



Office Use Only Received by (please initial): _____ Date received: _____ Interview date: _____ Admissions Approval _____ Registration Fee Paid _____ Date: _____ Check # _____ or Cash _____

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 student's): _____

Phone: _____ Email: _____

Employer: _____ Occupation: _____

Mother/Guardian Name: _____ Guardian Relationship: _____

Address (if different from student's): _____

Phone: _____ Email: _____

Employer: _____ Occupation: _____

Parent's Marital Status: Single (never married) ___ Married ___ Separated ___ Divorced ___ Widowed ___

Student lives with: Both parents ___ Father ___ Mother ___ Legal Guardian ___ Other: _____

If there is a guardianship or joint custody situation, please describe and include any legal documentation.

Names and ages of additional children: _____

Does the student have any special needs or receive any special services? Yes ___ No ___

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? Yes___ No___

If no, please explain: _____

Does the student have any allergies? _____

Does the student use the restroom by himself/herself? Always___ Usually___ Sometimes___ Never___

Does your family regularly attend a church? Yes___ No___

Church Name: _____ City: _____ State: _____

Level of involvement: _____

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

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

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.***