



Accredited by: ACTS & NAAS
State of Washington Approved

ENROLLMENT FORM

Date: _____
Grade Entering: _____
School Year: 20____ / 20____
Payment: <input type="checkbox"/> FACTS (attached)
<input type="checkbox"/> Annual <input type="checkbox"/> 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.

33645 20th Avenue S. – Federal Way, WA 98003 – P-253.943.2500 – F-253.200.1335 – www.ChristianFaithSchool.com

Original to Registrar Copy to Teacher Copy to Accounting

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