Unity Christian School

100 East College PO Box 310 Energy, IL 62933 618-942-3802

www.ucswarriors.com



Family Registration Fee: Returning Family --- \$150*

(\$250 if received after March 31st)*

New Family --- \$250

Registration Fee is Non-Refundable.

PLEASE COMPLETE THE REGISTRATION FORM AND CONTRACT.
RETURN WITH REGISTRATION FEE TO THE SCHOOL OFFICE.
(ONE FORM PER FAMILY)

REGISTRATION 2025-2026

Parent/Guardian Names	s:		
Address:			
City, State, Zip:			
Phone #1: Ph			•
E-Mail:			
Church:			
Public School In Which	Your Child	Would A	ttend:
STUDENT NAME:			
_		Date of Birth:	
STUDENT NAME:			
Grade Enterin	g:	Date of Birth:	
STUDENT NAME:			
		Date of Birth:	
STUDENT NAME:			
		Date of Birth:	
STUDENT NAME:			
		Date of Birth:	
	FOR OFFICE	E USE ON	LY
Date Received:	Amount:		Students per Family:
Sycamore One Ca	all Email	CC	Billing Contract