

Christian Educators Resource Center 2020-2021 Student Enrollment Form

Print in Black Ink Only

Date of Enrollment: _____

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