



Millers Creek Christian School

5100 Boone Trail – PO Box 559 – Millers Creek, NC 28651 – 336.838.2517 (office) – 336.838.2546 (fax)

MILLERS CREEK CHRISTIAN SCHOOL

Enrollment Form for **After-School**

STUDENT INFORMATION

Social Security Number: _____ School Year: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Student ID #: _____

Goes By: _____ Gender: _____

Date of Birth: _____ Race: _____

REGISTRATION INFORMATION

Check the grade your child just completed and the times for enrollment.

Pre-School

_____ Pre K2 _____ Pre K3 _____ Pre K4
_____ Full time (\$150.00 per month) _____ Drop-Ins (\$10.00 per day)

Elementary

_____ K5 _____ 1st _____ 2nd _____ 3rd _____ 4th _____ 5th
_____ Full time (\$150.00 per month) _____ Drop-Ins (\$10.00 per day)

Middle School

_____ 6th _____ 7th _____ 8th
_____ Full time (\$150.00 per month) _____ Drop-Ins (\$10.00 per day)

Attends School at: _____



Millers Creek Christian School

5100 Boone Trail – PO Box 559 – Millers Creek, NC 28651 – 336.838.2517 (office) – 336.838.2546 (fax)

MEDICAL INFORMATION

Preferred Doctor: _____

Doctor's Phone Number: _____

Preferred Dentist: _____

Dentist's Phone Number: _____

Preferred Hospital: _____

Hospital's Phone Number: _____

Insurance Provider: _____

Policy Number: _____

Does your child have any known allergies? _____ If yes, explain. _____

Does your child have any medical conditions that the school should be aware of? _____

If yes, explain. _____



Millers Creek Christian School

5100 Boone Trail – PO Box 559 – Millers Creek, NC 28651 – 336.838.2517 (office) – 336.838.2546 (fax)

PARENT INFORMATION

Family Member #1

Relation to Student: _____ Title: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____

Work Phone: _____ Extension: _____

Occupation: _____ Employer: _____

Cell Phone Number: _____ Pager Number: _____

Mailing Address: _____

Zip Code: _____ State: _____ City: _____

Home Phone Number: _____

Email: _____

Family Member #2

Relation to Student: _____ Title: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Suffix: _____



Millers Creek Christian School

5100 Boone Trail – PO Box 559 – Millers Creek, NC 28651 – 336.838.2517 (office) – 336.838.2546 (fax)

Work Phone: _____ Extension: _____

Occupation: _____ Employer: _____

Cell Phone Number: _____ Pager Number: _____

Mailing Address: _____

Zip Code: _____ State: _____ City: _____

Home Phone Number: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Please list the name, relation to student and phone number for those people allowed to pick up your child from school.

Name of Contact: _____ Relation to student: _____

Contacts phone number(s): _____

Name of Contact: _____ Relation to student: _____

Contacts phone number(s): _____

Name of Contact: _____ Relation to student: _____

Contacts phone number(s): _____



Millers Creek Christian School

5100 Boone Trail – PO Box 559 – Millers Creek, NC 28651 – 336.838.2517 (office) – 336.838.2546 (fax)

Name of Contact: _____ Relation to student: _____

Contacts phone number(s): _____

Name of Contact: _____ Relation to student: _____

Contacts phone number(s): _____

Name of Contact: _____ Relation to student: _____

Contacts phone number(s): _____

I UNDERSTAND THAT THE DEPOSIT IS NON-REFUNDABLE; THAT ALL INFORMATION ON THIS FORM IS TRUE AND ACCURATE, FALSE INFORMATION WILL RESULT IN IMMEDIATE TERMINATION; AND THAT SUBMISSION OF APPLICATION AND PAYMENT OF FEE DOES NOT GUARANTEE ACCEPTANCE.

Guardian's Signature Date Parent/Legal

Office Use: Deposit Amount: _____ Check #: _____ Receipt #: _____