

Cornerstone Christian Academy

Family Registration Form

(Please submit one per family)

Today's Date _____

Legal Name of Student Applying to CCA Date of Birth Age Entering Grade

Other Children in Household

Name	Age	School
------	-----	--------

--	--	--

--	--	--

Parent Information

Father

Name _____

SSN _____

Address _____

City, State _____

Zip _____

Home Phone _____

Cell Phone _____

Occupation _____

Employer _____

Work Phone _____

Work Address _____

City, State _____

Zip _____

Church Affiliation _____

Mother

Name _____

SSN _____

Address _____

City, State _____

Zip _____

Home Phone _____

Cell Phone _____

Occupation _____

Employer _____

Work Phone _____

Work Address _____

City, State _____

Zip _____

Church Affiliation _____

Marital Relationship

Natural parents are:

Married Natural Mother Deceased
Separated Natural Father Deceased
Legally Divorced

If parents are divorced or separated, who has legal custody of the child? _____

Is either parent forbidden by court order from having equal access to the child or the school records? _____

Name of legal guardian if other than parent _____

(Written documentation is required prior to enrollment)

If student does not live with natural father and mother, student lives with:

Natural mother only Natural father only Natural father only
Natural father and stepmother Guardian

Step-parent's name: _____ Occupation: _____

Business Address: _____ City _____ State _____ Zip _____

Phone Number: _____ Cell phone number: _____

Paternal Grandparents

Name _____

Address _____

City _____ State _____ Zip _____

Maternal Grandparents

Name _____

Address _____

City _____ State _____ Zip _____

List special interests or hobbies you do together as a family _____

How did you become interested in this school? _____

In your opinion, what is the purpose of a Christian school? _____

Father's Information

Father's Name _____

Church attending _____

Church address _____ Pastor _____

Member? _____

Phone _____

Why do you want your child to attend Cornerstone Christian Academy? _____

Mother's Information

Mother's Name _____

Church attending _____

Church address _____ Pastor _____

Member? _____

Phone _____

Why do you want your child to attend Cornerstone Christian Academy? _____

Parental (or Legal Guardian) Contract

IMPORTANT - PLEASE READ CAREFULLY

My signature below indicates that I have read, understand and agree with the Parental Contract. In making application for my child to attend Cornerstone Christian Academy:

- I agree to support the standards of the school in every area of its philosophy-and policies including spiritual, academic, behavioral, dress, moral, and disciplinary and to maintain the basic principles of biblical morality in my home.
- I agree to assume the responsibility for my child's education by supervising homework, being an encourager, and keeping in regular contact with my child's teachers.
- I agree to support the school to the best of my ability through attendance and participation in the various school activities an2 through prayer, time, and financial gifts.
 1. Contact a parent of the child and follow his instructions.
 2. Contact the child's physician and follow his instructions in the event neither parent can be reached.
 3. Use their own discretion to contact a properly licensed physician and follow his or her instructions if the child's physician cannot be reached.
- If, in the opinion of a properly licensed and practicing physician, my child needs medical or surgical services which require my consent before being supplied and I cannot be reached, I hereby authorize, appoint, and empower the Principal, or his designee, to furnish on my behalf such written or oral authorization as may be so required. Further, I release the Principal, or his designee, and Cornerstone Christian Academy from any liability which might arise from the giving of such authorization, it being my desire that my child be furnished with such medical or surgical services as soon as reasonably possible after the need arises.
- Cornerstone Christian Academy reserves the right to refuse any application or dismiss any child at any time for unacceptable work or conduct or any other reason it deems necessary. Neither this application nor payment of fees is considered to be binding upon Cornerstone Christian Academy.

