

EARLY EDUCATION ENROLLMENT



CORNERSTONE
CHRISTIAN ACADEMY

Please attach a
recent photo

For Academy Use:
Date received _____
Fee Paid _____
Start Date _____

This form is to be completed by a parent/guardian of the applicant and returned to the school. An enrollment fee of \$150 must be attached. No part of this fee is refundable or applicable as advance payment of tuition or fees.

3/4-Year-Old Classes

- 2 Mornings (TF)
 2 Full Days (TF)

4/5-Year-Old Classes

- 3 Mornings (MWR)
 3 Full Days (MWR)
 5 Full Days

5 Year-Old Class

- Developmental Kindergarten

Student _____
First _____ **Middle** _____ **Last** _____

Biological Sex: Male ___ Female ___ Date of birth _____ Age _____ Preferred name _____

Race/Ethnic Designation: Hispanic/Latino _____ American Indian/Alaska Native _____ Black/African American _____
Asian _____ White _____ Native Hawaiian/Other Pacific Islander _____ 2 or more races _____ Decline to provide _____

In which public school district do you reside? _____

Father

Name _____

Street _____

City/Zip _____

Phone _____

Email #1 _____

Email #2 _____

Employer _____

Position _____ Phone _____

Mother

Name _____

Street _____

City/Zip _____

Phone _____

Email #1 _____

Email #2 _____

Employer _____

Position _____ Phone _____

Student lives with: Both parents _____ Mother _____ Father _____ Grandparents _____ Guardian _____

Custodial arrangements: Joint _____ Mother _____ Father _____ Grandparents _____ Guardian _____

Both Father and Mother listed above are considered emergency contacts and authorized for student pick up.
It is the responsibility of the parent/guardian to provide legal documentation in situations indicating otherwise.

Additional Emergency Contacts:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

