



TUITION 2020/2021 Fees

Please keep this form for your records

Preschool 3's.....	\$1,160.00 (\$116.00 per Month)
Preschool 4's	\$1,740.00 (\$174.00 per Month)
Kindergarten through 5 th Grades.....	\$2,700.00 (\$270.00 per Month)

Tuition is divided into 10 equal monthly payments paid August through May during the school year.

Families with more than one student enrolled will receive a discount on the younger student(s) as follows:

1. First child pays full fees.
2. Second and third child enrolled in grades Kindergarten through 5th will receive a \$500.00 discount off each student's tuition.
3. Second and third child enrolled in Preschool 3's will receive a \$150.00 discount off each student's tuition.
4. Second and third child enrolled in Preschool 4's will receive a \$250.00 discount off each student's tuition.
5. Fourth child or more receives free tuition.

REGISTRATION FEE

The registration fee for students who register on or before JUNE 1, 2020 will be \$100.00. The registration fee for students who register after JUNE 1, 2020 will be \$150.00. **All registration fees are non-transferable and non-refundable.**

LATE FEE

We try to maintain our tuition rates as low as possible. Prompt payments of tuition are necessary for the operation of our school. Tuition payments are due by the 10th of each month. Accounts which fail to pay the tuition payment by the 10th will incur an automatic late fee of \$10.00.

BOOKS AND MATERIALS FEE

Preschool 3's	\$75.00
Preschool 4's	\$100.00
Kindergarten	\$150.00
First-Fifth	\$200.00
Third-Fifth Technology Fee.....	\$100.00

LUNCH & MILK INFORMATION

Time is allotted for a morning milk break for all classes. White or chocolate milk or juice is provided by the school at a cost of .35¢ per day.

Lunches are provided by the school for kindergarten through 5th grade students at the rate of **\$2.75** per day.

Children may choose to bring their own lunch.

REGISTRATION REQUIREMENTS

IMMUNIZATION	3-5 Yrs	K	1 ST	2 ND	3 RD	4 TH	5 TH
DTaP (Diphtheria, Tetanus, & Pertussis)	4	5	5	5	5	5	5
Polio	3	4*	4	4	4	4	4
MMR (Measles, Mumps, Rubella)	1	2	2	2	2	2	2
Hepatitis B	3	3	3	3	3	3	3
Hepatitis A	N/A	2	2	2	2	2	2
Varicella	1	2	2	2	2	2	2

The State of Indiana requires that we have a birth certificate and shot record on file for each child enrolled at Cornerstone Christian Academy. The recommended immunization schedule is listed below.

HepB: The minimum age for the 3rd dose of Hepatitis B is 24 weeks of age.

DTaP: 4 doses of DTaP/DTP/DT are acceptable if 4th dose was administered on or after child's 4th birthday.

Polio*: 3 doses of Polio are acceptable for all grade levels if the 3rd dose was given on or after the 4th birthday and at least 6 months after the previous dose. *For students in grades K-10, the final dose must be administered on or after the 4th birthday and be administered at least 6 months after the previous dose.

Varicella: Physician documentation of disease history, including month and year, is proof of immunity for children entering preschool through 12th grade. Parent report of disease history is not acceptable.

Hepatitis A: The minimum interval between 1st and 2nd dose is 6 calendar months. 2 doses are required for all grades K-12. *Please note that immunizations are available by appointment at the Clay County Health Department.*

PRESCHOOL REGISTRATION

Children entering the Preschool 3's class for the 2020/2021 school year must be **3 years old on or before August 1, 2020. All preschoolers must also be potty trained by the first day of classes.** This Preschool class meets Monday, Wednesday & Friday from 12:45 to 3:00 pm.

Children entering the Preschool 4's class for the 2020/2021 school year must be **4 years old on or before August 1, 2020. All preschoolers must also be potty trained by the first day of classes.** Preschool meets Monday through Friday from 8:30 to 11:15 am.

KINDERGARTEN REGISTRATION

Cornerstone Christian Academy follows the guidelines set by the State of Indiana for enrollment into Kindergarten. Children entering Kindergarten must be **5 years old on or before August 1, 2020.** School hours for Kindergarten classes are 8:30 a.m. to 3:00 p.m. Monday through Friday.

ELEMENTARY REGISTRATION

Cornerstone Christian Academy follows the guidelines set by the State of Indiana for enrollment into school. Children entering first grade for the 2020/2021 school year must be **6 years old on or before August 1, 2020.** School hours for Elementary classes are 8:30 a.m. to 3:00 p.m. Monday through Friday.

CONFIDENTIAL



REGISTRATION FORM

A non-transferable/ non-refundable registration fee is due at the time this registration form is submitted to Cornerstone Christian Academy.

REGISTRATION FOR GRADE: PS3 PS4 K 1 2 3 4 5

STUDENT INFORMATION:

Name: _____ M ____ F ____ Age ____
Last First Middle

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Birth Date: _____ Your Public School District: _____

Last school attended: _____

Has child ever been retained? _____ If yes, in what grade(s) _____

Does child have physical, emotional or mental disabilities which may affect his academic activities or progress? **Circle YES or NO.** If yes, list all that apply _____

Does child have **any** medical conditions, medication allergies, food allergies or other allergies? **Circle YES or NO.** If yes, list **all** that apply _____

Child's physician: _____ Phone: _____

Family Church affiliation: _____

PARENT INFORMATION:

*(Please **asterisk (*)** the contact name & number to be used **FIRST** in case of illness or injury)*

Father's name: _____ Address: _____ Phone () _____

Employer: _____ Work Phone () _____ Cell Phone () _____

Father's Primary Email Address _____

Mother's name: _____ Address: _____ Phone () _____

Employer: _____ Work Phone () _____ Cell Phone () _____

Mother's Primary E-mail Address: _____

Two (2) persons authorized to pick up child (other than parents):

Name: _____ Relationship: _____ Phone () _____

Name: _____ Relationship: _____ Phone () _____

Person to contact in case of emergency (when neither parent can be reached):

Name: _____ Relationship: _____ Phone () _____

Name: _____ Relationship: _____ Phone () _____

Please state on reverse side of this form why you wish to send your child to Cornerstone Christian Academy.



