

**Christian Educators Resource Center
Student Enrollment Form**

Print in Black Ink Only

Date of Enrollment: _____

Student Last Name	First Name	Student Birthday
Father's Name	Mother's Name	Age on 8/1
Address	City, ST Zip	
Home Phone	Cell Phone	Work Phone
Emergency Phone	Name	Relation to Student
Parent Email address	Student Email address	

						CERC USE ONLY		
						Please Initial When Completed		
Class Name	Class Code	Day/Time	Materials Fee	Teacher	Monthly Tuition	Added to Class List	Materials Fees Distributed	Quickbooks
					Total Monthly Payment		Engrade	

Special Needs or Additional Comments: