



2015-2016 MEMBERSHIP FORM

Please include a photo of your entire family (email to admin@mycla.org)

FAMILY INFORMATION

Father's Name: _____ Cell Phone No. _____

Father's Place of Employment: _____

Business Phone: _____ Marital Status: _____

Mother's Name: _____ Cell Phone No. _____

Mother's Place of Employment: _____

Business Phone: _____ Marital Status: _____

Family Home Street Address (City/ State/ Zip Code):

Primary Phone: _____ Primary E-mail: _____

Primary teacher at home with the student during school hours: _____

Church family attends (Name, City): _____

Please provide the name and telephone number of a Pastor or an Elder who knows you:

Phone: _____

REQUIREMENTS

Father has signed the CLA Statement of Faith Form: Yes No

Mother has signed the CLA Statement of Faith Form: Yes No

Both parents have signed the Parent Agreement: Yes No