



2019 – 2020 Registration

Parent's names: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Home Phone: _____ E-Mail: _____
 Mother's Cell: _____ Father's Cell: _____
 Father's Employer: _____
 Position/Title: _____
 Church affiliated with: _____

All information provided is confidential and will only be shared in our Student Directory with your consent

Student's Name	Birth Date	Grade	Check One	
			Full Time	Part Time

<u>Part Time Only - Class Selection</u>			
<u>Student</u>	<u>Class #1</u>	<u>Class #2</u>	<u>Class #3</u>

Payment options per semester (Please select one):

_____ Full (due 09/06 & 01/31) _____ Monthly (due 1st Friday of each month)

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

We agree to the payment of fees associated with Discover My Father's House and agree to pay the full tuition amount at the time of registration OR in three monthly installments. We understand that when choosing the monthly installment plan, the payment is due on the dates given and no later than one week thereafter. www.discovermyfathershouse.org

Mail completed form to: DMFH, PO Box 1656, Castle Rock, CO 80104

Registration _____ Confirmation _____ Accountant _____