

**Cornerstone Academy of Eastside Praise**  
**Returning Student Application**

**Student's Full Name** \_\_\_\_\_

Grade Entering Fall \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student lives with:    Father            Mother            Both Parents            Other \_\_\_\_\_  
                                 Step Father    Step Mother

**Registering for the following program:** (Please circle)

Full-Time Program            Kindergarten            Homeschool Extension Program

**Parents/Legal Guardians** \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Occupation and Employer (Father) \_\_\_\_\_

Cell Phone (Father) \_\_\_\_\_ Work Phone (Father) \_\_\_\_\_

Occupation and Employer (Mother) \_\_\_\_\_

Cell Phone (Mother) \_\_\_\_\_ Work Phone (Mother) \_\_\_\_\_

Does the school have permission to give this child Tylenol for a headache or fever? \_\_\_\_\_

Should the school contact the parent prior to administering? \_\_\_\_\_

Does this child take any medication regularly? Please list: \_\_\_\_\_

\_\_\_\_\_

**Emergency Information**

The above listed parents will be contacted In case of emergency. Please list, in order, the names of other emergency contacts for your child. Please give relationship and all relevant phone numbers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Name of Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Health Insurance Name and **Necessary Numbers/Information:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does this child have any food allergies, allergies to medication, or any medical conditions, which we should be aware of? Please describe:

\_\_\_\_\_  
\_\_\_\_\_

**Financial Information**

Please check your choice of payment:

\_\_\_\_\_ 10 month payment plan (August through May)

\_\_\_\_\_ Payment in full before June 1<sup>st</sup> (3% discount)

Name and phone number of the financially responsible person: \_\_\_\_\_

\_\_\_\_\_

**Statement of Fact**

I certify that all the information on this application is true to the best of my knowledge. I have read all the informational materials and I agree to abide by the school's policies and procedures.

\_\_\_\_\_  
*Signature of Parent or Legal Guardian* *Date*

*Please return this Application/Registration form to  
Cornerstone Academy of Eastside Praise, 6300 Billtown Road, Louisville, KY 40299.  
Please include the non-refundable Application/Registration/Insurance Fee. (This fee is  
only refundable if your child is not accepted into the program for which you are  
registering.) Additional registration paperwork may be required.*