



Truth. Courage. Integrity.

PUPIL REGISTRATION FORM 2019 - 2020

Please provide the requested information on each form. Each of the forms must be completed and returned before the registration process is complete. (The registration fee must accompany this form.)

Student Information

Student's Last Name:	Student's First Name:
Date of Birth:	Siblings' names and ages:
Student's Address:	Student's Home Phone:
Father's Name: Address (if different from student): Home Phone: Cell Phone: Work Phone: Email:	Mother's Name: Address (if different from student): Home Phone: Cell Phone: Work Phone: Email:

If applicable, should school reports be sent to the non-resident parent?

- Yes
 No

Anticipated grade level for the fall term (choose one):

- | | |
|----------------------------|----------------------------|
| <input type="checkbox"/> K | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 3 | |

Please briefly describe any physical, mental, behavioral, or other learning difficulties, if applicable:

Is this child under an Individualized Educational Program (IEP)?

- Yes
 No

Photo Release

Please mark the applicable option:

- I give my permission for my child's picture to be taken and used in publicity for Cornerstone Christian Academy, though no full names will be used without written consent by a parent.
 I do not want Cornerstone Christian Academy to use my child's photo without prior written consent.

Parent's Signature

Date

Certification

I have reviewed the school manual (available on the school website at <http://www.cornerstonechristianacademy.us/enrollment-information.php>) and I have had an opportunity to ask questions related to it. Being aware of the expectations of the school and my responsibility to support them, I officially request that my child be enrolled in Cornerstone Christian Academy. I also give the school personnel, authority to enforce those expectations by means described in the manual or other means that are similar to those described. I also understand that this application will not be accepted without payment of the non-refundable \$300 registration fee (\$100 for additional children). I also agree to pay all tuition in a timely fashion. I agree to pay all penalties added to my account if I am late on tuition payments. I give CCA permission to send information about any tuition balance due, to future schools, should I withdraw my child from CCA without paying all tuition. I confirm that the information given above is true and complete, to the best of my knowledge. I understand that any false or misleading statements given will be grounds for immediate dismissal of my child.

Father's Signature

Mother's Signature

Date

For Office Use Only

School Year: 2019-2020

Date Received:

Date Fee Paid:

Comments:

TUITION SCHEDULE

Please review the tuition schedule and payment options provided below.

	A. Fixed Cost/Child	B. Fundraising Fee	C. Tuition Per Child	D. Annual Registration Fee	E. Total Tuition and Fees
First Child (K-12)	\$3,345.00	\$1,100.00*	\$4,445.00	\$300.00	\$4,745.00
Second Child (K-12)	\$2,925.00	\$600.00*	\$3,525.00	\$100.00	\$8,370.00
Third Child (K-12)	\$2,665.00	\$550.00*	\$3,215.00	\$100.00	\$11,685.00
Fourth Child (K-12)	\$2,665.00	\$550.00*	\$3,215.00	\$100.00	\$15,000.00

Please note: The school board approved an increase on the Fixed Cost Tuition . This new tuition still leaves us significantly below the median for the west side of Rochester, especially as you take advantage of the reimbursement available through your fundraising efforts. Each family has the option to choose their level on fundraising involvement.

(Ask about our 15% **pastoral discount** for ordained ministers currently serving in the ministry and our **military discount** for active military families.)

All registrations completed after August 1, will be required to pay the registration fee and the first month's tuition at the time of enrollment.

TUITION PAYMENT OPTIONS

The tuition rates above are in addition to the non-refundable registration fee of \$300 for the first child, and \$100 per child for any additional children. The fee is due at the time of registration. A registration is not considered complete until the registration fee is submitted.

For the 2019 - 2020 school year, we have chosen the following payment option:

#1. Our family will make advance payment in full.¹

On or before March 10, 2019 Tuition (column A only) discounted 3%

Between March 11 and April 10, 2019 Tuition (column A only) discounted 2%

Between April 11 and May 10, 2019 Tuition (column A only) discounted 1%

Between May 11 and August 1, 2019 No tuition discount will be offered

#2. Our family will make monthly payments via FACTS Tuition Management Services. For more information, or to sign up, visit <http://www.cornerstonechristianacademy.us/tuition.php>.²

Signature of Parent

Date

¹ Tuition discounts apply only to the tuition amount listed in column A of the tuition schedule. Fundraising fees are not discounted.

² Monthly payments through FACTS will be considered the default payment option if advance payment is not selected at the time of registration. Each month the family would be billed for 1/10th of the total tuition and fees listed in column D of the tuition schedule.

Fundraising Policy

Along with the fixed tuition, families also pay the reimbursable *fundraising fee listed in column B of the preceding tuition schedule. Many of our families recover at least a portion of their fundraising fee.

