

Below is a list of items that are required for your child's permanent school record upon enrollment.

Student Name _____ Grade _____

- _____ CCS Application for Enrollment
- _____ CCS Emergency Card
- _____ CCS Consent to Medical Treatment
- _____ Copy of Original Birth Certificate
- _____ Copy of Social Security Card
- _____ Original copy of the Commonwealth of KY Immunization Certificate **(the expiration date must be on the certificate)**
- _____ CCS Consent for Publishing: Photo Release - Media - Email
- _____ CCS Tuition Agreement Payment Form
- _____ CCS Electronic Information Resource Acceptable Use Policy (signature required) K5 & Up Only
- _____ CCS Anti-bullying Form

If Applicable:

- _____ K5: Preventative Health Care Examination
- _____ 1st Grade: Eye Exam
- _____ 6th Grade: Preventative Health Care Examination

Required registration fee must be included with the enrollment application. If you have any questions, please call the school office at (606) 862-0509.

Tuition Payment Form

2020 – 2021

OFFICE USE ONLY

| | | |
|---------------------------|------|-------------|
| Registration Fee | Paid | YES or NO |
| Payment Type Cash-Check/# | | Credit card |
| Book Fee | Paid | YES or NO |
| Payment Type Cash-Check/# | | Credit Card |

Student Name(s) _____

Payer Name (s): _____

Address: _____

Home Phone: _____ Email Address: _____

Payment Plan

- ☐ Payment in full Single payment due on or before August 1st, 2020
- ☐ 10 Monthly Payments Automatic bank drafts on the 1st or 15th, beginning August 2020 to May 2021
- ☐ 12 Monthly Payments Automatic bank drafts on the 1st or 15th, beginning August 2020 to July 2021
- ☐ 20 Semi-Monthly Payments Automatic bank drafts on the 1st *and* 15th, beginning August 2020
- ☐ 24 Semi-monthly Payments Automatic bank drafts on the 1st *and* 15th, beginning August 2020
- Day of automatic bank draft (ACH): ☐ 1st of month or ☐ 15th of month
- Include Lunch in ACH: _____ NO _____ YES (balance at time of ACH will be deducted)
- Include After School Care in ACH: _____ NO _____ YES (balance at time of ACH will be deducted)
- Down Payment Option: \$ _____ down payment amount intended.

You may make an initial down payment by August 1st, 2020 paid directly to Cornerstone, reducing your future monthly payments. Your remaining balance will be processed through automatic bank draft.

All accounts are to be paid in full by July 31st, 2021. An Overdraft fee of \$30.00 will apply for non-sufficient funds (NSF).

Authorization Agreement for Direct Deposits (ACS)

I hereby authorize Cornerstone Christian School FIN 61-1222167, hereinafter called CCS, to initiate debit entries to my account indicated below at the depository financial institution, hereafter called bank, and to debit the same to such account. Applicable NSF charges of \$30.00 will apply for returned ACH or checks. I acknowledge the origination of ACH transactions to my account much comply with provisions of U.S. Law.

☐ New Bank Setup ☐ Modify existing banking information on file ☐ Reuse existing information on file

Bank Name: _____ Account Type Check one ☐ Checking ☐ Savings

Address: _____ City _____ State _____ Zip _____

Routing Number: _____ Account Number: _____

Please Enclose / Attach a Voided Check

Name (s) _____ Date: _____

Signature (s) _____ Date: _____

APPLICATION FOR ATTENDANCE

CORNERSTONE CHRISTIAN SCHOOL

P.O. Box 848, London, KY 40743 -70 Boggs Rd. - Phone: 606-862-0509 Fax: 606-862-4902

PRESCHOOL CLASS: _____

Application School Year: 2020-2021

DATE: _____

APPLICANT INFORMATION:

Applicant Name: _____

Date of Birth: _____ Gender: Male or Female (circle)

SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Does the applicant have any physical or emotional problems which require special medication or special accommodation? _____

If yes, explain: _____

Does the applicant have any allergies that require special medication: _____ If yes, please list allergies: _____

* CCS admits students without regard to race, color, national or ethnic origin.

* Due to funding and staff limitation, CCS may not be able to accommodate all applicants' needs

FAMILY INFORMATION:

MOTHER/GUARDIAN: _____

SS# _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Employer: _____

Work Phone: _____ Cell #: _____

Accepted Jesus Christ as Personal Savior: _____

Denominational Preference: _____

FATHER/GUARDIAN: _____

SS#: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Employer: _____

Work Phone: _____ Cell #: _____

Accepted Jesus Christ as Personal Savior: _____

Denominational Preference: _____

Legal Custody of Child: (Please Circle) Both Parents Mother Father

Other (Please specify): _____

Student Lives With: (Please Circle) Both Parents Mother Father

Other (Please specify): _____

Briefly, explain why you desire to enroll your child at CCS: _____

How did you hear about CCS? _____

Name of person who referred you: _____

Does this person attend CCS? _____

CORNERSTONE CHRISTIAN SCHOOL

Cornerstone Christian School's mission is to develop students with a heart for God who grow as Jesus did "...in wisdom and in stature and in favor with God and man." - Luke 2:52

