



**CORNERSTONE  
CHRISTIAN ACADEMY**

STUDENT'S  
NAME \_\_\_\_\_

PARENT'S  
NAME (S) \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP  
CODE \_\_\_\_\_

HOME  
PHONE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

AGE \_\_\_\_\_

GRADE  
ENTERING \_\_\_\_\_

GENDER

M

F

FATHER'S  
WORK # \_\_\_\_\_

MOTHER'S  
WORK # \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

INSURANCE  
COMPANY: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_



- \$50 deposit required to sign up
- Pool Pass \$35 (One-time fee)
- **Daily rate:** \$33.00 (8:30 a.m. – 3:00 p.m.)

**Please enter the dates your child will be attending:**

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- **Weekly rate:** \$155 (M-F) (8:30 a.m. – 3:00 p.m.)
- \$10 discount for additional siblings per week.

**Please enter the weeks your child will be attending:**

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### **PAYMENT METHODS**

Checks should be made payable to: Cornerstone Christian Academy  
CCA accepts all major credit cards as well as 4-C payments

**DAILY CHILDCARE FEES FOR MORNING AND AFTER CARE WILL BE BILLED AT \$5.00 PER HOUR  
*IN ORDER TO PROVIDE FOR ADEQUATE STAFFING, PLEASE INDICATE HOURS  
YOU WILL BE USING MORNING/AFTERCARE:***

***ARRIVAL:*** \_\_\_\_\_

***PICK-UP:*** \_\_\_\_\_

#### **OFFICE USE ONLY:**

\_\_\_\_\_ Deposit Paid

\_\_\_\_\_ Pool Pass Paid



• **FIELD TRIP AUTHORIZATION**

- I give permission for my child, \_\_\_\_\_, to participate in the field trip(s) I/we have enrolled him/her in. I/we understand that the day camp will be taking weekly field trips in the area. I/we understand all field trips will be billed to my account.
- I/we absolve the school, and its agents (including parent drivers) from all liability in the event of an accident. I also give permission for emergency medical treatment to be given to my child if necessary.

Parent  
Signature

Date

\_\_\_\_\_

**HOPKINS PARK AND POOL**

• **FIELD TRIP AUTHORIZATION**

- I give permission for my child, \_\_\_\_\_, to participate in the field trip to Hopkins Park and Pool. I understand there will be a onetime fee of \$35 per child to attend the pool during camp.
- I/we absolve the school, and its agents (including parent drivers) from all liability in the event of an accident. I also give permission for emergency medical treatment to be given to my child if necessary.

Parent  
Signature

Date

\_\_\_\_\_



• **SUMMER CAMP QUESTIONNAIRE**

Please fill out this questionnaire about your child and return it with the application.

Childs name:

1. Favorite color?
  
2. Favorite and least favorite snack
  
3. What are they interested in?
  
4. Favorite toy/hobbies?
  
5. Favorite place to visit?
  
6. What are some major dislikes?
  
7. Favorite sports team?
  
8. Favorite cartoon character?
  
9. Favorite ice cream flavor?
  
10. Additional information:

- **Summer Camp T-Shirt**



The students will be required to wear the shirts on field trip days. The shirts will be color coordinated according to what team they are in.

**Child's Name:** \_\_\_\_\_

Please circle one:

Youth: x-small small medium large

Adult: x-small small medium large x-large other:



## **EMERGENCY CONTACT AUTHORIZED PICK-UP**

Please list below anyone who you would like us to contact in case of an emergency. To ensure the safety of your child we are requesting the names of people who will be picking them up from school in the event mom or dad are unable to pick up. Please list below anyone who will be allowed to pick up your child. If a person's name is not on this list, they will not be allowed to leave with your child.

Child's Name \_\_\_\_\_

1. \_\_\_\_\_

Phone: \_\_\_\_\_

2. \_\_\_\_\_

Phone: \_\_\_\_\_

3. \_\_\_\_\_

Phone: \_\_\_\_\_

4. \_\_\_\_\_

Phone: \_\_\_\_\_

5. \_\_\_\_\_

Phone: \_\_\_\_\_

**List any allergies your child has or medication your child takes below.**

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