



# Calvary Christian School

a ministry of Family Worship Center

P.O. Box 389 Paso Robles, CA 93447 • director@ccspasorobles.com • www.ccspasorobles.com • (805) 239-4809

## Application for Registration

Last Name	Father	Mother	Date
Address	City	State	Zip Code
Telephone	Cell Phone	E-mail	

Please provide information for your children who will be enrolled in C.C.S.

Name & Age:	M/F	Date of Birth	Grade Level

Please list your other children who will not be enrolled in C.C.S.

Name & Age:	M/F	Date of Birth	Grade Level	Planning to Enroll in the Future? Y/N

***\*\*Remember to attach a copy of your HSLDA membership card\*\****

**Registration Fee:** a non-refundable amount of \$75.00 for each family/year \$ \_\_\_\_\_

**Yearly Tuition/family (K-12):** \$240.00 - may be divided into 4 quarterly payments \_\_\_\_\_

**New Student Fee:** \$40.00 per student / \$120.00 maximum/family \_\_\_\_\_

**Total Enclosed:** \$ \_\_\_\_\_

I hereby request enrollment of my child/children listed above as student(s) in Calvary Christian School, and I will pay all fees and fulfill all requirements of enrollment.

\_\_\_\_\_  
*Signature of Father or Mother*

\_\_\_\_\_  
*Date*