

**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 \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Address \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ T-shirt size for school year: \_\_\_\_\_

**E-mail (for office communication):** \_\_\_\_\_

**Secondary E-mail (if desired):** \_\_\_\_\_

Class of Enrollment (circle):    2's                    3's                    4's (Pre-K)

**K**                    1<sup>st</sup>                    2<sup>nd</sup>                    3<sup>rd</sup>                    4<sup>th</sup>                    5<sup>th</sup>

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 you attend: \_\_\_\_\_

**Legal Guardian** \_\_\_\_\_

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: \_\_\_\_\_

Previous School: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_