



**STUDENT INFORMATION**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Class Applied For:  3yr Old  3 ½ - 4yr Old  Pre-K

**FAMILY INFORMATION**

**Father's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status:  Married  Separated  Widow  Divorced  Single

If divorced, indicate custody arrangement:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Joint: \_\_\_\_\_

Name of Stepmother if applicable: \_\_\_\_\_

Church Attending: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Marital Status:  Married  Separated  Widow  Divorced  Single

If divorced, indicate custody arrangement:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Joint: \_\_\_\_\_

Name of Stepfather if applicable: \_\_\_\_\_

Church Attending: \_\_\_\_\_

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**NONDISCRIMINATION STATEMENT**

Cornerstone Christian Academy of DeKalb County Inc. (CCA) admits students of any race, sex, national, or ethnic origin. Each student is given all possible rights, privileges, programs, and available activities. CCA does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

**EXTENDED CARE**

Extended Care is available from 6:30 a.m. until school begins and after school until 6:00 p.m. There is an additional cost of \$5.00/hour that is billed once a month. A late fee will be assessed for every 15 minutes after 6:00 p.m.

**ADDITIONAL INFORMATION**

Returning students/families are given priority if enrolled by March 1, 2018 after which classes will be filled on a first-come, first-serve basis.

We recommend that each family carry their own insurance to help cover costs in case of an accident during the school day. CCA provides student accident insurance for school-related accidents. This coverage is for excess expenses not covered by the student’s primary medical insurance.

My signature indicates that I am responsible for the tuition and any other school-related expenses incurred during this school year. I also agree to support the teachings of CCA’s Statement of Faith and Philosophy of Education

My child has permission to take an aspirin-free pain reliever                      YES                      NO

\_\_\_\_\_  
Signature of Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Date

FOR OFFICE USE		
Date Rec'd _____	Application Fee Rec'd _____	Deposit Rec'd _____