PARENTAL AGREEMENT

The basis for the Cornerstone Christian Academy's statement of faith and teaching shall be the Word of God.

1. We will cooperate fully in the educational functions of Cornerstone Christian Academy doing our best to work with the school in the development of our child socially, physically, spiritually, and academically. We understand that home and school must work together in these areas.
2. We will give volunteer help when called upon and do everything in our power to promote the school. We will recommend the school as opportunities arise.
3. If we, at any time, become dissatisfied with the school in any respect or our child becomes involved in trouble with other children in the school, we will, in the love of Christ, register the necessary complaint with the teacher, then the Principal, and finally the Board, rather than spread criticism or hold a negative attitude in our hearts. *This includes any negative comments on social media.* We understand that such criticisms are detrimental to the reputation of Cornerstone.
4. We realize the responsibility for our children is great and that we will strive diligently toward the observance of all rules, policies, and decisions for the benefit of our child. We hereby invest in Cornerstone Christian Academy the authority to discipline our child as necessary and will undertake our responsibility to cooperate with proper discipline at home. (Please know that all discipline will be done in love and respect for the child's self-esteem.)
5. We understand that tuition is due on the 10th of each month and we will fulfill our payment obligations by that date. If payments are received after the 10th of the month we understand that a \$10.00 late fee will be assessed to our account. By enrolling our child in the school programs, we understand that we are making a commitment for at least one full semester (1/2 of the school year). Tuition is due regardless of absenteeism or holiday vacations. If we are unable to pay, we will notify the principal in advance giving an explanation for the delay and stating when payment will be made. In the event of a delinquent account, we agree to pay all costs of collection, including reasonable attorney fees. **It is understood that report cards and transfer of records will be withheld until payments are made in full.**

I have read the PARENTAL AGREEMENT and I agree to fulfill all the obligations outlined above to the best of my ability.

PARENT/GUARDIAN _____ DATE _____



LIABILITY RELEASE FORM

Release of all Claims for use of First Christian Church, First Christian Church Daycare and Cornerstone Christian Academy

We (I), being 21 years of age or older, do for ourselves (myself) (and for and on behalf of my child (children) if not 21 years of age or older) hereby release, forever discharge and agree to not hold First Christian Church, First Christian Church Day Care, or Cornerstone Christian Academy and those in charge of the trip, recreation or work activity and directors from any and all liability, claims or demands for injury, sickness or death, as well as property damage and expenses which may be incurred by the undersigned and the child (children) in the above trip or activity.

And (We (I) on behalf of our (my) child (children) if under the age of 21 years) hereby assume all risk of personal injury, sickness, death, damage and expense as a result of him (her) taking part in any trip, recreation or work activities. Also authorization and permission is given to those in charge to furnish any necessary transportation, food and lodging for the child (children).

(If the participant has not reached 21 years of age)

We (I) are the parent(s) or legal guardian(s) of this child (children), and hereby grant our (my) permission for him (her) to participate fully in trip or other activity, and hereby give our (my) permission to Youth Sponsors, Youth Workers, Day Care Workers, teachers or staff of Cornerstone Christian Academy or other Workers who are in charge of the trip, recreation or other activity, to take said child (children) to a doctor or hospital and authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume the responsibility of all medical bills, if any. If child (children) must return home because of medical reasons, disciplinary action or for any other reasons, we (I) hereby assume all transportation costs.

(If child (children) is under 21, both parents must sign unless separated or divorced then the custodial parent must sign).

Student Name: _____ **Grade:** _____

_____/_____/_____
Father **Date**

_____/_____/_____
Legal Guardian **Date**

_____/_____/_____
Mother **Date**



MEDICATION RELEASE

I/we, the parents of _____ request, authorize and give written permission to Cornerstone Christian Academy to administer the medication described below in accordance with the instructions provided and following school protocol for administering medications to students. We agree to notify you immediately of any change in circumstance concerning the administration of this medication.

Please check all that apply:

- I/We GRANT permission for my child to have Ibuprofen or Acetaminophen administered while at school.
- I/We DO NOT GRANT permission for my child to have Ibuprofen or Acetaminophen administered while at school.
- I/We GRANT permission for my child to have _____ as prescribed while at school.

PUBLICATIONS RELEASE

This section of the form is to request permission for your child's name and school information (honor roll, birthdays, etc.) to be published on the school's web site and/or in the local paper. **We will NEVER publish a student's name in association with a picture** but may publish one or the other.

As you are aware, there are potential dangers associated with the posting of personally identifiable information on a web site since global access to the Internet does not allow us to control who may access such information. These dangers have always existed. The law requires that we ask for your permission to use information about your child.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the school office and will take effect upon receipt by the school.

Please check one and fill out the appropriate information below and return to the school office.

- I/We GRANT permission for my child's name and any other school related information to be published on the school's public Internet site, social media and/or written publications.
- I/We DO NOT GRANT permission for my child's name and any other school related information to be published on the school's public Internet site, social media and/or written publications.

Child's Name: (please print) _____ Date: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____