

Registration Form

Mother's Name _____

Father's Name _____

Address _____

Address _____

City, State, Zip _____

City, State, Zip _____

Phone _____

Phone _____

Email Address _____

Do you have a home church? _____

Referred By _____

If so, where? _____

Expected Start Date _____

Child #1 _____ M/F Birthday _____ Age _____ Grade _____ Reg. Fee \$40.00

Child #2 _____ M/F Birthday _____ Age _____ Grade _____ Reg. Fee \$20.00

Child #3 _____ M/F Birthday _____ Age _____ Grade _____ Reg. Fee \$20.00

Registration fee is non-refundable

Sub-Total _____

Tuition Deposit is refundable 30 days after withdrawal
(subject to RCELC financial policies/exceptions)

Tuition Deposit _____

Check Date _____

Check # _____

Total Paid _____

Parent/Guardian Signature _____

Date _____