

Date: _____ Initial: _____ Time Rcvd: _____ Amount: \$ _____ Payment Form: _____

First Christian Day School
Wednesday Elective Day Enrollment Application
2022-2023

Supply Fee (to be turned in with application): \$40.00

Positions filled based on date and time the application is received, and held only upon receipt of supply fee.

Student Name: _____ DOB: _____

Age (at start of semester): _____ Male: _____ Female: _____ Grade Level Requested (K-8): _____

Primary Contact: _____ Relationship to Student: _____

Mailing Address: _____ Physical Address: _____

Home #: _____ Cell #: _____

Preferred Email address: _____

Place of Employment: _____

Employment Address: _____ Work #: _____

Secondary Contact: _____ Relationship to Student: _____

Mailing Address: _____ Physical Address: _____

Home #: _____ Cell #: _____

Preferred Email address: _____

Place of Employment: _____

Employment Address: _____ Work #: _____

If student's parents are divorced, which parent has legal responsibility? _____
(Please provide a copy of the Custodial Decree.)

FCDS T-Shirt (Included in supply fee; please circle one size.)

Youth XS Youth S Youth M Youth L Adult S Adult M Adult L Adult XL Adult XXL

Permission granted to share your contact information with other parents? Yes _____ No _____

Permission granted to use your child's photo for Facebook, website and other public forums? Yes _____ No _____

Parent/Guardian Signature: _____ Date: _____