**CORNERSTONE LIFE ACADEMY REGISTRATION FORM**

**Location:** 56 McWhirt Loop, Fredericksburg, VA 22406

**Phone number:** (540) 374-1876

**Web site:** [www.cssbchurch.org](http://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:

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**Registration Fee included:** (please check one)  $85.00 (2/1-2/28) $100.00 $125.00

**OFFICE USE ONLY**

School Year Date Received Fee Paid Class/Grade

Comments \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_