

Family (Primary Relation) Records

This information form is required for each family who has a student or students in our school.

Student Name: _____

Primary Guardian:

Relation to Student: _____ Title: **Mr. Miss Mrs. Dr.**

First Name: _____ M. I.: _____ Last Name: _____

Preferred Name: _____ DOB: _____ SSN: _____

Email: _____ Gender: **M F** Suffix (Jr., II, etc.): _____

Address 1: _____ Primary Phone: _____

Address 2: _____ Secondary Phone: _____

City: _____ State/Province: _____ Zip: _____

Occupation: _____ Employer: _____

Church Attending: _____ City: _____

Please check all that apply:

Pickup

Receive Report Card

Emergency Contact

Receive Bill Copy

Responsible for Bills

Secondary Guardian:

Relation to Student: _____ Title: **Mr. Miss Mrs. Dr.**

First Name: _____ M. I.: _____ Last Name: _____

Preferred Name: _____ DOB: _____ SSN: _____

Email: _____ Gender: **M F** Suffix (Jr., II, etc.): _____

Address 1: _____ Primary Phone: _____

Address 2: _____ Secondary Phone: _____

City: _____ State/Province: _____ Zip: _____

Occupation: _____ Employer: _____

Church Attending: _____ City: _____

Please check all that apply:

Pickup

Receive Report Card

Emergency Contact

Receive Bill Copy

Responsible for Bills

This information form is required for each student.

SSN: _____ Initial Start Date: _____ Gender: **M** **F** Age: _____
First Name: _____ M. I.: _____ Last Name: _____
Preferred Name: _____ DOB: _____ Suffix (Jr., II, etc.): _____
Address 1: _____ Primary Phone: _____
Address 2: _____ Secondary Phone: _____
City: _____ State: _____ Zip: _____ County: _____
Race (Circle One): **American Indian** **Asian** **Black** **Hawaiian/Pacific** **Hispanic Ethnicity** **Multiracial** **White**
 Yes No **Current IEP** Yes No **Has ever had an IEP** Yes No **Has ever failed a grade**
 Yes No **Has had testing for a learning disability** Yes No **Has ever been expelled or suspended**
 Yes No **Has your child ever received services through First Steps**
If yes to any of the above, please explain on a separate sheet.
Child _____ of _____ Grade Entering: _____ Student's Email (if entering 5th or above): _____

How did you hear about CBA? _____

Church Membership: Yes No Where? _____

How often do you attend church services? _____

Please list the names of the schools your child has previously attended, including the current school, and the reason for leaving:

It is the Academy's policy that all parents and guardians with legal custody sign this form. If the legal and/or physical custody of the child is defined by court order or decree, the order or decree, with all current modifications, must be attached to this form. Any additional modifications to the custody of the child must be relayed to the Academy promptly, accompanied by copies of such modifications.

Signature _____ **Date** _____

Signature _____ **Date** _____

Home Language Survey

What is the native language of the **student**? _____

What language(s) is spoken most often by the **student**? _____

What language(s) is spoken by the **student** in the home? _____

Medical Information

Student Name: _____

**Physicians
Doctor**

Name: _____

Address: _____

Phone: _____ City: _____ State: _____

Dentist

Name: _____

Address: _____

Phone: _____ City: _____ State: _____

Medical Information and Emergency Contacts

Medication Currently Taking

Name	Dosage	Note
_____	_____	_____
_____	_____	_____
_____	_____	_____

Allergies/Health Conditions

Type	Symptoms	Medication Needed	Note
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

A COPY OF IMMUNIZATION RECORD AND BIRTH CERTIFICATE MUST BE PROVIDED FOR YOUR CHILD TO BEGIN SCHOOL.

May this child receive the age-appropriate Tylenol dosage when needed? NO YES

I hereby authorize the staff, principal, and administrator of Cornerstone Baptist Academy to give consent for any and all necessary emergency medical and first aid care for my child, _____, while said child is in the custody of Cornerstone Baptist Academy.

Signature of Parent/Guardian: _____ Date: _____

Contact (Secondary Relation) Records

Please list persons who would be allowed to pick up your child in the event that you or your spouse would not be able to pick him up. In the event of a medical emergency with your child for which we are unable to reach you, please designate at least two additional persons who can and will be responsible for your child. By designating the following persons as an emergency contact, you are granting them the authority to make health and medical care decisions for your child, including hospitalization treatments, until such time as you are contacted.

