



Cornerstone Academy

Just the 2 of Us

Enrollment Application

Family Info

Title	First Name	Last Name	Preferred Name
Title	First Name	Last Name	Preferred Name
Address		City	Zip
Phone		Cell Phone	Marriage status
Email 1		Church Affiliation	Preferred method of contact

Student Info

Child's Full Name	Preferred Name <i>(if different)</i>		
Date of Birth	Ethnicity		
Payment is due in full upon registering for the session and is not refundable. Please indicate which session you and your child would like to attend.			
<input type="checkbox"/> Session 1	<input type="checkbox"/> Session 2	<input type="checkbox"/> Session 3	<input type="checkbox"/> Session 4
Sept 24-Nov 12	Nov 19 th – Jan 21 st	Jan 28 th – Mar 18 th	Apr 5 th – May 27 th

Legal Info

Photo/Quote Agreement:

I/We hereby grant permission for Cornerstone Academy to take photos of my/our children and use their photo or their quotations in school promotional materials. I understand that the school will not post photos with my child's name attached to the school website.

Yes No

Contact Information Published:

Please mark all items we may include in our school directory

Home phone Email Home address Kids names

Allergies

Does your child have any allergies or medical issues we need to be aware of?

Yes No

If Yes, Please describe:

Parent Involvement

I agree that an adult will accompany my child to every class and engage in the learning activities during the class time.

Yes No

Signatures

My signature below indicates that all information provided is accurate. I agree that the class fees are non-refundable.

Father/Guardian

Date

Mother/Guardian

Date

For Office Use Only		
Application Fee Rec'd	Application Processed	Class