

RE-ENROLLMENT  
EVANGEL CHRISTIAN SCHOOL

**Re-enrollment will not be accepted unless the Registration Fee accompanies this form.**

Cash \_\_\_\_\_ Check \_\_\_\_\_

*Train up a child in the way he should go, and when he is old, he will not depart from it.*  
Proverbs 22:6

**Please fill out one re-enrollment form for each child, not one for each family.**

Grade Entering: \_\_\_\_\_ Birthday: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Family Name: \_\_\_\_\_ (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

SS# \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Father (Work): \_\_\_\_\_ Mother (Work): \_\_\_\_\_

Emails (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

**For those needing Extended Day Care**

I will need Morning Care (6 AM to 8 AM) \_\_\_\_\_ Afternoon Care (3:15 PM to 6 PM) \_\_\_\_\_

**For those entering Four-Year-Old Kindergarten and Five-Year-Old Kindergarten**

I will need Half Day (8:20 AM to 11:30 AM) \_\_\_\_\_ Full Day (8:20 AM to 3 PM) \_\_\_\_\_

**For those entering the Three-Year-Old Class**

I will need the Three Day Program (Mon., Wed. Fri. 8:20 AM to 3 PM) \_\_\_\_\_

I will need the Five Day Program (Mon. to Fri. 8:20 AM to 3 PM) \_\_\_\_\_

**EMERGENCY INFORMATION (For All Students)**

Emergency name and phone number of someone other than parents.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**(Over)**

Medical:

Allergies:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Allergies to Medications:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

To assist Evangel in the mailing of a school newsletter, please provide Grandparents' names and addresses:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Name and address of the church you presently attend:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_