

Christian Educators Resource Center 2021-2022 Student Enrollment Form

Print in Black Ink Only

Date of Enrollment: _____

Student Last Name	First Name	M /F	Student Birthday
-------------------	------------	------	------------------

Father's Name	Mother's Name	Age on 8/1
---------------	---------------	------------

Address	City, ST Zip
---------	--------------

Home Phone	Cell Phone	Student's Cell 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 and Teacher Copied
Total Monthly Payment									

Special Needs or Additional Comments:

2/20