

Cornerstone Christian School Camp Cornerstone 2017 APPLICATION

Date: _____ Grade Entering: _____ Age: _____

Student Name: _____

Address: _____

Mother's Name: _____

Father's Name: _____

Phone: _____ Home
_____ Work
_____ Cell

Emergency Contact Person and Number if You Cannot be Reached:

Any Allergies or Medical Concerns: _____

Attach a separate sheet if emergency plan is needed

Please list the weeks you wish to attend and pay only the registration fee. Weekly fees will be due on the Monday of the week you are attending.

Registration fee: \$35 for one child and \$50 for a family

Signature: _____

