRADE JUST COMPLETED \_\_\_\_\_

SPECIFIC DISTRICT AND SCHOOL YOUR CHILD WILL ATTEND NEXT FALL \_\_\_\_\_

CAREGIVER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_ CELL ( ) \_\_\_\_\_  
Area code Area code Area code

EMAIL ADDRESS \_\_\_\_\_

CAREGIVER'S RELATIONSHIP TO CHILD \_\_\_\_\_

WHO IS OR WAS IN PRISON? MOM \_\_\_\_\_ DAD \_\_\_\_\_ OTHER (Please specify) \_\_\_\_\_

OFFENDER'S NAME AND FACILITY \_\_\_\_\_

(This information is required to confirm eligibility and is completely confidential)

**For statistical purposes only: Is your child eligible for free or reduced lunches? (Yes/ No)**

**For statistical purposes only: Child's ethnic background (please mark all that apply)**

- **Black/ African American**
- **Asian/ Pacific Islander**
- **White/ Caucasian**
- **Hispanic/ Latino(a)**
- **Native American/ Alaskan Native – specify tribe**

\_\_\_\_\_

- **Other race/ethnic descent – please specify**

\_\_\_\_\_

New Hope Camp Inc. uses photographs, video and audio for promotional purposes. New Hope Camp, Inc., also uses short, anonymous surveys to monitor our success. Please indicate if you give permission for your child to complete anonymous surveys or your child's likeness to be used (photo, video or audio, hereafter referred to as "likeness") please indicate below by each category. You may change your mind at any time by giving a

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written request to New Hope (see contact below.) If left blank, New Hope assumes permission is given.

My child's likeness may be used in printed material (newsletters, brochures, etc...) (yes/no) \_\_\_\_\_

My child's likeness may be used in online promotion (website, press, etc...) (yes/no) \_\_\_\_\_

My child may participate in anonymous surveys (yes/no) \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_ I give my consent for my child's name and contact information to be shared with Volunteers of America and/or Big Brothers-Big Sisters who provide mentoring programs for children who have a parent in prison.

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**Signature of parent/guardian/caregiver**

**Please return this completed enrollment form to:**

**New Hope, P.O. Box 3243 Tulsa, OK 74101-3243; phone (918) 359-9031; [brandy@newhopeoklahoma.org](mailto:brandy@newhopeoklahoma.org).**

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