



## VOCA Camp / Our Healing Circle

### Enrollment Form

**Please consider my child for the next VOCA Camp.**

Child's Name: \_\_\_\_\_

Male\_\_\_ Female\_\_\_ Birthdate: \_\_\_\_\_

Parent/Caretaker Name(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's School: \_\_\_\_\_

Has your child received sex abuse treatment counseling? Yes/No

If yes, may we contact the counselor? Yes/No

Counselor's Name: \_\_\_\_\_

Counselor's Phone: \_\_\_\_\_

Please print this form, return it to your counselor or case worker, or mail it directly to the address below.