



Child Life 101 Application

Please type or clearly print the form below. All applications must be printed out and mailed with the \$35 payment (checks only) to:

The Children's Hospital Child Life Program

Attn: Kristen Holmes

Mailbox #71

1200 Everett Dr.

Oklahoma City, OK 73104

Make checks payable to: The Children's Hospital Volunteers

In the memo section, write Child Life 101.

(This event is *nonrefundable*.)

Name: _____

School affiliation (if applicable)/level of education completed: _____

Phone: _____ Email: _____

Emergency contact name/phone number: _____

Special accommodations: _____

Dietary restrictions: _____

Adviser (or how you heard about event) _____

Their phone number/email: _____

Confirmation of accepted registration, directions and parking will be emailed. The event will be in Oklahoma City at the Children's Hospital.

For questions, please contact Kristen Holmes, CCLS

kristen.holmes@oumedicine.com

405-417-1790

Kortnie Karn, CCLS

kortie.hays@oumedicine.com

405-417-6061