



**CORNERSTONE CHRISTIAN ACADEMY  
ENROLLMENT CONTRACT  
2020-2021**

<b>Early Education Codes</b>	
EE 3-4Y/2AM	EE 4-5Y/3AM
EE 3-4Y/2DY	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 tuition deposit of \$500 per K-12 and/or \$350 per Early Education student by May 1, 2020.

**New families** should complete this form and return it to the school office along with the tuition deposit of \$500 per K-12 and/or \$350 per Early Ed student by May 1, 2020, 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](mailto: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	2020-21 Grade
Student's Name _____	_____	_____	_____	_____	_____
Last	First	Middle		Date of Birth	2020-21 Grade
Student's Name _____	_____	_____	_____	_____	_____
Last	First	Middle		Date of Birth	2020-21 Grade
Student's Name _____	_____	_____	_____	_____	_____
Last	First	Middle		Date of Birth	2020-21 Grade
Student's Name _____	_____	_____	_____	_____	_____
Last	First	Middle		Date of Birth	2020-21 Grade

**Choose one.**

- The tuition deposit of \$500 per K-12 and/or \$350 per Early Education student is included. Check# \_\_\_\_\_
- Other payment arrangements have been made with the Student Accounts office. No check is included.

**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)

**PARTNERSHIP AGREEMENT**

We hereby agree to and support the policies as stated in the Parent-Student Handbook, available on the Cornerstone website, including the Photography Policy, Technology Resources Agreement, and Anti-Harassment Policy and understand it is our responsibility to notify administration if at any time we are unable to support the policies as stated. This Partnership Agreement shall be in effect until revoked by parents/guardians with written notice to Cornerstone Christian Academy.

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

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

\_\_\_\_\_  
Student Signature (9<sup>th</sup>-12<sup>th</sup> only)                      Date

\_\_\_\_\_  
Student Signature (9<sup>th</sup>-12<sup>th</sup> only)                      Date

\_\_\_\_\_  
Student Signature (9<sup>th</sup>-12<sup>th</sup> only)                      Date

\_\_\_\_\_  
Student Signature (9<sup>th</sup>-12<sup>th</sup> only)                      Date

**TUITION CONTRACT**

A non-refundable tuition deposit of \$500 per K-12 and/or \$350 per Early Education student is due by May 1, 2020 or within two weeks of placement for new students, whichever is later. This deposit secures each student’s placement and will be credited toward annual tuition. Students enrolling after August 1, 2020 should contact the Student Accounts Office regarding a payment plan. Should a student withdraw during the school year, a \$275/per student withdrawal fee will be deducted from any refund due in order to cover the yearly costs associated with student enrollment.

It is hereby agreed that tuition for the school year is due and payable to Cornerstone Christian Academy according to the agreed upon payment plan, once this contract has been accepted. Cornerstone Christian Academy reserves the right to deny student admission to their classes when tuition payments are delinquent as prompt payment of tuition is the foundation of the operating budget. Delinquent accounts may delay the transfer of student records.

By signing this agreement, you acknowledge that you have read and understand this contract and agree to the terms and conditions stated above, financial and otherwise, adopted by the Cornerstone Christian Academy Board of Trustees.

**Please indicate your payment plan:**

**Annual (August 1<sup>st</sup>)**

**Semester (August 1<sup>st</sup> & January 1<sup>st</sup>)**

**10-month (July 1<sup>st</sup> – April 1<sup>st</sup>)**

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

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

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**OFFICE USE ONLY**

Application Fee                      \_\_\_\_\_

Start Date \_\_\_\_\_

Tuition Deposit                      \_\_\_\_\_

Tuition Balance                      \_\_\_\_\_

Service Fee Amount                      \_\_\_\_\_

Payment Amount                      \_\_\_\_\_

Invoice Sent                      \_\_\_\_\_