



**CORNERSTONE CHRISTIAN ACADEMY
ENROLLMENT CONTRACT
2021-2022**

Early Education Codes	
EE 3-4Y/2AM	EE 4-5Y/3AM
EE 3-4Y/2DY	EE 4-5Y/5AM
	EE 4-5Y/3DY
	EE 4-5Y/5DY
	EE 5YDK/5DY

Instructions

Current families should complete this form and return it to the school office along with the enrollment fee of \$400 per student by May 1, 2021.

New families should complete this form and return it to the school office along with the enrollment fee of \$400 per student by May 1, 2021, or within two weeks of placement, whichever is later.

All families will be included in our online school directory. If you do not wish to be included, please email the school office at office@cornerstonechristian.com.

STUDENTS ENROLLING

(**Early Ed** students must also have a completed Early Education Enrollment Form on file. Early Education Codes – see top right.)

Student's Name _____	_____	_____	_____	_____	_____
Last	First	Middle		Date of Birth	2021-22 Grade
Student's Name _____	_____	_____	_____	_____	_____
Last	First	Middle		Date of Birth	2021-22 Grade
Student's Name _____	_____	_____	_____	_____	_____
Last	First	Middle		Date of Birth	2021-22 Grade
Student's Name _____	_____	_____	_____	_____	_____
Last	First	Middle		Date of Birth	2021-22 Grade
Student's Name _____	_____	_____	_____	_____	_____
Last	First	Middle		Date of Birth	2021-22 Grade

PARENTAL PERMISSION AND MEDICAL CONSENT

I authorize Cornerstone Christian Academy staff and/or representatives to administer general first aid treatment for minor injuries/illnesses incurred by my child(ren). In the event that I cannot be contacted, or if an emergency dictates, I authorize Cornerstone Christian Academy staff and/or representatives to act as in loco parentis for my child(ren) in respect to any accident or injury, which necessitates medical treatment. This medical consent form shall be in effect until revoked by parents/guardians with written notice to Cornerstone Christian Academy.

_____ Parent/Guardian Signature	_____ Date	_____ Parent/Guardian Signature	_____ Date
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ACTS 1:8 & FIELD TRIP TRANSPORTATION LIABILITY WAIVER

My student(s) has/have my permission to be transported off campus by a Cornerstone Christian Academy staff member or adult volunteer for class field trips and service day activities. Further, I am aware of the inherent risks of travel, active participation in field experiences, physically demanding work projects, and various other tasks. This Transportation Liability Waiver shall be in effect until revoked by parents/guardians with written notice to Cornerstone Christian Academy.

_____ Parent/Guardian Signature	_____ Date	_____ Parent/Guardian Signature	_____ Date
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Cornerstone Christian Academy does not discriminate against students based on race, color, nationality, ethnic origin, or either biological sex in its administration of educational policies or its scholarship, athletic or other school-administered programs.

(OVER)

