



CHRISTIAN SCHOOL

UPON COMPLETION OF FORM, EMAIL TO: office@cornerstonebasalt.net

ENROLLMENT APPLICATION

~ Please print on all forms ~

Today's date _____

Grade _____

Child's full name _____ Birth date (month/day/yr) _____
First Middle Last

Primary caregiver name _____ Relationship to child _____

Phone number _____ Email address _____

Physical address _____ City _____ State _____ Zip _____

Mailing address (if different) _____ City _____ State _____ Zip _____

Employer _____ Phone number _____

Secondary caregiver name _____ Relationship to child _____

Phone number _____ Email address _____

Physical address _____ State _____ Zip _____

Mailing address (if different) _____ State _____ Zip _____

Employer _____ Phone number _____

Parents marital status _____

Previous school name _____

Address _____ State _____ Zip _____

Phone number _____ Email address _____

REQUEST FOR STUDENT RECORDS

~ Please print ~

Date of request _____

Parent/Guardian: Please complete the **top half** of this page.

Name of Previous School or Agency _____

School Address _____ State _____ Zip _____

Phone _____ Email _____

Student's Information

Legal Name: Last _____ **First** _____ **Middle** _____

Birth date (month/day/year) _____ Grade _____ Last date of attendance (approx) _____

Parent Signature: _____

(Office use only below)

The following records are hereby requested: All that apply in Cumulative File (where applicable)

- | | |
|---|--|
| <input type="checkbox"/> Transcripts of records | <input type="checkbox"/> Discipline records |
| <input type="checkbox"/> Test data / standardized test scores | <input type="checkbox"/> Immunization records |
| <input type="checkbox"/> English Language (ELL) test score | <input type="checkbox"/> Health / Medical records |
| <input type="checkbox"/> List of courses and grades at time of withdrawal | <input type="checkbox"/> Sports physical documentation |
| <input type="checkbox"/> Attendance records | <input type="checkbox"/> Psychological records |
| <input type="checkbox"/> Individual Literacy Plan | <input type="checkbox"/> Sociological records |
| <input type="checkbox"/> IEP (Individual Education Plan) | <input type="checkbox"/> Copy of birth certificate |
| <input type="checkbox"/> 504 Plan | <input type="checkbox"/> Other _____ |

Signature of requesting school representative:

Signature

Title

Date

PLEASE SEND VIA MAIL OR EMAIL TO: Cornerstone Christian School, 20351 Hwy 82, Basalt, CO. 81621
Office@cornerstonebasalt.net

STATEMENT OF FAITH AND COMMITMENT

- We believe that the Bible is the living Word of God.
- We believe there is one God, existent in God the Father, Jesus Christ the Son, and the Holy Spirit.
- We believe Jesus Christ is the son of God.
- We believe in his birth, death and resurrection.
- We believe that salvation and a relationship with God is available for all.
- We believe in the works of the Holy Spirit.

COMMITMENT

We welcome you to Cornerstone Christian School. We know this is a lot of information to read and digest, but we feel it is essential in running a quality program. After reading, please sign the following statement indicating that you have read and understood the Parent Handbook and that you are committed to our policies and procedures.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PARENT VOLUNTEER HOURS

CCS families are required to volunteer 30 hours per school year. These hours are vital to the success of the school, and to being an active member of the CCS community. We understand that for many parents working full time this may be a struggle. Different volunteer opportunities can be made available to facilitate a families schedule. If it is still difficult to schedule, parents may choose to pay off volunteer hours at \$15 per hour. A final invoice for volunteer hours will go out in May. All parents will be asked to participate in volunteer needs during our annual fundraising.

Parent Volunteer Commitment Contract as per handbook

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



LIABILITY FOR TUITION (1 of 2)

CCS determines tuition in August when the budget is approved for the upcoming year. Tuition is billed on a monthly basis, the first of each month. Each family will receive a bill on the first of the month that is due to the main office by the 20th of the month.

- Tuition is late if received after the 20th day of each month. This late fee is placed on each account on the 21st and is not reversible. If an extension on tuition is needed, please contact the Executive Director before the 20th of the month.
- Any account past due shall accrue finance charges at the rate of \$50 per month on the total balance from the date due until paid.
- The balance of any account 30 days past due will be charged to the credit card on file.
- Any account 31 days past due will result in a temporary dismissal of the student until the account is brought current or a payment plan is in place.
- Any account past due may be turned over to a collection agency or attorney for collection. The undersigned shall be liable for all collection costs including reasonable attorney fees.

Any questions about your bill should be addressed to the director. Tuition is based on a full day and is consistent each month depending on the number of days per week your child is scheduled, regardless of school closure for holidays, snow days, illness, or family vacation time.

If we have not received payment by the 30th of the billing cycle, we will ask that your child not attend school until payments are caught up. A payment plan will be set up if needed in times of hardship. If a bill is not paid within 60 days, we hold the right to charge your card for payment.

