



TUITION FEES 2021/2022

Preschool 3's.....	\$1,240 (\$124 per Month Aug.- May)
Preschool 4's	\$1,860 (\$186 per Month Aug.- May)
Kindergarten through 5 th Grades.....	\$2,950 (\$295 per Month Aug.- May)

Tuition can be divided into 10 equal monthly payments paid August through May during the school year. If you wish to pay tuition over a 12-month period, tuition payments will begin in June and end in May.

REGISTRATION FEE

The registration fee for students who register on or before JUNE 1, 2021 will be \$100.00. The registration fee for students who register after JUNE 1, 2021 will be \$150.00. **All registration fees are non-transferable and non-refundable.**

BOOKS AND MATERIALS FEE

Preschool 3's.....	\$75.00
Preschool 4's.....	\$100.00
Kindergarten	\$150.00
First-Fifth.....	\$200.00
Third-Fifth Grade Technology Fee.....	\$100.00
Second Grade Technology Fee.....	\$25.00

TUITION DISCOUNT FOR FAMILIES WITH MULTIPLE STUDENTS

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.

TUITION DUE DATE/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.

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. **All lunch and snack purchases should be paid up front.** Price of lunch and snack milk are subject to change with prior notice.

CORNERSTONE REMIND ACCOUNT

Cornerstone utilizes the Remind application to convey important information to parents. The office will send new parents an invite to Remind after enrollment via text message. The name of the CCA "class" is called "CCABrazil Information." Once you receive the invite, you must text back "yes" to receive notifications. Further information about our Remind account may be found on our web page (ccabrazil.org) under the Text alerts/closings tab.

REGISTRATION REQUIREMENTS

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.

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	2	2	2	2	2	2	2
Varicella	1	2	2	2	2	2	2

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 all students, 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. **Tdap:** There is no minimum interval from the last Td dose.

MCV4: Individuals who receive dose 1 on or after the 16th birthday only need 1 dose of MCV4.

Hepatitis A: The minimum interval between 1st and 2nd dose is 6 calendar months. 2 doses are required for all grades.

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 2021/2022 school year must be **3 years old on or before August 1, 2021**. 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 2021/2022 school year must be **4 years old on or before August 1, 2021**. 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, 2021**. 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 2021/2022 school year must be **6 years old on or before August 1, 2021**. 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** chronic medical conditions, medication allergies, food allergies or other allergies? **Circle YES or NO.**

If yes, list **all** that apply: _____

Does child have any allergies to medication, food allergies or other allergies? **Circle YES or NO.**

If yes, list **all** that apply: _____

Family Church affiliation: _____

PARENT INFORMATION: (If the parent's address is the same as the student's address, please write "same")
(Please *asterisk (*)* the contact name & number to be used **FIRST** in case of illness or injury)

Primary Parent/Guardian Information: Legal name: _____

Address: _____ City: _____ Cell Phone () _____

Home Phone () _____ Employer: _____ Work Phone () _____

Primary Parent/Guardian Primary E-mail Address: _____

Secondary Parent/Guardian Information: Legal name: _____

Address: _____ City: _____ Cell Phone () _____

Home Phone () _____ Employer: _____ Work Phone () _____

Secondary Parent/Guardian E-mail Address: _____

List at least two persons authorized to pick up your child and/or to contact in case of emergency when parents cannot be reached:

Name: _____ Relationship: _____ Phone () _____

Name: _____ Relationship: _____ Phone () _____

New parents: 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 signature _____ **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's Signature **Date**

_____/_____/_____
Legal Guardian's Signature **Date**

_____/_____/_____
Mother's Signature **Date**

(This form is for all activities during the Cornerstone Christian Academy school year 2021/2022)



PERMISSION TO DISPENSE OVER THE COUNTER MEDICATION

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 over the counter medication such as Ibuprofen or Acetaminophen administered while at school.
- I/We DO NOT GRANT permission for my child to have over the counter medication such as 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, social media accounts, 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: (print) _____ Date: _____

Print name of Parent/Guardian: (print) _____

Signature of Parent/Guardian: (sign) _____



CCA COVID-19 LIABILITY RELEASE FORM

Cornerstone Christian Academy (“CCA”) is hereby providing notice to me/us that it currently intends to open its educational and school program for the 2021-22 school year. I/we understand that CCA cannot protect my child/student and/or me from risks which may be encountered as a result of my child attending CCA. I/we realize there are natural, mechanical, and environmental conditions and hazards which independently or in combination with any activities engaged in while participating in this program may result in the exposure to certain risks including exposure to coronavirus (COVID-19), or other biological agents, virus or similar bacteriological agents, and the risk of being quarantined, or illness that may result in medical care, hospitalization or death.

I/we hereby state that I, on behalf of my child/student and myself, am an adult, over the age of 18, and legally competent to sign this form. I/we understand these inherent risks and dangers involved with participation in the school providing its educational program and acknowledge the existence of risks which are not obvious or predictable, and hereby intend this release to extend to injury or loss which results from both obvious or predictable risks, as well as risks that are unpredictable and not obvious and to extend to myself and my child/student, as applicable.

In consideration of myself and my/our child/student participating Cornerstone Christian Academy educational and school program, I/we, and any legal representatives, heirs and assigns, hereby release, waive, and discharge Cornerstone Christian Academy, its officers, directors, employees, agents, and representatives from any and all liability for any and all loss or damage, and any claim or damages resulting therefrom, on account of any injury, illness or exposure to and/or contracting the corona virus (COVID-19) or other biological agents, virus or similar bacteriological agent by me or my/our child/student’s attendance at and participation Cornerstone Christian Academy School’s educational program, including any medical expenses, injury and/or death.

I/we agree to indemnify Cornerstone Christian Academy, its officers, directors, employees, agents, and representatives from any loss, liability, damage, or cost that may be incurred due to my child/student’s participation in the aforementioned program, whether caused by negligence of Cornerstone Christian Academy, or otherwise. I fully understand, on my own behalf and on behalf of my child/student the risks associated with the aforementioned participation and assume any risk associated therewith.

This notice, release and indemnity agreement contains the entire agreement between and among the parties hereto, and the terms of this release are contractual and not a mere recital. The parties to this agreement hereby agree that the interpretation and enforceability of this release shall be governed by the laws of the State of Indiana.

I/we expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by applicable laws, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I/we understand that by signing this agreement I am giving up on behalf of my child/student and myself certain legal rights and remedies including the right for my child/student and/or myself to recover damages in the event of death, personal and/or bodily injury of any kind, property loss or damage, expenses of any nature whatsoever including attorney's fees, and other losses that my student(s) or that I may sustain in association with my child’s participation in the Cornerstone Christian Academy educational program.

I/WE HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW AND UNDERSTAND THE CONTENTS THEREOF. I/WE SIGN THIS RELEASE VOLUNTARILY AS MY OWN FREE ACT WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE, INTENDING TO BE LEGALLY BOUND THEREBY.

_____/_____/_____
Father’s Signature **Date**

_____/_____/_____
Legal Guardian’s Signature **Date**

_____/_____/_____
Mother’s Signature **Date**