

REGISTRATION FORM

Parent/Guardian Information

Mother's Name _____ Father's Name _____
Address _____ Address _____
City, State, Zip _____ City, State, Zip _____
Phone H C W _____ Phone H C W _____
Email _____ Email _____
Do you have a home church? Yes No Name of Church _____
Referred by _____
Expected Start Date _____

Child/ren Information

Child #1 _____ **Registration Fee¹ \$40.00**
 Male Female Birth Date ____ / ____ / ____ Age ____ Grade ____
Child #2 _____ **Registration Fee \$20.00**
 Male Female Birth Date ____ / ____ / ____ Age ____ Grade ____
Child #3 _____ **Registration Fee \$20.00**
 Male Female Birth Date ____ / ____ / ____ Age ____ Grade ____

Sub-Total \$ _____

Tuition Deposit² \$ _____

Total Paid \$ _____

Payment Method

Tuition Express Enrollment Check # _____ Check Date ____ / ____ / ____
Parent/Guardian Signature _____ Date ____ / ____ / ____



¹ Registration fee is non-refundable

² Tuition deposit is refundable 30 days after withdrawal (subject to RCEL financial policies/exceptions)