

## CCCS FAMILY RE-ENROLLMENT FORM FOR 2008-2009

Re-enrollment will only be complete and a space reserved for the below named student(s) when this form, the fee and the pastoral recommendation are returned to the Office.

*Please print all information*

**STUDENT** Last Name First Name Birth date Grade 2008/2009

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**FATHER** Last Name (if different) First Middle initial

**ADDRESS** Number Street City and Zip

**PHONE** Home Business E-mail address

**MOTHER** Last Name (if different) First Middle initial

**ADDRESS (if different)** Number Street City and Zip

**PHONE** Home (if different) Business E-mail address

**WITH WHOM DOES STUDENT RESIDE?** \_\_\_\_\_

**NAME OF CHURCH CURRENTLY ATTENDING** \_\_\_\_\_

Is this a different church than previous year? Yes \_\_\_\_\_ No \_\_\_\_\_

**ADDRESS** Number Street City and Zip

**PASTOR'S NAME** \_\_\_\_\_

### FAMILY RE-ENROLLMENT FEE SCHEDULE

(FEES ARE NON-REFUNDABLE)

GRADE	FEE PAID BY JANUARY 31, 2008	FEE PAID ON or AFTER FEBRUARY 1, 2008
Kindergarten– 12 <sup>th</sup>	\$200.00	\$300.00
Preschool – no sibling	\$100.00	\$100.00
Independent Study Program	\$75.00	\$125.00

\*Contract to be issued to (circle one): Parents/Guardians    Father    Mother    Other:

\_\_\_\_\_  
Signature of parents/guardians

Date \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_