Each family pays the applicable fundraising fee throughout the year as part of the tuition. Families participating in the various fundraisers receive a percentage of their fundraising efforts toward the fee (e.g., 50% of candy bar gross sales). Provided a family's tuition is paid in full, including the fundraising fee, the family's share of their fundraising efforts, up to the amount of the fee, will be offered to the family as a reimbursement of the fundraising fee. It also can be donated, as a whole or in part, back to the school. Any fundraising credits exceeding a family's fundraising fee will go entirely to the school.

Credits to future years' tuition, refunds, and donations are processed at the end of each school year.

Example 1:

The Doe family paid \$1,700 for their family's fundraising fee. They sold \$1,000 worth of candy bars, and they were credited 40% of their sales toward their fundraising fee (\$400). They also raised \$5,000 in golf-a-thon sponsorships, which were credited at 80% toward their fundraising fee (\$4,000). Because their tuition was paid in full, including the fundraising fee, they were eligible to receive a \$1,700 reimbursement. The fundraising credits in excess of their fee directly benefitted the school, which helps to keep tuition low for all students.

Example 2:

The Jones family paid \$1,700 for their family's fundraising fee as well. They sold \$100 worth of candy bars, and they were credited 40% of their sales toward their fundraising fee (\$40). They also raised \$1,500 in golf-a-thon sponsorships, which were credited at 80% toward their fundraising fee (\$1,200). Because their tuition was paid in full, including the fundraising fee, they were eligible to receive a \$1,240 reimbursement.

Annual Statements

At the end of the year each family will receive a statement of how much they raised toward their target net profit, (\$1100 for one student, \$1700 for two students, etc.). At that time each family decides between the following three options:

1. Receive the reimbursement in full.
2. Donate part, or all, of the reimbursable amount to the school.
3. Apply part, or all, of the money to their unpaid tuition balance, including future years' tuition.

Your fundraising efforts directly benefit your own family's overall enrollment costs, however all families have the option not to participate in each fundraiser.



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Request for Student Records

The student named below has registered or is considering registration at Cornerstone Christian Academy for the _____ / _____ school year. Please send the following information as soon as possible to:

Cornerstone Christian Academy

60 Holley St, Brockport, NY 14420

Telephone: 585-637-4540 Fax: 585-637-4518

Email: cjohnson@cornerstonechristianacademy.us

Records Requested

- Academic Records
- Health Records
- Psychological Records and Reports
- Any other pertinent information that will assist us with this student
- Does this family have an outstanding financial obligation to your school that needs to be resolved before we enroll them at Cornerstone Christian Academy?
 - No
 - Yes

Requested From

Date of Request:	Name and Address of Former School:

Student Information

Student's Last Name:	Student's First Name:
Date of Birth:	Last Grade Level Successfully Completed:

According to the final regulations – Family Educational Rights And Privacy Act (Buckley Amendment) dated June 17, 1976, it is no longer necessary to obtain written consent to release records to another school system in which the student may intend to enroll.

Thank you for your prompt attention to this request.

Health Records Requirements

New Entrants:

Upon enrollment parents must submit the medical records from their physician which include:

- General physical records
- Immunizations
- Disease history
- Medications child takes regularly, time taken and purpose for use
- Precautions staff should be aware of
- Allergies child is shown to have

A Health Records Request form is provided for your convenience.

Returning Students:

Every year, following the guidelines stated below, parents must provide updates to, or changes in medical history (such as additional immunizations received, or changes in medical history, medication or allergies).

Medical Physicals: New York State requires all children entering grades K, 2, 4, 7 and 10 to have a physical before entering school. All new entrants to school must also have a physical performed by a doctor. All students participating in extracurricular sports must also have a physical within the last 12 months.

Vision Screening: New York State requires all children entering grades K, 1, 2, 3, 5, 7 and 10 to have vision screening. The screening will be done through the school unless we receive test results from a private doctor. All new entrants to school must have the screening by October 1. Again, the school will provide this unless a doctor's note is received.

Hearing Screening: New York State requires all children entering grades K, 1, 3, 5, 7 and 10 to have hearing screening. The screening will be done through the school unless we receive test results from a private doctor. All new entrants to school must have the screening by October 1. Again, the school will provide this unless a doctor's note is received.

Immunizations: New York State Law requires that before entering school, a child must be immunized based on age and appropriate interval scheduling, unless medically contraindicated or forbidden by religion. In cases of exemption, a written statement from a physician or clergyman must be presented to the school upon entrance.

Scoliosis Screening: New York State requires all children in ages 8-16, to have an annual scoliosis screening.



