

CCS 2020-2021 Enrollment Form

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN #1

Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____

Email: _____

Church: _____

If applicable, CCS can send correspondence to non-custodial parent.

Name

Email

PARENT/GUARDIAN #2

Name: _____

Relationship to Student: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Address: _____

Email: _____

Pastor: _____

Relationship to Student

Phone Please **CIRCLE** one: HOME / CELL / WORK

List people (including carpool) who have permission to pick up your child(ren) from CCS.

Name

Name

Name

Name

Phone Please **CIRCLE** one: HOME / CELL / WORK

Phone Please **CIRCLE** one: HOME / CELL / WORK

Phone Please **CIRCLE** one: HOME / CELL / WORK

Phone Please **CIRCLE** one: HOME / CELL / WORK

List people who are considered an emergency contact for your child(ren) NOT A PARENT/GUARDIAN.

(1) Name _____

Phone _____ Please **CIRCLE** one: HOME / CELL / WORK

Relationship to Student _____

(2) Name _____

Phone _____ Please **CIRCLE** one: HOME / CELL / WORK

Relationship to Student _____

FOR OFFICE USE ONLY	
Date received	_____
Financial form	_____
Student Agreement	_____
Parental Agreement	_____
Technology Policy	_____

Parent/guardian Signature

Date