



**FAMILY INFORMATION**

Father's name \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Position: \_\_\_\_\_ Work phone \_\_\_\_\_

Has father personally accepted Christ as his Savior? \_\_\_\_\_ When? \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Mother's name \_\_\_\_\_ Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer \_\_\_\_\_ Position: \_\_\_\_\_ Work phone \_\_\_\_\_

Has mother personally accepted Christ as her Savior? \_\_\_\_\_ When? \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Marital status of parents: Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widow(er) \_\_\_\_\_ Single \_\_\_\_\_

If divorced, who is custodial parent? \_\_\_\_\_

**EMERGENCY INFORMATION**

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Allergies or medicines \_\_\_\_\_

Emergency (other than parent): Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency #2: Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please note: both parents (unless legally separated or divorced) or all legal guardians, must sign this form before enrollment will be considered.

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature\_\_\_\_\_  
Printed Name

Date: \_\_\_\_\_

Application should be mailed or turned in to Clear Creek Christian School, 5405 S. Rogers Street, Bloomington, IN 47403. The enrollment fee of \$200.00 (\$125.00 if paid by March 1) must accompany this form and is non-refundable once the student is enrolled. New students will be notified of admission and class placement by the principal upon completion of the enrollment process.