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Request for Release of Medical Records

To the Physician or Health Care Provider of: _____:

You are hereby authorized to disclose the student's medical record to Cornerstone Christian Academy for the purpose of enrollment. This authorization shall remain in effect for the duration of the student's enrollment. I understand I have the right to revoke this authorization at any time by submitting notice in writing to the physician or health care provider to whom I have provided this request.

Cornerstone Christian Academy
 60 Holley St, Brockport, NY 14420
 Telephone: 585-637-4540 Fax: 585-637-4518

 Parent or Guardian's Signature

Student Information

Student's Last Name:	Student's First Name:
Date of Birth:	Entering Grade: Physical Required: <input type="checkbox"/> Yes <input type="checkbox"/> No
Student's Address:	Student's Home Phone:
Father's Name: Address (if different from student): Home Phone:	Mother's Name: Address (if different from student): Home Phone:

Physician (Please Print)	Telephone
Physician's Signature	Date

Emergency Contact Form

Student Information

Student's Last Name:	Student's First Name:
Date of Birth:	
Student's Address:	Student's Home Phone:
Father's Name: Address (if different from student): Home Phone: Cell Phone: Work Phone: Email:	Mother's Name: Address (if different from student): Home Phone: Cell Phone: Work Phone: Email:

Physician

Telephone

Hospital Preference (if any)

Medications

Please list any medications your child is currently taking:

Medication	Dosage	Time(s)	Side effects for which we should be alert

All medications must be brought to the School Office with the student's name, specific times and dosing instructions in writing and attached to the bottle. Students will be permitted to come to the office to receive their medications at the appropriate time(s).

Allergies and Other Medical Conditions

Are there any other precautions we should take with your child? (e.g., food allergies, bee sting allergies, etc.)

Medical Condition	Precautions

Alternate Contact

If a parent is not available in the event of an emergency, whom should we contact? Please note: This individual should be aware that you have listed them and be equipped to make decisions according to your wishes in the event of an emergency.

Name

Telephone

EMERGENCY MEDICAL TREATMENT RELEASE

I give my permission for my child to receive emergency and/or non-emergency medical treatment in the event that I cannot be contacted to provide consent for such treatment. I also give permission for an antidote to be administered to my child, after medical consultation, in the case of accidental swallowing of poisonous substances.

Signature of Parent/Guardian

Date

Please note: A copy of this form will be kept on file with the classroom teacher. Please notify the teacher or the school office immediately with any changes in medical information.



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Pastoral Reference Form

To the Pastor/Youth Pastor/Sunday School Teacher of: _____:

The applicant should provide an addressed, stamped envelope for you to **return this directly to:**

Cornerstone Christian Academy
 60 Holley St, Brockport, NY 14420
 Telephone: 585-637-4540 Fax: 585-637-4518
 Email: cjohnson@cornerstonechristianacademy.us

The applicant is a candidate for admission to Cornerstone Christian Academy, a co-educational, Christian school that demands a high level of integrity and scholastic effort from its students. Please be frank and honest in your responses; the information you provide is confidential according to law. Thank you for your time and consideration.

Area	Rating	Comments
Home Background	<input type="checkbox"/> 2-parent home – stable <input type="checkbox"/> 2-parent home – unstable <input type="checkbox"/> 1-parent home – stable <input type="checkbox"/> 1-parent home - unstable	
Home Discipline	<input type="checkbox"/> Balanced <input type="checkbox"/> Too Little <input type="checkbox"/> Too Much <input type="checkbox"/> Inconsistent	
Altruism	<input type="checkbox"/> Demonstrates an inner concern for the needs of others <input type="checkbox"/> Will act on behalf of others when asked <input type="checkbox"/> Must be strongly encouraged to accommodate others <input type="checkbox"/> Self-centered; unconcerned about others	
Obedience	<input type="checkbox"/> Responds well to authority <input type="checkbox"/> Usually obedient <input type="checkbox"/> Resents authority <input type="checkbox"/> Unpredictable	
Emotional Stability	<input type="checkbox"/> Stable <input type="checkbox"/> Usually well-controlled <input type="checkbox"/> Excitable; moody; upsets others <input type="checkbox"/> Apathetic; irresponsible	
Industry	<input type="checkbox"/> Hard worker <input type="checkbox"/> Good, dependable worker <input type="checkbox"/> Works just enough to get by <input type="checkbox"/> Lazy; needs constant supervision	