Father's Signature

Date

Mother's Signature

Date

Cornerstone Christian Academy

Financial Agreement

For Cornerstone Christian Academy to consider accepting an application for your child to attend CCA and reserving a place for your child in the school; or reserving a place on the waiting list in the school for that child to attend CCA in that child's expected grade level; and for consideration of said school making plans to provide sufficient teachers and resources for the education of your child, WE, the parents agree to the following:

A. REGISTRATION FEE

All registration fees are NON-REFUNDABLE and NON-TRANSFERABLE, unless the school is unable to accept your child as a student because of the results of tests or for any reason given by the school, and we understand that the school has the complete discretion to refuse to accept your child as a student. It is understood by us that the filing of this application with the school is used by the school to determine the number of teachers necessary within the school and determine the commitment of other financial resources to assure that your child will receive a proper education. After the registration fees are paid, if the application is withdrawn by us as the parents of the child, for any reason, WE understand that this fee is NOT REFUNDABLE or TRANSFERABLE unless you are required by your employer to transfer from the Southeast Arkansas area.

REGISTRATION FEES WILL NOT BE REFUNDED UNDER ANY CIRCUMSTANCE ONCE THE APPLICABLE SCHOOL YEAR HAS STARTED.

B. All Application Fees are NON-REFUNDABLE and NON-TRANSFERABLE.

C. TUITION AGREEMENT

We agree to pay the tuition for grade _____ using the tuition schedule which is attached to this application and made a part hereof as if set out fully in this application and desire to use the following payment plan:

Annually

Semi-annually

Monthly

Bi-monthly

D. STUDENT FEES

All student fees will be billed at the beginning of the school year. All student fees are non-refundable and non-transferable.

Father's Signature

Date

Mother's Signature

Date

Cornerstone Christian Academy

Financial Information

PLEASE FILL OUT ALL INFORMATION (Only need to fill out ONE form per family)

Names of all students to be included on the billing statement:

Name

Grade Applying For

Check if you are faculty or staff member

Person responsible for tuition payments: (see below if more than one person)

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

We choose to pay tuition: (Circle One)

1. Annually
2. Semi-Annually
3. Monthly through Automatic Bank Draft Cash/Check
4. Bi-monthly Automatic Bank Draft Cash/Check
5. Payroll Deduction (Faculty/Staff only)

REPORT ANY CHANGES IN PAYMENT PLAN NO LATER THAN AUGUST 1ST!

If there is more than one person responsible for tuition, please fill out below:

Name _____ Amount Responsible For _____

Address _____ City _____ Zip _____

Work Phone _____ Home Phone _____

Cornerstone Christian Academy

Financial Policies

1. Tuition is paid over a 10 month period (August-May), semi-annually (August, January), annually (August).
2. If a student is withdrawn from the school for any reason other than the work related transfer of the parent, no refunds of tuition or fees are given. Parents who withdraw their child from the school, or if the Administration dismisses their child, are responsible to pay the full tuition for that year once classes have begun. Tuition is due for the entire year even if a student attends only one day of the month in which he or she leaves, unless a waiver is granted by the School Board.
3. Accounts not paid by the 25th will be considered delinquent and shall be assessed a \$15.00 late fee for that month.
4. Families with delinquent accounts will not receive report cards or transcripts until all financial obligations to CCA are paid in full.
5. Student whose parents/guardians have an outstanding financial obligation to another school, public or private, WILL NOT be permitted to start school until that obligation paid in full.

I have read Cornerstone Christian Academy's Financial Policies above and the Financial Agreement on the following page, and will comply with such.

Parent or Guardian Signature

Date

Student(s) Full Name

Grade

Cornerstone Christian Academy

Financial Policies

(IF PAYING MONTHLY)

Authorization Agreement for Draft Payments

Cornerstone Christian Academy

P.O. Box 129 Tillar AR 71670

I (we) have elected to pay tuition on a monthly basis, therefore, I (we) hereby authorize Cornerstone Christian Academy, hereinafter called COMPANY initiate debit entries to my (our) checking account indicated below and the bank named below, hereinafter called DEPOSITORY, to debit the same to such account.

DEPOSITORY/BANK

Name of Bank _____

Address _____

City _____ State _____ Zip _____

Transit / ABA Number _____

Account Number _____

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me (or either of us) of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Debit entries will be made according to tuition or account balance owed on a monthly basis, either the 5th or the 20th. Draft will continue all debts are paid in full.

Name _____ Date _____

(Please Print)

Signature _____ Signature _____

PLEASE ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS FORM