

Dikaio Christian Educators Association Support Group Family Enrollment form 20__ - 20__

Father's Name _____

Mother's Name _____

Mailing Address _____ City & Zip _____

Father's Cell _____ Mother's Cell _____

E-mail Address _____

Check here if new to Dikaio Christian Educators Association

Check here if you are a returning Dikaio Family (All outstanding balances from previous school year must be paid)

Check here if you'd like to enroll in Dikaio Christian Academy (Record Keeping)

Marital Status (*circle one*): married, widowed, single, separated, divorced

Husband's Occupation _____ Company _____

Wife's Occupation _____ Company _____

Church Name _____

How long has your family been attending this church? _____

Please list all your children's names, ages, and grade levels as you would like them to appear in the yearbook.

Student Name First M.I. Last	Birth Date	Age and Grade

Registration Fees	By August 15th	Mid-Year Enrollment
DCEA Membership	\$200	\$100

Make checks payable to **Dikaio**.

Zelle

Dikaio Christian Educators Association
dikaiooffice@gmail.com

Office use only:

Membership Fee: _____ # _____

PSP: _____ # _____

Other: _____ # _____

Total: _____ # _____

Date: ____/____/____

All membership fees are due by August 15th

**If you are experiencing financial hardships, please notify the school office for scholarship options.*