

Family Enrollment



Children Enrolling for School Year 20____ – 20____ :

① Last Name: _____ First Name: _____

Address: _____

Date of Birth: _____ Sex: M F Grade: _____

② Last Name: _____ First Name: _____

Address: _____

Date of Birth: _____ Sex: M F Grade: _____

③ Last Name: _____ First Name: _____

Address: _____

Date of Birth: _____ Sex: M F Grade: _____

④ Last Name: _____ First Name: _____

Address: _____

Date of Birth: _____ Sex: M F Grade: _____

☞ Father's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Fax: _____ E-mail: _____

Occupation: _____ Employer: _____

Business Phone: _____ Fax: _____ E-mail: _____

☞ Mother's Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Fax: _____ E-mail: _____

Occupation: _____ Employer: _____

Business Phone: _____ Fax: _____ E-mail: _____

Family Church: _____

Services we want from C.E.I.: _____

Enclosed is: \$25 INITIAL ENROLLMENT FEE

\$50 Annual FAMILY Membership (HI Residents)

\$75 Annual FAMILY Membership (NONresident)

Our Home School begins on: (date) _____

Parent's Signature: X _____ Date: _____