Contact Member One

Relation to Student: _____ Title: **Mr.** **Miss** **Mrs.** **Dr.**
First Name: _____ Middle Initial: _____
Last Name: _____ Suffix: _____
Primary Phone: _____ Secondary Phone: _____

Pickup

Emergency Contact

Contact Member Two

Relation to Student: _____ Title: **Mr.** **Miss** **Mrs.** **Dr.**
First Name: _____ Middle Initial: _____
Last Name: _____ Suffix: _____
Primary Phone: _____ Secondary Phone: _____

Pickup

Emergency Contact

Contact Member Three

Relation to Student: _____ Title: **Mr.** **Miss** **Mrs.** **Dr.**
First Name: _____ Middle Initial: _____
Last Name: _____ Suffix: _____
Primary Phone: _____ Secondary Phone: _____

Pickup

Emergency Contact

CORNERSTONE BAPTIST ACADEMY POLICIES

PLEASE READ AND INITIAL THAT YOU HAVE READ AND UNDERSTAND THE FOLLOWING:

I (we) agree to pay Cornerstone Baptist Academy in a timely manner for the services rendered in connection with the educating of my child (children).

- _____ I understand that I must pay my account when it is due for all billable items of tuition, lunch, school care, and fees.
- _____ I understand that weekly tuition is due on Monday for the current week. A \$10 late fee will be added to accounts not paid by 1 p.m. Tuesday. No credit for lunch and/or school care will be extended to accounts in arrears. Payments will be accepted by mail or during regular school hours.
- _____ I understand there will be a **\$30 charge** for all returned checks.
- _____ I understand a full two-week notice must be given for withdrawal of a student. If the notice is not given, I will be responsible for an additional two weeks of tuition following the week the child is withdrawn.
- _____ I understand being two weeks delinquent on my weekly account will be grounds for dismissal of my child. One month delinquent is grounds for dismissal of monthly fee students.
- _____ I understand the school closes at 5:30 p.m. sharp and if my child is not picked up by 5:30 p.m., an Extended Service Fee will be charged to my account at the rate of \$10 for the first 10 minutes; over 10 minutes will be \$1.00 per minute. (See Fees Schedule)
- _____ I understand that weekly or monthly payments are made to assist me. Tuition is based on a yearly rate.
- _____ I agree to abide by all school policies as stated in the Handbook.
- _____ I understand the school reserves the right to remove any child that, in the opinion of the staff, is a distraction to others being taught.
- _____ I understand that children with a fever are not to be brought to school.
- _____ I understand that this school's instruction and programming is compatible with the Old and New Testament Scriptures.
- _____ I authorize this school to employ such discipline as it seems wise and expedient for my child, realizing the school does not use corporal punishment.
- _____ I understand the tuition costs and total fees and agree to abide by the guidelines set forth in this contract.
- _____ I understand and agree to comply promptly whenever the school notifies me to pick up my child from the school.
- _____ I understand that no school records or transcripts will be released, no graduation orders or diploma will be given, and a student may not participate in any graduation activities, including the graduation ceremony, until all current tuition and fees are paid in full.

Father Signature: _____ DATE: _____

Mother Signature: _____ DATE: _____

1/23/17

PERMISSION SLIP

Date: _____

I/we hereby give Cornerstone Baptist Academy and Cornerstone Baptist Church permission to take my child _____, off the premises and on any excursions that will take place during or after school hours, including all extra curricular activities. I understand that I will be notified of any such trips beforehand, that trips will be supervised, and that all precautions will be made for the safety and well-being of all the children.

I also understand that Cornerstone Baptist Academy and Cornerstone Baptist Church will not be liable for any accident or injury.

Parent's Signature _____

Parent's Signature _____

Student Accident Plan

I understand the parents' insurance for the enrolled student will be the primary insurance for payment of medical/dental bills due to injury while attending Cornerstone Baptist Academy. Cornerstone Baptist Academy's insurance will be the secondary insurance.

