

ENROLLMENT FORM

☐ NEW ☐ RE-ENROLL

STUDENT'S NAME _____ GRADE _____

Please circle if applicable:

HALF DAY FULL DAY VPK ONLY

☐ NEW ☐ RE-ENROLL

STUDENT'S NAME _____ GRADE _____

Please circle if applicable:

HALF DAY FULL DAY VPK ONLY

☐ NEW ☐ RE-ENROLL

STUDENT'S NAME _____ GRADE _____

Please circle if applicable:

HALF DAY FULL DAY VPK ONLY

☐ NEW ☐ RE-ENROLL

STUDENT'S NAME _____ GRADE _____

Please circle if applicable:

HALF DAY FULL DAY VPK ONLY

PARENT'S NAME _____ TOTAL AMOUNT PAID \$ _____

Includes:

☐ Reg. Fee (per student)

☐ School Improvement Fee
(per family)

FORM OF PAYMENT: CASH RECEIPT # _____

CHECK CHECK # _____

ONLINE CONF. # _____

PARENT SIGNATURE _____ DATE _____

By signing this form, you are agreeing to Christ Fellowship Academy's Tuition & Fee Schedule, policies, and Terms & Conditions as recorded in cfacademy.org/policies.

**PLEASE TURN IN THIS FORM TO ACADEMY OFFICE WITH
PAYMENT ATTACHED OR AFTER PAYMENT HAS BEEN MADE ONLINE.**

You may complete this form electronically at cfacademy.org/enrollmentform

OFFICE USE ONLY

STAFF MEMBER: _____

DATE RECEIVED: _____

TIME RECEIVED: _____