



Christ Child Academy

REFER-A-FAMILY PROGRAM

REFERRAL CERTIFICATE

Prospective Student(s) Name (only one sheet per family):	
Enrollment Grade(s): (K3 through 8 th Grade) School Year:	
Prospective Parent's Name:	
Prospective Family Address:	
Prospective Family Phone Number:	
Apply Discount to:	Tuition or Annual Fund Appeal (please circle one)
Referring Family Name:	
Referring Family Phone Number:	
Apply Discount to:	Tuition or Annual Fund Appeal (please circle one)

Office Use Only

Date received in school office	
Prospective Family Name: Discount Amount:	
Referring Family Name: Discount Amount:	
<input type="checkbox"/> Registration Forms and Deposit Received	

2015-09-09