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***Application for Enrollment 2016-2017***

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Male/Female)

First Middle Last

Race\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_\_\_\_\_\_

Parents/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home address

Street:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_

Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Place of Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State:\_\_\_\_ Zip\_\_\_\_\_\_\_

Place of Employment: (Spouse) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employers Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_

Financial responsibility will be assumed by:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Previous Public/Private School your child attended:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of previous school:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street, City, State, Zip

Religious Affiliation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Church Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CORNERSTONE ACADEMY**

**EMERGENCY INFORMATION LIST**

Mother/Stepmother/Guardian (Circle one)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father/Stepfather/Guardian (Circle one)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and phone number of relative or friend to call in case of emergency when parents are not available:**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name and phone number of relative or friend that is permitted to pick up your child from CCA (other than parents on application):**

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CORNERSTONE ACADEMY**

***3642 US HWY 41 N***

***BYRON, GA 31008***

***PHONE: (478) 953-9518***

**EMERGENCY MEDICAL FORM**

CHILD’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE PROVIDER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POLICY#\_\_\_\_\_\_\_\_\_\_\_\_

*In case of emergency and any attempt to contact me by Cornerstone Academy has failed, I hereby authorize the physician(s) in charge of the care of the above named child to administer treatment, or to have administered such anesthetics and perform such operations as may be deemed necessary of advisable in the diagnosis and treatment of my child.*

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street City State Zip

Please list all medical conditions.

(Ex. Drug Allergies, Diabetes, Asthma, Epilepsy, Mental or Physical disability, Learning disorder, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list all medications that your child takes on a daily basis:

Does your child require medication to be kept on school premises?

Yes\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

No\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Statement of Cooperation:***

By signing this statement, I fully understand that acceptance at Cornerstone Academy is based on record review, personal interview and enrollment space. I give permission for my child to partake in all academy activities including physical education, extra-curricular activities and school sponsored trips. I do not hold the school liable in the event my child is injured at school or during any school activity or trip.

I will participate with the schools philosophy and efforts to train my child in biblical education and in all other instruction. I understand that attendance is a privilege and not a right, and that if my child’s conduct, academic progression, or cooperation with school’s authorities is not adhered to, the school reserves the right to terminate my child’s enrollment. If the school terminates my child’s enrollment or I voluntarily withdraw my child, it is understood and accepted that no refund of registration fee or tuition will be returned.

I agree to pay all monthly tuition by the 5th of each month and understand that if I do

not, I will have to pay a $25 late fee. **A $30 service fee will be charged for any check returned for non-sufficient funds (NSF).**

A **30 day notice** is required if you choose to no longer have your child enrolled in

Cornerstone Christian Academy. Notices must be sent in writing to the school office.

I understand that Cornerstone Christian Academy does not discriminate based on race,

color, ethnicity, and/or religion*.*

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CORNERSTONE ACADEMY**

**2016-2017**

**SCHEDULE OF TUITION AND FEES**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Grade*** | ***Registration*** | ***Book*** | ***Month Tuition*** |
| ***Pre-K 3 &4*** | ***55.00*** | ***55.00*** | ***130.00*** |
| ***Kindergarten*** | ***75.00*** | ***160.00*** | ***345.00*** |
| ***1st Grade*** | ***75.00*** | ***275.00*** | ***345.00*** |
| ***2nd Grade*** | ***75.00*** | ***275.00*** | ***345.00*** |
| ***3rd Grade*** | ***75.00*** | ***275.00*** | ***345.00*** |
| ***4th Grade*** | ***75.00*** | ***275.00*** | ***345.00*** |
| ***5th Grade*** | ***75.00*** | ***275.00*** | ***345.00*** |

***PLEASE CAREFULLY READ THE INFORMATION BELOW:***

***K3 and K4 students MUST be potty trained.***

***Registration and Book Fees must be paid in full upon registering your child at Cornerstone Christian Academy.***

***Monthly payments are due on the first of each month and become past due after the fifth of each month****.*

***THE REGISTRATION AND BOOK FEES ARE NON-REFUNDABLE.***

***Discounts: (CHOOSE ONE)***

*\_\_\_\_\_Multi child (same household) tuition discount:**If you have more than one child enrolled in 1st grade through 5th grade you are entitled to a 10% discount off of one child.*

*\_\_\_\_\_If you are a member of Shady Grove Church you are entitled to a 10% discount off EACH of your child’s tuition.*

***The following document(s) must be included with your registration form:***

***1.) Georgia Certificate of Immunization (Form 3231)***

***2.) Georgia Certificate of Ear, Eye, and Dental Examination, (Form 3300)***

***According to Georgia law, these health records must be on file in order for the student to attend Cornerstone.***