

## Cornerstone Academy of Eastside Praise

### New Student Application

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

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

Birth Place \_\_\_\_\_

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

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

Full-Time Program

Full-Day Kindergarten

Homeschool Extension Program

Friday Kinder Kapers

**Father's Name** \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Occupation & Place of Work \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_

Occupation & Place of Work \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Student Information**

Please list all schools this child has attended. \_\_\_\_\_

Has this student ever been asked to leave a school for any reason? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Does this child have any physical disabilities, learning disabilities, learning challenges, emotional difficulties or behavior problems? If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

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: \_\_\_\_\_

**Religious Information**

Family Church Affiliation \_\_\_\_\_

Name of Local Church \_\_\_\_\_

Mother – please make a brief statement about your relationship with God:

Father – please make a brief statement about your relationship with God:

Please characterize your church involvement (check one)

- Members with regular attendance
- Members with occasional attendance
- Members but do not attend
- Non members with regular attendance
- Non members with occasional attendance
- Do not attend a Church

**Emergency Information**

In case of emergency, please list, in order, the names of the people you would like us to call.

Please give relationship and all relevant phone numbers:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

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

Physician Phone Number \_\_\_\_\_

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

Dentist Phone Number \_\_\_\_\_

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

Health Insurance Name and Necessary Numbers:

**Note of Explanation**

Please briefly describe why you are considering Cornerstone Academy of Eastside Praise to assist you in the education of your child: \_\_\_\_\_

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

Describe your goals for this child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please give any other information you would like us to know about your family or this child:

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

**Financial Information**

Please check your choice of payment:

- \_\_\_\_\_ 10 month payment plan  
\_\_\_\_\_ Payment in full before June 1 (3% discount)

Name and 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 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.***