Area	Rating	Comments
Judgment	<input type="checkbox"/> Unusual maturity <input type="checkbox"/> Average common sense <input type="checkbox"/> Immature; erratic <input type="checkbox"/> Poor	
Responsibility	<input type="checkbox"/> Excellent; volunteers for tasks, accepts responsibility for actions <input type="checkbox"/> Usually accepts when asked <input type="checkbox"/> Avoids when possible <input type="checkbox"/> Often irresponsible	
Leadership	<input type="checkbox"/> Leads peers easily in a positive manner and direction <input type="checkbox"/> Prefers to follow, but will stand against poor group behavior <input type="checkbox"/> Follows others of questionable judgment <input type="checkbox"/> Leads others in poor group behavior	
Parental Involvement	<input type="checkbox"/> Eagerly seek to involve themselves in their child's life <input type="checkbox"/> Must be encouraged to involve themselves, but supportive <input type="checkbox"/> Often defensive and non-supportive <input type="checkbox"/> Remain uninvolved	

How long have you known the applicant?

- 1 year or less
 1-2 years
 2-3 years
 More than 3 years

In what relationship?

How well do you know him/her?

- Very well
 Fairly well
 Casually

To your knowledge, has the child accepted Jesus Christ as Savior and Lord?

- Yes
 No

Does the applicant demonstrate a desire to grow spiritually?

- Yes
 No

If yes, what evidence do you see of this?

What do you consider to be the major strong points of the applicant?

What do you consider to be the weaknesses of the applicant?

Does the applicant have a history of:

Tobacco use?

- Yes
- No
- Don't know

Use of alcoholic beverages?

- Yes
- No
- Don't know

Use of non-medicinal drugs?

- Yes
- No
- Don't know

Sexual promiscuity

- Yes
- No
- Don't know

If yes to any, please explain:

Additional Comments (optional):

Please indicate your evaluation of the applicant's potential to succeed in an environment like that of Cornerstone Christian Academy.

- Outstanding
- Excellent
- Good
- Fair
- Poor

Completed by:	Church Represented:
Church Address:	

Signature	Date
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THANK YOU FOR YOUR ASSISTANCE

School Uniforms

We strongly recommend that first time orders be done in person at Stitchworks.



Stitchworks Uniform and Sportswear
 297 Culver Parkway, East Irondequoit 14609
 585-654-7522

BOYS

Clothing Item	Available Color Options
Pants (Double knee, pleated or plain front)	<ul style="list-style-type: none"> Navy Black
	CCA Monogram in silver
Shirts (Long or short sleeve polo)	<ul style="list-style-type: none"> Light blue w/ navy White w/ black
Shirts (Long or short sleeve oxford)	<ul style="list-style-type: none"> Light blue w/ navy White w/black
Fleece (vest or jacket)	<ul style="list-style-type: none"> Gray w/ navy
Sweater (V-neck or cardigan)	<ul style="list-style-type: none"> Navy w/ silver
<i>Required Gym Uniform:</i>	
Uniform Gym Shorts	<ul style="list-style-type: none"> Navy w/ silver
Uniform Gym Shirt	<ul style="list-style-type: none"> Gray tee with logo
<i>Optional Gym Apparel:</i>	
Hoodie (Gym class only) or Sweatpants	<ul style="list-style-type: none"> Gray with navy Navy with silver

GIRLS

Clothing Item	Available Color Options
Pants (mid-rise, modest fit)	<ul style="list-style-type: none"> Navy Black
	CCA Monogram in silver
Skirts (bottom of knee or full length)	<ul style="list-style-type: none"> Navy Black
Plaid, Pleated skirts (knee length)	CCA Monogram in silver
<i>Jumpers</i>	
Shirts (Long or short sleeve polo)	<ul style="list-style-type: none"> Light blue w/ navy White w/ black
Shirts (Long or short sleeve oxford)	<ul style="list-style-type: none"> Light blue w/ navy White w/black
Fleece (vest or jacket)	<ul style="list-style-type: none"> Gray w/ navy
Sweater (V-neck or cardigan)	<ul style="list-style-type: none"> Navy w/ silver
<i>Required Gym Uniform:</i>	
Uniform Gym Shorts	<ul style="list-style-type: none"> Navy w/ silver
Uniform Gym Shirt	<ul style="list-style-type: none"> Gray tee with logo
<i>Optional Gym Apparel:</i>	
Hoodie (Gym class only) or Sweatpants	<ul style="list-style-type: none"> Gray with navy Navy with silver

Pricing and Online Ordering

For current pricing and online ordering, visit <https://stitchwork.com/product-category/schools/cornerstone-christian/>.

Directions to store:

Take 490 east to 590 north. Exit at Empire Blvd and turn left at end of ramp. Go to light at Shelford Rd., and turn left. The store is located at the intersection of Shelford Rd. and Culver Parkway.