We must have a Credit Card on file for security, but you will be responsible to pay your monthly bill by cash or check to the main Cornerstone office in building 5.

Please circle type of card: Visa Discover Card Mastercard American Express

Credit Card Number _____ Expiration _____

Name _____ Social Security Number _____

Address _____

Signature _____ Date _____

LIABILITY FOR TUITION (2 of 2)

By execution and submission of this agreement, the undersigned hereby acknowledge that I (we) understand and fully accept foregoing terms of registration, tuition billing, and school policies related to the admission and retention of the above name child and agree to make monthly tuition payments required under the provisions hereof.

Should any controversy or dispute of any kind arise, which is related in any way to the child and/or his/her parent/ guardians and CCS, it will be submitted to final and binding arbitration in the State of Colorado according to the rules and practices of the American Arbitration Association from time to time in force. The submission to arbitrate shall be specifically enforceable.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PLEASE RETURN THIS CONTRACT BEFORE YOUR CHILD STARTS SCHOOL.

ATTENDANCE

I agree to do my best to plan time out of school during school breaks and holidays, so my child can grow academically.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



RELEASE OF ALL CLAIMS

In consideration of _____ (Student's full name)

The undersigned, being of lawful age and being parent(s) or legal guardian (s) of the above- named child, for and in consideration of my child's being able to attend Cornerstone Christian School and/or my/our heirs, executors, administrators, successors and assigns do hereby release, acquit and forever discharge Cornerstone Christian School, its officers, staff, agents, and all other persons from all claim, actions, causes of action, demands, rights, damages, costs, loss of service, expenses, and compensation whatsoever which the undersigned or said child has or which may hereafter accrue on account of or in any way growing out of all known and unknown, foreseen and unforeseen bodily and personal injuries and property damage and the consequences thereof resulting or the result from said child's participation in the program, activities, and instructions of Cornerstone Christian School.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PERMISSION FOR PICK-UP

Child's Name: _____

I give permission for the following people to pick up my child:

Name: _____ Relationship _____ Cell Phone _____

Name: _____ Relationship _____ Cell Phone _____

Name: _____ Relationship _____ Cell Phone _____

Name: _____ Relationship _____ Cell Phone _____

The following **MAY NOT** pick up my child:

Name: _____ Relationship _____ Cell Phone: _____

Name: _____ Relationship _____ Cell Phone: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

WALKING FIELD TRIP PERMISSION FORM

I understand that field trips are an integral part of our school year. I give permission for the teachers and volunteers of Cornerstone Christian School to take my child on walking field trips during school hours. For off campus field trips, teachers will send home another form detailing the trip and asking for parental permission.

Child's Name _____ Grade _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____



PHOTO RELEASE FORM

When your child(ren) work(s) on lessons or participates in special events, we often have many great photo opportunities. We would like your permission to use photographs taken during class time, field trips, special events or celebrations to post internally in classrooms, hallways, for teacher education, and as a historical record.

Cornerstone Christian School also uses photographs of children for publicity purposes. We promote our school using color brochures, our website, and other types of promotional materials. When photographs are used for publicity, they will first be available for the child's parents to review upon request. In addition, parents reserve the right to request that any photograph not be used for publicity.

I DO / DO NOT (Please Circle) give CCS permission to use photographs of my child, taken during class time, playground time, school functions, and field trips. I also understand that all photos will be available for review if I should request to do so. Photographs of my child may be used for publicity purposes on the school website, in brochures, or other means of publicity. I understand that my child will not be identified by name when photos are used for publicity purposes.

Child's Name _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

EMERGENCY MEDICAL TREATMENT PERMISSION

Cornerstone Christian School has my permission to obtain emergency medical treatment for my child, _____, when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother/Guardian's Name _____

Cell Phone _____ WorkPhone _____

E-mail Address _____

Father/Guardian's Name _____

Cell Phone _____ Work Phone _____

Primary Physician _____

- Physician Phone Number _____
- Physician Address _____

My child is taking the following medications (if a child is taking medicine and it needs to be administered at school please see administration for needed forms).

My child has the following allergies

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in school at Cornerstone Christian School.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

INSURANCE INFORMATION

Medical Insurance Provider _____

Telephone: _____ Policy # _____

Does the child have any health concerns or physical support needed? No _____ Yes _____

Please explain: _____

Is your child on an IEP or needs specific instructional support? No _____ Yes _____

Please explain: _____

Is the child taking medication regularly? No _____ Yes _____

If yes, please explain: _____

Emergency contacts:

Contact name(s) _____

Phone _____

Other than parents emergency contact name _____

Phone _____

**If a parent cannot be reached when a child is sick or injured, your emergency contact will be contacted to come and get your child. We ask for another emergency contact in the case of a local emergency where parents are not able to be contacted.*