



**Parent(s)/Legal Guardian(s)**

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Work Number \_\_\_\_\_

Work Number \_\_\_\_\_

Cell Number \_\_\_\_\_

Cell Number \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Is there anyone else who you would like to preapprove for pick-up of your child(ren)? If so, who? \_\_\_\_\_

**Registration Fees**

Kindergarten Readiness \$50.00 per child (to be deducted from the first month's tuition)

Grades Jk-8 \$250.00 per child early bird discount

\$300.00 per child after June 30<sup>th</sup>

**Total Registration owing: \$\_\_\_\_\_**

**Determining Tuition**

Kindergarten Readiness

\_\_\_ Tues. AM

\_\_\_ Tues. PM

\_\_\_ Thurs. AM

\_\_\_ Thurs. PM

Grades Jk-8 (see *Fee Structure* for option descriptions and prices)

Option Selection

\_\_\_ Plan A

\_\_\_ Plan B

\_\_\_ Plan C

\_\_\_ Plan D

**As parents (legal guardians)**

- I/We recognize that Christian Education begins in the home and am striving to teach my child(ren) Godly principles.
- I/We have read the Parent Handbook in its entirety and agree to comply with its content.
- I am/We are in agreement with the Statement of Faith presented.
- I/We jointly agree that this is a legal and financially binding contract with Cornerstone Christian Academy.

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

\_\_\_\_\_  
signature

\_\_\_\_\_  
date

**Child**

Surname \_\_\_\_\_ Age \_\_\_\_\_

Given Names \_\_\_\_\_

Birth Date Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Expected Grade in September 20\_\_\_\_ (Please Circle)

K-Readiness JK SK 1 2 3 4 5 6 7 8

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

Health Conditions (allergies, medication, etc.) \_\_\_\_\_

Behavioural/Emotional Development \_\_\_\_\_

Presently Attending \_\_\_\_\_ School

Academic Performance \_\_\_\_\_ Below Average

\_\_\_\_\_ Average

\_\_\_\_\_ Above Average

\_\_\_\_\_ Do not know

Does your child have an I.E.P? Yes\_\_\_ NO\_\_\_ (if yes, please attach a copy of most recent I.E.P.)

**Child**

Surname \_\_\_\_\_ Age \_\_\_\_\_

Given Names \_\_\_\_\_

Birth Date Day \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Expected Grade in September 20\_\_\_\_ (Please Circle)

K-Readiness JK SK 1 2 3 4 5 6 7 8

Health Card Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Doctor's Phone # \_\_\_\_\_

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Behavioural/Emotional Development \_\_\_\_\_

Presently Attending \_\_\_\_\_ School

Academic Performance \_\_\_\_\_ Below Average

\_\_\_\_\_ Average

\_\_\_\_\_ Above Average

\_\_\_\_\_ Do not know

Does your child have an I.E.P? Yes\_\_\_ NO\_\_\_ (if yes, please attach a copy of most recent I.E.P.)

**Entrance Criteria**  
For Office Use Only

**Parent(s)/Legal Guardian(s)**

- Written Application Form
- Signature on the Statement of Faith / Role in Christian Ed.
- Registration Fee
- Interview                      Date: \_\_\_\_\_
- Willingness to participate in school functions
- Agreement to support the content of the Parent Handbook
- Agreement with the grade-level placements
- Birth Certificate
- Immunization Record

**Prospective Student**

- Testing
  - Name: \_\_\_\_\_                      Grade Level Placement \_\_\_\_\_
  - Name: \_\_\_\_\_                      Grade Level Placement \_\_\_\_\_
  - Name: \_\_\_\_\_                      Grade Level Placement \_\_\_\_\_
  - Name: \_\_\_\_\_                      Grade Level Placement \_\_\_\_\_
- Serviceable Needs
- Agreement to support the content of the Handbook

**Interview Team Recommendation**

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**Interview Team Signatures**