

Cornerstone Christian Academy



PRE-SCHOOL SUMMER 2017 APPLICATION

Interested applicants should complete the Pre-School Summer 2017 Application and submit to the Admissions Office with a copy of child's Birth Certificate and current Immunization Certificate.

3850 Frankfort Road • Shelbyville, KY 40065
Phone: (502)633-4070 • Fax: (502)633-4605
www.CCAofKY.org

Mission Statement

Cornerstone Christian Academy will create an environment where students:

Receive an excellent education based on God's Word

Realize their unique purpose in God's Plan

Respond productively to God's Call

Cornerstone Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally made available to students of this school. It does not discriminate on the basis of race, color, or national ethnic origin in the administration of its educational policies, admission policy, scholarship and loan programs, athletic and other school-administered programs.

ADMISSION APPLICATION

Date Application Received

Cornerstone Christian Academy seeks to join with families who:

- Want a strong Christian education and social environment with moral absolutes
- Have a strong academic background
- Will commit to support their child, the school, the staff, and the school programs
- Will participate and support their evangelical church
- Are committed to support and uphold the school's Statement of Faith and Mission Statement

Admission to Cornerstone Christian Academy is a privilege granted to those students who manifest a desire to live and work as Bible-believing, consecrated Christians. The school reserves the right to dismiss any student who, in the opinion of the Administration and Board, does not fit into the spirit of the school, whether or not the student has kept all the rules and regulations of the school.

STUDENT INFORMATION: Male Female

Last Name	First Name	Middle Name	Nickname
Address	City	State	Zip
Home Telephone #	Social Security #	Date of Birth	

Parent/Guardian Information and Commitment Form

All information MUST be completed for ALL students.

Student's Name: _____ **Grade:** _____

Father's Name: _____

Home Phone: _____ Cell Phone: _____

Check if Father is alumnus of Living Waters or CCA

Home Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Employed by: _____

Occupation: _____ Work Phone: _____

E-mail Address: _____

Mother's Name: _____

Home Phone: _____ Cell Phone: _____

Check if Mother is alumnus of Living Waters or CCA

Home Address: _____ County: _____

City: _____ State: _____ Zip Code: _____

Employed by: _____

Occupation: _____ Work Phone: _____

E-mail Address: _____

If student is not living with both parents, please check the applicable reason:

- Divorced
 Separated
 Father Deceased
 Mother Deceased
 Other: _____

Spiritual Information

Name of Church: _____

Church Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Pastor's Name: _____

	Regularly (3-4 Sundays per month)	Occasionally (once a month)	Rarely (4 times per year)
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Statement of Faith

Each family, having made Jesus Christ the Lord of their lives, shall subscribe in writing to the following **Statement of Faith**:

- † **We Believe** that both the Old and New testaments are the inspired and inerrant Word of God, revealing the three Persons of the Godhead: Father, Son and Holy Spirit.
- † **We Believe** in the incarnation and virgin birth of our Lord and Savior Jesus Christ as true God and true man.
- † **We Believe** that man was created in the image of God, but became separated from God by sin.
- † **We Believe** that man is redeemed by grace through faith in Christ's vicarious atonement for sins, the shedding of His blood on the cross.
- † **We Believe** that the gift of eternal life is available to all men, that those who receive Christ by faith are regenerated by the Holy Spirit and thereby become children of God.
- † **We Believe** in the evangelical and Biblical truths concerning homosexuality, abortion, adultery and fornication.

PARENT AGREEMENT & COMMITMENT

- *We accept the Statement of Faith and support the preschool in teaching the principles of the Statement of Faith.*
- *We agree to accept the responsibility of obeying the rules and regulations by which the school is operated and to support the Christian principles for which it stands. We agree to meet all financial obligations as set forth.*
- *We agree to promote the spirit of unity within the ministry of the school by faithfully following the Matthew 18 principle of conflict resolution.*
- *We agree to accept the responsibility of obeying the rules and regulations by which the school is operated and to support the Christian principles for which it stands.*
- *We authorize the school to administer disciplinary measures as may be deemed necessary and proper by the administration (Hebrews 12:5-6).*
- *We have read and accept the conditions of this application and certify that all statements provided by us are true.*
- *Permission to include student and parent names, address and telephone number in a school directory is implied unless notified in writing that permission is denied.*
- *Permission to use a student's photo for publication and marketing purposes is implied unless notified in writing that permission is denied.*

Parent(s)/Guardian(s) Signature: _____ Date: _____

How did you hear about Cornerstone Christian Academy?

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Phone book | <input type="checkbox"/> Website |
| <input type="checkbox"/> Church | <input type="checkbox"/> Current Family; Name: _____ | <input type="checkbox"/> Other: _____ |

Student Health Record

Student's Name: _____ Grade: _____ Birth Date: _____

Father's name: _____ Daytime Phone: _____

Mother's name: _____ Daytime Phone: _____

List any regular medications your child takes and its purpose: _____

Is your child subject to any of the following? (Check all that apply – If yes, please explain below.)

	Yes	No		Yes	No		Yes	No
Coughs	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Urination	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Colds	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Phobias	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Stress	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Recurring Injury	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Explain: _____

I give permission for Cornerstone Christian Academy to administer the following over-the-counter medications, according to package directions, as deemed necessary **(please initial each item approved and sign below)**:

- | | |
|--|---|
| <input type="checkbox"/> All of the Following
<input type="checkbox"/> Acetaminophen (Tylenol)
<input type="checkbox"/> Ibuprofen (Advil/Motrin)
<input type="checkbox"/> Anti-itch cream
<input type="checkbox"/> Artificial tears | <input type="checkbox"/> Cough drops
<input type="checkbox"/> Antacids
<input type="checkbox"/> Antibiotic ointment
<input type="checkbox"/> Antihistamine |
|--|---|

Parent/Guardian Signature: _____ Date: _____

Emergency Contacts

(Emergency Contacts are not authorized to pick up your child. See pick-up Authorizations:)

Name	Relationship to Child	Home Phone	Cell Phone

Pick-up Authorizations:

(Note: Authorized persons should be prepared to show identification. If you wish someone not on this list to pick up your child, you must contact the school.)

Name	Name