

# Evaluation Registration Form

*Faith Christian Ministries*

## Instructions

1. Call for an appointment at **(865) 435-6185**
2. Print and fill out this form
3. Enclose Deposit
4. Mail to:

**FCM  
864 POPLAR CREEK ROAD  
OLIVER SPRINGS, TN 37840**

PARENT'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (AREA CODE) \_\_\_\_\_ EMAIL \_\_\_\_\_

CHILD'S NAME	TEST	RE-TEST	DATE	TIME	\$100.00 DEPOSIT PER CHILD

LOCATION? \_\_\_\_\_

DATE? \_\_\_\_\_

[see schedule](#)

TOTAL: \$ \_\_\_\_\_

\_\_\_\_\_ My check or money order is enclosed payable to FCM

\_\_\_\_\_ I charged my deposit by telephone

\_\_\_\_\_ Please charge \$ \_\_\_\_\_ to my:

Visa # \_\_\_\_\_ Discover # \_\_\_\_\_ Mastercard # \_\_\_\_\_

Expires \_\_\_/\_\_\_ . authorized

signature \_\_\_\_\_