

EVANGEL CHRISTIAN SCHOOL

RE-ENROLLMENT 2006-07

Re-Enrollment will not be accepted unless the Registration Fee accompanies this form.

Train up a child in the way he should go: and when he is old, he will not depart from it.
Proverbs 22: 6

GRADE ENTERING _____ BIRTHDAY _____ DATE _____

STUDENT'S NAME _____ SS# _____

FAMILY NAME _____ Father _____ Mother _____

SS# _____ SS# _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ EMAIL _____

PHONE Home _____ Father's Work _____ Mother's Work _____

For those needing Extended Day Care

I will need morning care (6:00 AM - 8:00 AM) _____ Afternoon (3:15 PM - 6:00 PM) _____ Both _____

For those entering Four Year Old Kindergarten and Five Year Old Kindergarten

I prefer classes in the AM _____ PM _____ Placement in classes will be according to space available.

I wish to enroll my kindergarten student for the full day program. I am aware that one-half of the day is academic and the other half is day care. Yes _____ No _____

For All Students

EMERGENCY INFORMATION

Emergency name and phone number of someone other than parents

1. _____
2. _____
3. _____

Medical

Doctor Name _____ Phone _____

Allergies:

1. _____
2. _____
3. _____

Allergies to medications

1. _____
2. _____
3. _____

PLEASE FILL OUT ONE RE-ENROLLMENT FORM FOR EACH CHILD.

We reserve the right to require tuition to be paid in full at the beginning of the school year. This decision will be based upon your past credit history at Evangel Christian School.