

Christian Educators Resource Center Student Enrollment Form

Print in Black Ink Only

Date of Enrollment: _____

Circle: Mr./Miss	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	Instructor	Monthly Tuition	Add/Drop Date	Added to Class List	Materials Fees Distributed	Quick books	DOE Copied
Total Monthly Payment									

Special Needs or Additional Comments:
