

T L C Wilderness Expeditions

Tree of Life Christian Wilderness Expeditions

Enrollment Application

*Jesus Said "I have come that ye might have life
and have life more abundantly." John 10:10*

PARTICIPANT AND FAMILY INFORMATION

Participant Information

| | | | | |
|---|---|----------------------------|---------------------------------|-----------------------------|
| Name (First Middle Last Name) | | Date Received (Office Use) | Date of Enrollment (Office Use) | |
| Nickname | Gender Male <input type="checkbox"/> Female <input type="checkbox"/> | Date Application Completed | | Proposed Date of Enrollment |
| Date of Birth | Age | Birthplace | | Social Security Number |
| Is participant adopted? <input type="checkbox"/> Yes <input type="checkbox"/> No | Country of Citizenship | | Participant's Telephone Number | |
| Street Address | | City | State | Zip Code |

Demographic Information and Physical Description

| | | | | |
|---------------------------------|---------------------------|-----------------|--------------------------------|--|
| Religious Preference (optional) | Race/ethnicity (optional) | Native Language | Other languages spoken in home | |
| Height | Weight | Eye Color | Hair Color | |

Father's Information

| | | | | |
|---|--------------------|---|--------------------|-------------------------|
| Father's Full Name (First Middle Last) | | Degree of Involvement: <input type="checkbox"/> Fully Involved <input type="checkbox"/> Not Involved <input type="checkbox"/> Deceased <input type="checkbox"/> Limited Visitation <input type="checkbox"/> No Contact by Court Order | | |
| Occupation | Business Telephone | | Cellular Telephone | |
| Street Address | | Home Telephone | | Other Telephone / Pager |
| City | State | Zip Code | Fax | E-mail |
| Stepmother / Partner's Name (if Applicable) | | | Occupation | |
| Business Telephone | | Cellular Telephone | | E-mail |

Mother's Information

| | | | | |
|--|--------------------|---|--------------------|-------------------------|
| Mother's Full Name (First Middle Last) | | Degree of Involvement: <input type="checkbox"/> Fully Involved <input type="checkbox"/> Not Involved <input type="checkbox"/> Deceased <input type="checkbox"/> Limited Visitation <input type="checkbox"/> No Contact By Court Order | | |
| Occupation | Business Telephone | | Cellular Telephone | |
| Street Address <input type="checkbox"/> Same as Father Above | | Home Telephone | | Other Telephone / Pager |
| City | State | Zip Code | Fax | E-Mail |
| Stepfather / Partner's Name (if applicable) | | | Occupation | |
| Business Telephone | | Cellular Telephone | | E-Mail |

Emergency Contact Information (To Be Notified ONLY if Parents or Guardian Cannot Be Reached)

| | | | | |
|---------------------------|-------|-----------------------------|--------------------|--------------------|
| Name of Emergency Contact | | Relationship to Participant | | |
| Street Address | | Home Telephone | | Cellular Telephone |
| City | State | Zip Code | Business Telephone | E-Mail |

Name of Participant

Guardian Information (If Other Than Biological Parents and Participant is Under the Age of 18)

| | | | | |
|--|-----------------------------|-------------------------|----------|--|
| Guardian's Full Name (First Middle Last) | Relationship to Participant | Occupation | | |
| Street Address | City | State | Zip Code | |
| Home Telephone | Cellular Telephone | Other Telephone / Pager | | |
| Business Telephone | Fax | E-Mail | | |

| | | | |
|---|--------------------|--------|--|
| Guardian's Spouse / Partner (If applicable) | Occupation | | |
| Business Telephone | Cellular Telephone | E-Mail | |

Financial Sponsor Information (If Other Than Participant's Parents)

| | | | | |
|--|-----------------------------|----------|-------------------------|--------|
| Sponsor's Full Name (First Middle Last) | Relationship to Participant | | | |
| Agency / Organization Name (If Applicable) | Home Telephone | | Cellular Telephone | |
| Street Address | Business Telephone | | Other Telephone / Pager | |
| City | State | Zip Code | Fax | E-Mail |

Sibling Information (List ALL Siblings of Participant Including Half-Siblings)

| Name of Sibling | Gender | DOB | AGE | ACCEPTED? | LIVES WITH (MOTHER, FATHER, INDEPENDENTLY) |
|-----------------|--------|-----|-----|-----------|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Referral Source Information (Who Referred You to Tree of Life Christian Wilderness Expeditions)

| | | | |
|-------------------------|-----------|----------|--|
| Name of Referral Source | Title | | |
| Organization Name | Telephone | Fax | |
| Street Address | E-Mail | | |
| City | State | Zip Code | |

Information Provided By

| | | |
|------------|---|-------------|
| Print Name | Signature of Person Providing Information | Date signed |
|------------|---|-------------|

