



Accredited by: ACSI, ACTS & NAAS  
State of Washington Approved

## ENROLLMENT FORM

Date: \_\_\_\_\_  
 Grade Entering: \_\_\_\_\_  
 School Year: 20\_\_\_\_ / 20\_\_\_\_  
 Payment:  FACTS (attached)  
 Annual  Semester

Student Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender:  Male  Female  
MM / DD / YYYY

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student's Email: \_\_\_\_\_ Student's Cell: \_\_\_\_\_

Father/Guardian: \_\_\_\_\_ Mother/Guardian: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Home #: (\_\_\_\_) \_\_\_\_\_ Home #: (\_\_\_\_) \_\_\_\_\_

Work #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_

Cell #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status:  Married  Divorced  Widowed  Separated  Single Child resides with: \_\_\_\_\_

Non-Custodial Parent's Address: \_\_\_\_\_  
City State Zip

Name and grades(s) of other children attending CFS: \_\_\_\_\_

Information that may be helpful to the teacher: \_\_\_\_\_

### EMERGENCY & MEDIA CONSENT

If my child, \_\_\_\_\_, needs medical attention for an emergency and I cannot be reached, you have my permission to call:  
(First Name)

1. Name: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

2. Name: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

3. Name: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Childs Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

List any physical challenges and/or allergies: \_\_\_\_\_

Insurance Company Name \_\_\_\_\_ Policy Number \_\_\_\_\_ Phone Number \_\_\_\_\_

I (We), the undersigned parent(s)/legal guardian(s) of the above named child, do hereby authorize transportation to and from and participation in school-sponsored field trips and the authorities of Christian Faith School to permit its designated representative to give consent to a physician and/or hospital for emergency medical and/or surgical treatment when necessary to our son/daughter, for sustained injuries or sickness requiring emergency treatment during school hours; or, after school hours while partaking in school-sponsored activities, such as educational, social, and athletic events, provided such event or events have an authorized representative of the school present. It is understood that the school or its representative does not assume any financial responsibility for any expenses that might be incurred for said emergency treatment. It is further understood that the school authorities will notify us as soon as possible following the emergency, but in no way is treatment to be delayed until we have been notified.

I (We) give permission to Christian Faith School to publish photographs and or video of my (our) child whether in print, on the web, or any other form of media that exists now or developed in the future for the purpose of promoting Christian Faith School.

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_ Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Christian Faith School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded to students of the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarships, or athletic and other school administered programs.