

**Christian Educators Resource Center
Student Enrollment**

Student Last Name	First Name	Student Birthday
Father's Name	Mother's Name	Age on 9/1
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		
Class Name	Class Code	Day/Time	Materials Fee	Monthly Tuition	Materials Fee Distributed	Family Enrollment Amt	SR #:
							Copied:
							Listed:
						Date of Enrollment	DB:
							QB:
							CC:

Parent/Teen Volunteer	Position	Day	Time	Volunteer Approved:	Statement of Faith:
					Release of Liabilities:
					Parent G/R:
					Student G/R:
					Tuition Policy:
					Volunteer Policy:
					Pastoral Referral Form:

Special Needs or Additional Comments: