

## CERC Student Enrollment

Student Last Name	First Name	Student Birthday
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Father's Name	Mother's Name	Age on 9/1
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Address	City, ST Zip
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Home Phone	Cell Phone	Work Phone
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Emergency Phone	Name	Relation to Student
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Student Email address	Parent Email address
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					CERC Use Only		
Class Name	Class Code	Day/Time	Materials Fee	Tuition	Date Mat Fee Pd	Family Registration Amt	Date Family Registration Pd
					Listed: Y/N	Copied: Y/N	Entered: Y/N

Parent Volunteer	Position	Day/Time	Month(s)	Date Assigned	Month(s) Assigned

Special Needs or Additional Comments:	Tuition Policy	Release of Liabilities	Statement of Faith
	Volunteer Policy	Parent G/R	Student G/R

Use separate sheet for each Student