

CCA SCHOOL AGER 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: _____

PEDIATRICIAN NAME: _____ **PHONE:** _____

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, the student **must** have an individualized healthcare plan on file.

MEDICATIONS: _____

If yes, please specify dosage and purpose. _____

PEDIATRICIAN NAME: _____ **PHONE:** _____

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

Has the Applicant been tested for any of the following? Yes – indicate tests and findings below No

- | | |
|---|---|
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Attention Deficit Hypertension |
| <input type="checkbox"/> Disorder Emotional Issues | <input type="checkbox"/> Learning Disabilities |
| <input type="checkbox"/> Speech/Language | <input type="checkbox"/> Other (please explain) |

Any other information not indicated on this form needed to properly care for your child:

D. 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.

E. STATEMENT OF COOPERATION & WAIVER OF LIABILITY

I recognize that attendance at Cornerstone Christian Academy 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 Academy to make and enforce classroom regulations in a manner consistent with Christian principles. Students shall forfeit their privilege of attending the CCA if they do not conform to the standards and way of life. CCA reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of CCA, does not conform to the spirit CCA. I further understand that refunds of the registration fee, activity fees, and tuition payments are prohibited.

I permit for my child's picture/video to be used in future brochures, videotapes, DVDs, or other publications of Cornerstone Christian Academy 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 permit my child, to take part in all activities. I indemnify and save Cornerstone Christian Academy, 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.

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 about our child's 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 withdrawn.

I have received a copy of the Parent/Student Handbook (also on the website at www.ccarva.com). Having read this material, I agree with the policies and procedures outlined in the 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 registration fees, activity fees, and tuition payments, and any 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.

SUMMER PROGRAM ONLY: I acknowledge that I am financially responsible for the full 10 (ten) week program even if my child does not attend the full 10 weeks.

Parent/Legal Guardian Signature: _____ Date: _____

F. 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: _____

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. TUITION AND FEES

Non-refundable registration fee for all programs: \$50.00

Tuition rates are weekly unless otherwise indicated

BEFORE AND AFTERCARE	
BEFORE CARE	\$70.00
AFTERCARE	\$90.00
BEFORE & AFTER CARE	\$125.00

SUMMER PROGRAM	
Full-Day or Summer Program – lunch included	\$175.00
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**

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
Routing Transit Number (see sample below)	Account Number (see sample below)
Authorized Signature	Date

Checking Savings

For Official Use Only

Date Received
Employee Signature

A service of