Parent's signature: _____

Parent's signature: _____

Statement of Cooperation and Waiver of Liability

I recognize that attendance at Cornerstone Baptist Academy is a privilege and not a right. Parents are expected to cooperate with and support the Academy and its teachers in the education and discipline of their children both in the classroom and during other related school activities. I understand that discipline is necessary for the welfare of each student, as well as for the entire Academy. I give permission for my child's teacher and other agent of the Academy to make and enforce classroom regulations in a manner consistent with Christian principles. Students shall forfeit the privilege of attending the Academy if they do not conform to the standards and way of life at the Academy. The Academy reserves the right to withdraw a student at any time that the student, in the opinion of and at the sole discretion of the Academy, does not conform to the spirit of the Academy. I further understand that Cornerstone Baptist Academy policy prohibits refunds of matriculation and registration fees or the first tuition payment.

In the event that a Cornerstone Baptist Academy photographer or videographer takes a picture with my child in it, either individually or in a group, I give permission for my child's picture to be used on the school's social media sites, in future brochures, videotapes, DVDs, or other publications of Cornerstone Baptist Academy, Inc. or its affiliate corporations.

I give permission for my children, whose names are set forth below, to take part in all activities including bus trips, sports activities on the premises of Cornerstone Baptist Academy, and sponsored trips away from the Academy premises. I indemnify and save Cornerstone Baptist Academy and its affiliates, employees, and agents harmless from and against any claims, demands, causes of action, liability, medical payments, costs and attorney's fees resulting from or arising out of the participation by my child in the above-mentioned activities.

I understand that should my marital status change, it is my responsibility to have a correct Statement of Cooperation and Waiver of Liability signed, updated, and delivered to Cornerstone Baptist Academy.

This statement of Cooperation and Waiver of Liability shall remain in effect in effort for as long as my children listed (or others to be enrolled) attends Cornerstone Baptist Academy, whether it be in the preschool, elementary, junior or senior high, or summer school. Any reference herein to "child" shall include and refer to all of the children listed, or others to be enrolled in the future.

List children's names and grades:

Signature of **both** parents:

Mother	Date
Father	Date
Sole Guardian	Date

FINANCIAL AGREEMENT

Please initial all that apply:

- _____ We plan to pay all tuition and extended care in one lump sum by August 1.
- _____ We plan to pay tuition in two payments, August 1 and January 1.
- _____ We plan to pay all tuition and extended care fees on a ten-month payment schedule from 8/1 – 5/1.
- _____ We plan to pay all tuition and extended care fees on a twelve-month payment schedule from 8/1-7/1.
- _____ We plan to pay tuition on a 38-week payment schedule and extended care in a 10-month payment schedule.
- _____ We plan to use extended care on a monthly basis:
 - _____ will pay entire year's extended care in one lump sum by August 1
 - _____ will pay extended care on a monthly schedule due the 1st each month

Please initial:

- _____ We understand that ALL registration, matriculation, and high school book fees are due upon enrollment for new enrollment and by May 1 for returning students.
- _____ We understand that incidental charges (such as band, ensemble, sports fees, bookstore items, etc.) will be due as billed.

All tuition and fees are due as billed. If an emergency arises, you are expected to make immediate arrangements with the administration until regular payments can be resumed.

In the event of withdrawal, transfer, or expulsion, families are responsible for the full payment of tuition and fees through the end of the calendar month. The school reserves the right to withhold report cards, transcripts, and student records until tuition and fees have been paid in full. I understand that any outstanding balance on my account may be turned over to collections and subject to additional fees, including interest, attorney fees, and court costs, if not paid at the time of withdrawal.

By signing the Financial Agreement, I agree to make all payments on time and to pay all fees when due. I understand that late fees will be assessed if I fail to keep my account current and that my child(ren) may not be allowed to continue in school or in extended care until the balance is paid in full. I further authorize the school to withhold report cards, transcripts, and other records until all tuition and fees have been paid.

Signature(s) of person(s) financially responsible for this account:

Printed Name _____
Signature _____
Date _____

Printed Name _____
Signature _____
Date _____

ENTRY FEE FOR CBA

REGISTRATION FEE: \$ _____

TESTING FEE: \$ _____

MATRICULATION FEE: \$ _____

MATRICULATION DISCOUNT (Early Payment) \$ _____

TOTAL ENROLLMENT FEE: \$ _____

PAID: CHECK # _____ CASH _____

SIGNATURE OF CBA ADMINISTRATION: _____

VOUCHER QUALIFICATION (Circle One): **YES NO**

REASON FOR QUALIFICATION: _____

PUBLIC SCHOOL (Circle One): **YES NO**

SCHOOL NAME(S): _____
