

CORNERSTONE CHRISTIAN ACADEMY

355 N. Cross Street
Sycamore, IL 60178
Phone: (815) 895-8522 Fax: (815) 895-8717



- Christ-centered •
- Committed to Academic Excellence •
- Non-denominational •

RE-ENROLLMENT APPLICATION

2007/2008

Returning students/families are given priority if enrolled by February 28, 2007 after which classes will be filled on first-come, first-serve basis. A \$35 application fee must be turned in with this form unless tuition is paid in full prior to March 1, 2007. Anyone wishing to hold a position for their child in a class is required to submit a \$250 deposit, which is non-refundable, and will be applied towards your child's tuition. **In order to ensure adequate planning time for faculty & curriculum supplies, re-enrollment fees will be \$70 per student (with a \$150 maximum family fee) after June 1, 2007.** *Teacher requests must be made in writing no later than June 1st. No guarantees will be made regarding placement.*

Cornerstone Christian Academy admits students of any race, sex, and national or ethnic origin to all rights, privileges, programs, and activities generally accorded or made available to CCA students. We do not discriminate on any basis in the administration of our educational policies, admission procedures, scholarship programs, and athletic or other school-administered programs. We do, however, reserve the right to deny admission to any individual who cannot benefit by the experience based on past academic achievement or whose personal life style is not in harmony with the stated philosophy and purpose of Cornerstone Christian Academy.

STUDENT INFORMATION:

Date: _____ Social Security Number: _____

Student's Full Name: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____

Age: _____ Date of Birth: _____ Grade Applied For: _____

FAMILY INFORMATION:

Father's Name _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____

Mother's Name _____

Place of Employment: _____ Work Phone: _____

Cell Phone: _____

Family E-mail Address: _____

Marital Status:

Married and Living Together: _____ Widow(er): _____

Divorced: _____ Remarried: _____

Custodial Parent: _____

Church Affiliation: _____

EXTENDED CARE/MISC

Extended Care is available from 6:30am until school begins at 8:00am and after school from 3:30pm until 6:00pm. The cost is \$3.50 per hour and billed once a month. A late fee will be assessed for every 15 min after 6:00pm.

Please indicate the e-mail address where the billing for Extended Care and any miscellaneous items may be sent.

E-mail: _____

If you do not have access to e-mail or wish to receive a paper bill indicate by writing "send paper bill."

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

Textbooks are issued each school year to each of the children, some to be returned during or at the end of the school year. They will be returned in the same condition as when issued, allowing for normal wear. If a book is lost, damaged or defaced, we understand that we will pay for that book. We recommend that each family carry their own insurance to help cover costs in case of an accident during the school day. I understand that the school will not carry medical coverage on my child(ren). I also understand that all medical insurance coverage is my own responsibility. We also agree to support the teachings of CCA's Statement of Faith and Philosophy of Education.

Parent/Guardian: _____

Please include addresses of grandparents, friends, etc. that you wish to receive a copy of the CCA newsletter and special invitations to events such as Grandparents Day and to acknowledge major events such as birthdays and anniversaries.

NAME _____
ADDRESS: _____
PHONE: _____
EMAIL: _____
OCCUPATION: _____
BIRTHDAY: _____ **ANNIVERSARY:** _____

RELATIONSHIP TO STUDENT:

GRANDPARENT EXT. FAMILY FAMILY FRIEND

NAME _____
ADDRESS: _____
PHONE: _____
EMAIL: _____
OCCUPATION: _____
BIRTHDAY: _____ **ANNIVERSARY:** _____

RELATIONSHIP TO STUDENT:

GRANDPARENT EXT. FAMILY FAMILY FRIEND

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