



**"A place where
God's Word is
heard, and
character is
formed, goals
are reached,
and high
standards of
academic
excellence are
achieved."**

Cornerstone Christian Academy

Preschool: Infants Through K4 Application

CCA PRESCHOOL APPLICATION

A. STUDENT INFORMATION

Student's Name: _____
First Middle Last

Nickname: _____ Gender: ☐ Male ☐ Female

Date of Birth: ____ / ____ / ____ Student lives with: ☐ Mother ☐ Father ☐ Both Parents

ALLERGIES: _____

MEDICATIONS: _____

B. FAMILY INFORMATION

Parent/Guardian Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Mobile: _____ Mobile Carrier: _____ Work Number: _____

Place of Employment: _____

Parent/Guardian Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Mobile: _____ Mobile Carrier: _____ Work Number: _____

Place of Employment: _____

If parents are separated, divorced, or not married, please complete this section.

Which parent has physical custody of the child? _____ ☐ Joint ☐ Sole

Is there a custody order in place by the court? ☐ Yes ☐ No If so, please provide a copy.

Please complete the following information for the parent with whom the student does not reside:

Parent/Guardian Name: _____ Relationship: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Mobile: _____ Work: _____

C. HEALTH AND MEDICAL INFORMATION

Allergies: _____

Are these allergies life threatening? ☐ Yes ☐ No If Yes, student must have an individualized healthcare plan on file.

Pediatrician: _____

Phone: _____

Are there ANY health conditions, past or present, which would restrict physical activity? (If not, reply N/A)

Is the student taking any prescription medications? ☐ Yes ☐ No

If yes, please specify medication and purpose. _____

D. DEVELOPMENTAL AND HEALTH HISTORY

Has your child ever been referred to or diagnosed by a specialist for any of the following? ☐ Yes ☐ No

☐ Attention Deficit Disorder ☐ Social or Emotional Issues

☐ Learning Disabilities ☐ Cognitive Issues

☐ Speech/Language ☐ Other (please explain) _____

If yes, please explain: _____

Has your child had any serious illness and/or hospitalizations? If so, please explain.

Does your child have any special physical conditions or disabilities? If so, please explain.

K3 students and older MUST be fully potty trained prior to enrollment.

Is your child **fully** potty trained? ☐ Yes ☐ No

(Fully potty-trained meaning- no accidents and wears underwear even at nighttime).

Any other information not indicated on this form that we need to know to properly care for your child:

E. ADMISSIONS POLICY

As parents and students consider making CCA their school of choice, the following standards and policies must be considered:

- Full cooperation is expected from both parents and students in the educational process. If the behavior and/or attitude of the student indicates an uncooperative spirit or is not aligned with the spirit and standards of CCA, regardless of whether there have been any violations of conduct, the student may be withdrawn.
- The biblical and philosophical goal of CCA is to develop students into mature, Christian individuals who will influence the world for Christ. All students are expected to exhibit the guidelines of a Christian life espoused and taught by CCA and are to refrain from activities or behaviors that are in opposition. CCA retains the right not to admit; or to withdraw any student accordingly.

F. STATEMENT OF COOPERATION & WAIVER LIABILITY

I recognize that attendance at CCA is a privilege and not a right. Parents are expected to cooperate with and support Academy staff and teachers in the education and discipline of their child(ren) both in the classroom and during other related school activities. I give permission for my child's teacher and/or other staff of the daycare to make and enforce classroom regulations in a manner consistent with Christian principles. Students shall forfeit their privilege of attending the daycare if they do not conform to the standards and way of life at the Academy. The Academy reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of the Academy, does not conform to the spirit of the Academy. I further understand that of refunds of registration fees, book fees or of the first tuition payment are prohibited.

I give permission for my child's picture/video to be used in future brochures, videotapes, DVDs or other publications of CCA or its affiliates by any photographer or videographer that takes a picture/video with my child(ren) in it, either individually or in a group.

I give permission for my child, to take part in all activities. I indemnify and save CCA, its affiliates, and employees, harmless from and against any claims, demands, causes of action, liability, medical payments, costs, and attorneys' fees resulting from or arising out of the participation by my child in activities. I understand that Cornerstone Christian Academy does not provide medical insurance coverage for my child and that I will be solely and fully responsible for any medical expenses or other liabilities incurred.

I understand that should my marital status change, it is my responsibility to have a corrected Statement of Cooperation and Waiver of Liability signed and dated and delivered to Cornerstone Christian Academy.

This Statement of Cooperation and Waiver of Liability shall remain in effect for as long as my child listed (or others to be enrolled) attends Cornerstone Christian Academy. Any reference herein to "child" shall include and refer to all the children listed, or others to be enrolled in the future.

We support the Admissions Policy and the expectations/standards of CCA and agree with its educational philosophy.

We confirm that we have disclosed all information pertaining to our child's academic, medical, and social well-being. We further acknowledge that all statements on this application are true, and any false statements could

result in my child being dismissed from CCA.

I have reviewed the information in the Parent/Student Handbook for Cornerstone Christian Academy on the website at www.ccarva.com. Having read this material, I agree with the policies and procedures outlined in handbook. I further understand that all non-compliance would constitute a breach of contract.

I understand that as the person who is enrolling the child, I take full responsibility for all tuition payments, book fees, field trips and other charges that will result from my child participating in CCA programs.

I hereby authorize CCA to transport my child to and from school or program sponsored activities and field trips.

A two-week notice is required to withdraw your child from CCA and that I am responsible for the tuition during the two weeks, even if my child does not attend. If your child is withdrawn for more than six (6) weeks, your child will have to be re-registered.

