



Cornerstone Christian School
A ministry of First Baptist Church of Paradise
6500 Clark Road Paradise CA 95969
(530) 877-3532

APPLICATION FOR ENROLLMENT

GRADE ENTERING _____ DATE _____

Child's Name _____ Current Age _____ Date of Birth _____

Father's Name: _____ Wk Phone # _____ Cell Phone # _____

Mother's Name: _____ Wk Phone # _____ Cell Phone # _____

Child's Residential Address:

Street: _____

City/Town: _____ Zip: _____

Mailing Address of Custodial Parent(s) *For Billing and Correspondence:*

Street/PO Box _____

City/Town: _____ Zip: _____

E-mail Address: _____

Child lives with: ___ both parents ___ mother ___ father ___ other (explain below)

Are there special living circumstances/arrangements that the school should be made aware of (i.e. restraining orders on file, custodial restrictions, etc. Copies must be provided and kept in the child's file at Cornerstone Christian School)?

Last School attended: _____

Address: _____

Grade last year _____ () Passed () Passed on probation () Retained

IF YOUR CHILD HAS HAD ANY DIFFICULTIES IN SCHOOL (EITHER ACADEMIC OR DISCIPLINARY) THUS FAR, PLEASE EXPLAIN ON THE BACK OF THIS FORM.

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Church affiliation of parents/guardian (if any)

How did you hear about our school?

Explain why you wish your child to be enrolled in our school:

Names of Brothers and Sisters	Birth date	Living at Home?	School Attending
<hr/>	<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>	<hr/>
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We are willing for our family information (Name, address, phone #'s & email address) to be published in the school directory to be made available only to other Cornerstone Families: ___ no ___ yes ___ yes with restrictions (please explain what information we may include in the directory): _____

Note: California State Law requires BIRTH CERTIFICATES for pupils in Kindergarten, or for First Grade pupils not previously in school. California State Law also requires a REPORT OF HEALTH CHECK-UP from a doctor for all First Grade pupils enrolled, and PROOF OF IMMUNIZATIONS for all Kindergarten pupils and updated immunizations for 7th graders.

Acknowledgements:

I/we understand that Cornerstone Christian School is a private church-sponsored Christian school and that enrollment at the school is a privilege. If at any time, in the judgement of the Administrator, the actions or expressed opinions of the student or parent/guardian are determined to be incompatible with our values or educational philosophy this privilege may be withdrawn following a consultation with the parent(s) explaining the situation, rationale and decision. In the event of student dismissal, we understand that registration and material fees will not be refunded, but that we will receive only a refund for the partial month's tuition.

I/we understand that the school offers no health insurance for student activities and that it is our responsibility to provide health insurance for our enrolled children to cover any health related conditions or injuries that might occur or manifest while our child is at school. We further agree that we shall never bring any type of legal suit or action against this institution or any of its personnel. In consideration of the fees to be paid and the instruction provided, I/we, on behalf of myself/ourselves, my/our heirs and assigns, hereby agree to indemnify and save harmless, release, and forever discharge Cornerstone Christian School and First Baptist Church of Paradise and its officers and instructors, from claims, demands and causes of action howsoever arising out of any injury, including death, loss or damage, to my/our child while participating in the program of activities and instruction.

I/we have received a copy of the fee schedule, health requirements and other items of parental responsibility. I/we agree to pay the non-refundable registration and materials fee of \$250. I/we understand the school's policy that annual tuition of \$3000 is due in 10 monthly installments on the first school day of each month beginning in August and concluding in June of the school year. I/we understand that our child will not be permitted to attend Cornerstone Christian School if we are delinquent in our tuition payments.

I/we hereby grant permission for my/our child to:

- Use all of the play equipment and participate in all school activities.
- Leave the school premises under the supervision of a staff member for local walking trips.
- Be photographed in conjunction with school programs and activities

In the event of an emergency when I/we cannot be contacted, I/we authorize Cornerstone Christian School to act as my/our agent take whatever steps may be necessary to obtain emergency medical care for my child. These steps include attempting to contact parent(s), the child's physician, calling an ambulance and taking the child to the emergency room. I/we release First Baptist Church of Paradise and Cornerstone Christian School from any liability when serving as my agent.

I/we understand that as a Christian School my/our child will be taught from a curriculum that includes Bible teaching, Christian songs, prayer, and weekly chapel attendance.

Parent(s) Signature(s): _____

Date: _____