CORNERSTONE
CHRISTIAN SCHOOL
WWW.CORNERSTONECHRISTIANSCHOOL.US

2018/2019
REGISTRATION FORM

CHILD'S NAME____
First Middle Last

BIRTHDATE: _________________ Age as of Sept. 30, 2018 _________ GRADE entering ________

IEP/504 PLAN * Yes ____ No ____* please provide copy to the office

PRESCHOOL: ___ FULL DAY (8:30-3:00) **OR** ___ HALF DAY (8:30-12:00) [__ 5 days __ 3 days]

MOTHER'S NAME____

Address:____ Home Phone: __________________

City/Zip____ Work Phone:___________________

Email: ____

FATHER'S NAME____

Address:____ Home Phone: __________________

City/Zip____ Work Phone:___________________

Email: ____

I/we hereby request that my child be registered for the **2018/2019** school year. Should admission for the **2018/2019** year not be granted, the full registration fee will be returned; otherwise, it is non-refundable. Returning parents are assured of priority for available spaces **if registration fee and completed registration form** are received by March 31, 2018.

The registration fee for **2018/2019** is $100.00. Parents who register prior to April 1 will receive a $25.00 discount with a fee of $75.00. Maximum registration fee per family is $200.00. Monthly tuition will be payable beginning **August 1, 2018** with the last payment **May 1, 2019**.
Registrations will be accepted on a first come first serve basis.

Signature____________________________________Date________________________

For planning purposes please indicate your main choice for after school release:

BUS__________ CAR PICK-UP__________ EXTENDED CARE_______

REFERRED BY:____

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OFFICE USE ONLY

REGISTRATION _________ BOOK FEE _________ BUILDING FUND _________ TUITION _________