Parent/Legal Guardian Signature: _____ Date: _____

G. SECURITY PROCEDURES AND AGREEMENT

The entrance doors remain locked for the safety of staff and children. Parents are assigned key fobs to gain access during business hours (M-F 6:30 a.m. – 6 p.m.) CCA reserves the right to revoke a key fob for any reason and at any time. All other guests will need to ring the bell for access and present identification.

A \$10.00 deposit per key fob is required and upon returning the key fob, in good condition, at the time of separation from CCA, the deposit will be refunded. If there is any balance the deposit will be credited to your account.

Please report any lost or stolen key fob to the Business Administrator/Assistant Director immediately. There is a \$15.00 replacement fee. We will de-activate the key fob until it is found. Safety is the priority. Parents are responsible for key fobs assigned to your family; they are not to be given to anyone else. We want to ensure the safety of all the children in our care.

I have read the information on the uses, privileges and replacement of key fobs and agree to these requirements. I understand that the terms of this agreement can be modified at any time by CCA.

Parent Name: _____

Child's Name: _____

Signature

Date

OFFICE USE ONLY

Key Fob #: _____ User: _____ Date Returned: _____

Key Fob #: _____ User: _____ Date Returned: _____

Key Fob #: _____ User: _____ Date Returned: _____

Key Fob #: _____ User: _____ Date Returned: _____

REPLACEMENT:

Key Fob #: _____ ☐ Lost ☐ Damaged

Replacement Key Fob # _____

Key Fob #: _____ ☐ Lost ☐ Damaged

Replacement Key Fob # _____

Key Fob #: _____ ☐ Lost ☐ Damaged

Replacement Key Fob # _____

Key Fob #: _____ ☐ Lost ☐ Damaged

Replacement Key Fob # _____

H. EMERGENCY CONTACT FORM

Student's Name: _____
First Middle Last

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Date of Birth: _____ Gender: ☐ Male ☐ Female
Month/Date/Year

Allergies: _____

Medications: _____

Is there an individualized health plan on file? ☐ Yes ☐ N/A

Mother's Name: _____

Mobile: _____ Work: _____

Father's Name: _____

Mobile: _____ Work: _____

Guardian's Name: _____

Mobile: _____ Work: _____

Emergency Contact: This should be someone other than a parent. We will attempt to contact parents first.

Emergency Contact: _____ **Relationship to Child:** _____

Mobile: _____ **Work:** _____

Please list 2 people who are authorized to pick up your child. **All authorized persons must bring a picture ID.**

1. Name: _____ Relationship to Child: _____

Mobile: _____ Work: _____

2. Name: _____ Relationship to Child: _____

Mobile: _____ Work: _____

Doctor's Name: _____ Phone: _____

Emergency Authorization: In the event I am unreachable during an emergency, I hereby authorize CCA staff to contact the above listed individuals, and further give consent for the security of appropriate treatment for my son/daughter from medical personnel or a health care facility selected by CCA medical personnel or staff. In addition, I will not hold CCA or CCA staff members financially responsible for any medical fees or damages incurred in the emergency care and/or transportation of my son/daughter.

Parent/Guardian Signature: _____ Date: _____

I. STUDENT SUPPLY LIST

Infants

fitted sheet and blanket
diapers and wipes
bibs
bottles
formula
diaper cream/ointment (med. form required)

K3

2 boxes of tissues
2 containers of baby wipes
6 glue sticks
1 backpack - school size
1 child size blanket
1 twin sheet
1 box of 2-gallon storage bags
1 pack of jumbo pencils

K3/K4 uniform shirts can be purchased at Uniforms.CookiesKids.com. Enter source code "CCAES" for free shipping on orders over \$25.

Toddlers

1 boxes of jumbo crayons (8 count)
2 containers of baby wipes
1 child size blanket
1 crib sheet
2 boxes of tissues
2 complete changes of clothes
1 backpack - school size
2 large pack of pull ups (if applicable)
1 box of 2-gallon storage bags

K4

1 boxes of tissues
1 soft pack of flushable baby wipes
1 backpack school size
1 child size blanket
1 twin fitted sheet
1 set of Crayola 8 count CLASSIC washable watercolor paint
1 composition notebook
1 set of Crayola 8 count of large washable crayons

ALL students should always have 2 complete change of clothes that include:

shirt/top, pants/skirt, undershirt, socks, underwear

J. TUITION AND FEES

Non-refundable registration fee: \$50.00

\$40.00 registration renewal due August 1st of each following year

Tuition rates are weekly unless otherwise indicated

PRESCHOOL		
CLASS	WEEKLY TUITION	CURRICULUM FEE
Infants	\$215.00	-----
Toddlers	\$185.00	\$45.00
K3	\$160.00	\$70.00
K4	\$160.00	\$110.00
Summer Activity Fee	\$175.00 (one-time/non-refundable)	

All payments must be made via Tuition Express.



Automated Payment Processing Safe – Convenient – Easy

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT and CREDIT CARD*.
A 2.75% FEE APPLIES TO CREDIT CARD TRANSACTION**

☐ I (we) hereby authorize CORNERSTONE CHRISTIAN ACADEMY to initiate credit card charges to the below referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days' written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments.

☐ I (we) request an online account to make payments. I understand that I will be responsible for making timely payments and that payments will not be automatically drafted.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #
Cardholder Address	City State Zip
Account Number	Expiration Date
Cardholder Signature	Date

SECTION B (Bank Account)

Your Name	Phone #			
Address	City State Zip			
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			

For Official Use Only

Date Received
Employee Signature

A service of

