

CORNERSTONE LIFE ACADEMY APPLICATION

Location: 56 McWhirt Loop, Fredericksburg, VA 22406

Phone number: (540) 374-1876

Web site: www.cssbchurch.org **E-mail:** cla@cssbchurch.org

Child's Name _____

Date of birth _____ Place of birth _____ Sex: _____ Male _____ Female

Address _____ Zip _____

Home phone (_____) _____ T-shirt size for school year: _____

E-mail (for office communication): _____

Secondary E-mail (if desired): _____

To ensure proper placement for your child to achieve the most success, please list any concerns/diagnoses that you have (medical, behavioral, or learning), write N/A if there are no concerns: _____

Class of Enrollment (circle): 2's 3's 4's (Pre-K) K 1st 2nd 3rd 4th 5th

Previous School _____

Where did you hear about Cornerstone Life Academy? _____

Father's Name _____

Address if different from child _____ Zip _____

Cell phone (_____) _____

Employer _____ Work phone (_____) _____

Mother's Name _____

Address if different from child _____ Zip _____

Cell phone (_____) _____

Employer _____ Work phone (_____) _____

Marital status of parents: Married Single Divorced Separated

Person responsible for payment of account _____

Name of church your family attends _____

Child's Siblings (Name & Age) _____

Legal Guardian (if different than parent) _____

Address if different from child _____ Zip _____

Home phone (_____) _____ Cell phone (_____) _____

Employer _____ Work phone (_____) _____

If guardian or one parent has legal custody of the child, we must have a copy of the custody order on file.

If anyone is legally prohibited to pick up the child, we must have a copy of such order on file.

Name/s of person/s **prohibited from** picking up your child: _____

Registration Fee included: (please check one) \$70.00 \$85.00 \$100.00

OFFICE USE ONLY

School Year _____ Date Received _____ Fee Paid _____ Class/Grade _____

Comments _____
