



**PreK Registration Form**  
**School Year: \_\_\_\_\_**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

Race: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Preferred Session: AM PM

Previous Preschool: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Guardian Relationship: \_\_\_\_\_

Address (if different from applicant's): \_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother/Guardian Name: \_\_\_\_\_ Guardian Relationship: \_\_\_\_\_

Address (if different from applicant's): \_\_\_\_\_

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Student lives with: Both parents Father Mother Legal Guardian Other: \_\_\_\_\_

Names and ages of additional children: \_\_\_\_\_

Does the student have any special needs or receive any special services? \_\_\_y \_\_\_N

If yes, please explain. \_\_\_\_\_

*\*Please note that CCA does not accommodate IEPs or severe special needs at this time.*

Is the student up to date on all vaccines? \_\_\_Y \_\_\_N

If no, please explain: \_\_\_\_\_

Does the student have any allergies? \_\_\_\_\_

Does the student use the restroom by himself/herself? \_\_\_Always \_\_\_Usually \_\_\_Sometimes \_\_\_Never

**OVER →**

Does your family regularly attend a church? \_\_\_\_Y \_\_\_\_N

Church Name: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Level of involvement: \_\_\_\_\_

What would you like your child to learn this year? How would you like him/her grow, mature, and develop?

---

---

---

Please state why you would like for your child to attend Preschool at Cornerstone Christian Academy.

---

---

---

Do you have any special instructions pertaining to the care of the student?

---

---

---

I hereby acknowledge that the information on this form is true and correct. I understand that my child may not be permitted to attend Cornerstone Christian Academy or may be asked to leave if any of this information is found to be incomplete or false.

I understand that education at Cornerstone Christian Academy is rooted in Biblical themes and truths.

I understand that the registration fee secures my child's place at Cornerstone Christian Academy and is non-refundable except in cases where my child is not admitted or his/her class is not offered.

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this form along with copies of the student's birth certificate and immunization records, as well as the \$200 registration fee payable to Cornerstone Christian Academy.**

***\*Please note: Registration fee is \$100 if paid on or before April 1.***