

# APPLICATION

## Cornerstone Christian Academy



### Application Procedures

1. Parent(s)/Legal Guardians will complete the **written application form**, submitting it with the **registration fees**.
2. Parent(s)/Legal Guardians will **sign the application** form agreeing to the content of the Handbook, which includes the Statement of Faith. The content of the Handbook must be discussed with children in grades 7-8.
3. A photocopy of the **Birth Certificate** and **Immunization card** will be submitted, if the child has not previously attended school.
4. Families will be contacted regarding a date for an **interview** and **grade level testing**. The interview process may be waived for returning families.
5. Upon approval by the Administration Team, **confirmation** will be sent via email, letter, or phone call. Registration fees will be returned in full should admittance be denied.

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*Cornerstone reserves the right to confirm information submitted on the application.*

**Surname** \_\_\_\_\_

**Address** \_\_\_\_\_

**Postal Code** \_\_\_\_\_ **Home Telephone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Phone:**   \_\_ *unlisted*  
              \_\_ *available for school families*  
              \_\_ *unavailable for school families*

**Email:**   \_\_ *available for school families*  
              \_\_ *unavailable for school families*

**Local Church** \_\_\_\_\_ **Pastor** \_\_\_\_\_

**Briefly describe your family's church attendance/involvement**

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

### **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 whom you would like to preapprove for pick-up of your child(ren)?

If so, who?

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## 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> (July 31  
for existing CCA families)

**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 – updated each August)

Option Selection

\_\_\_ Plan A

\_\_\_ Plan B

\_\_\_ Plan C

\_\_\_ Plan D

## As Parents (Legal Guardians)

- I am/We are aware that Cornerstone teaches Biblical truths as per the Parent & Teacher Handbook. I/We will support and not interfere with these teachings.
- I am/We are aware that children cannot be excused from Biblical Studies and am/are aware that Biblical content may be included in all areas of curriculum.
- I/We have read the Parent & Teacher 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 # \_\_\_\_\_

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.)

**Entrance Criteria**  
For Office Use Only

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

- Written Application Form
- Signature(s)
- Registration Fee
- Interview                      Date: \_\_\_\_\_
- Willingness to participate in school functions
- Agreement to support the content of the Parent & Teacher Handbook
- Agreement with the grade-level placements
- Birth Certificate (if not previously attending school)
- 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**