Parent Agreement

In signing this Statement of Enrollment & Financial Agreement, I agree that:

1. **STUDENT PLACEMENT:** I request that CCS reserve a place for my student for the entire school year or the remainder of the year, if my student enters after the beginning of the school year. I understand that all students are admitted on a probationary period of six (6) weeks.
2. **ACCEPTANCE:** Acceptance will not become official until CCS has received all fees, documents, forms, required testing has been completed, and an interview has been conducted with both parents and student.
3. **RULES AND REGULATIONS:** I agree to comply with the school's rules and regulations adopted by the administration and Board of Directors. These include rules of conduct and academic requirements to be met by the student. I also agree that the administration may discipline, dismiss or suspend my student if these rules or requirements are not met.
4. **STUDENT/PARENT HANDBOOK:** I have read and agree to comply with all written policies of Cornerstone Christian School and the procedures as detailed in the Student/Parent Handbook.
5. **WITHDRAWAL:** If students withdraw during the school year, a 30 day written notice needs to be given; otherwise, a full months tuition will be charged.
6. **TUITION AND FEES FINANCIAL POLICY:** By signing this contract, I agree to abide by the following financial policies:
 - The Registration Fee is non-refundable.
 - The Book and Material Fee refund policy: 100% by June 30, 50% after July 1st. It is non-refundable after August 1st.
 - Tuition and fees will be charged according to the "Schedule of Tuition and Fees" form. Monthly tuition payments are August – May.
 - If monthly payments are not made due to insufficient funds, causing a failed ACH withdrawal, the student may be withdrawn from school after 45 days and three failed attempts.

EFFECTIVE DATE OF CONTRACT: This contract shall be effective only upon my signature; receipt of this contract and acceptance by the school is subject to the final admission of my student to the school.

Signature of Parent or Guardian

Date

CCS Emergency Information Card – (Side One)

Please Print

Student's name: _____ Birthdate: _____ Grade: _____ SSN# _____

Address _____ City _____ State _____ Zip _____ Home Phone _____

Mother/Guardian _____ D.L.# _____ cell# _____ work# _____

Father/Guardian _____ D.L.# _____ cell# _____ work# _____

Below is an authorized list of people who may pick up or assume temporary care of my child if I cannot be reached.

1. Name _____ D.L.# _____ cell# _____ relationship _____

2. Name _____ D.L.# _____ cell# _____ relationship _____

3. Name _____ D.L.# _____ cell# _____ relationship _____

4. Name _____ D.L.# _____ cell# _____ relationship _____

5. Name _____ D.L.# _____ cell# _____ relationship _____

In case of accident of serious illness I request the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Physician's Name: _____ Office phone # _____ Address _____

Preferred Hospital: _____ Hospital phone# _____

Allergies: _____ other conditions _____
parent/guardian(signature) _____ date _____

Consent to Medical Treatment

Student's Name: _____ Grade _____

I/we _____ and _____ are the parent(s)/legal guardian(s), with legal custody of _____ who is _____ and resides with us at _____

and attends Cornerstone Christian School. I/We give my/our permission to the school sponsor/representative to administer over the counter medication for any injury or illness that may occur to my child while in attendance. Below is the medication my child has permission to receive. (check one or more)

_____ Tylenol _____ Mylanta _____ Benadryl _____ Ibuprofen _____ Tums _____ cough drops

I/We give permission, if warranted, for a licensed doctor, physician, or emergency treatment center selected by the school sponsor/representative to administer the necessary attention and aid immediately to our child should he/she become injured or sick while in attendance and do so without having to wait until I/we are contacted. I/We consent to any X-rays, examinations, anesthetic, medical, or surgical diagnosis, treatment and hospital care deemed necessary.

I/We understand the school sponsor/representative will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the school personnel responsible if efforts to contact me/us are unsuccessful.

I/We can be reached at:

Emergency Phone Number: _____

Mother's work phone _____

Father's work phone _____

Mother's/Guardian's signature _____ date _____

Father's/Guardian's signature _____ date _____



Photo Release Agreement

During the school year we often take photographs of and make videos of children in the classroom for classroom use, professional training, newspaper publication, yearbook, school website, social media and recognition of special accomplishments.

I give permissions for _____ (child's name) to be photographed or videotaped.

I do not give permission for _____ (child's name) to be photographed or videotaped.

(parent signature)

(date)

Release of Educational Records to the Media

During the school year, we would like to release information concerning student's academic accomplishments such as grades and awards. This information would be released to the newspaper and possibly other forms of media.

I give permission for _____ (child's name) academic achievements to be released to the newspaper or other media.

I do not give permission for _____ (child's name) academic achievements to be released to the newspaper or other media.

(parent signature)

(date)