

CORNING CHRISTIAN ACADEMY STUDENT APPLICATION

2012-2013

[\$200 PER STUDENT NON-REFUNDABLE REGISTRATION FEE MUST ACCOMPANY APPLICATION]

[Maximum per family: \$500]

FOR OFFICE USE ONLY:

<input type="checkbox"/> Registration Fee	<input type="checkbox"/> Immunization Record
<input type="checkbox"/> Copy of Birth Certificate	<input type="checkbox"/> Health History <input type="checkbox"/> Dental Records <input type="checkbox"/> Physical Form
<input type="checkbox"/> Academic Records from Previous School	<input type="checkbox"/> Special Services <input type="checkbox"/> Do Not Photograph
<input type="checkbox"/> Tuition Payment Forms	<input type="checkbox"/> Field Trip/Walking Permission Slip

Father Last: _____ M: _____	Mother Last: _____ M: _____
First: _____	First: _____
Address: _____	Address: _____
City/State/ZIP: _____	City/State/ZIP: _____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Email address: _____	Email address: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
Work Email: _____	Work Email: _____
Church Name & Address: _____	
School District: _____	If divorced, who has custody of the children? _____

What arrangements with your children should we be made aware of?

Student First Name: _____	Middle: _____	Student Last Name: _____	DOB: ____/____/____
Student Nickname, if any: _____	Grade Entering: _____	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	T-shirt Size: (circle one) Y2-4 Y6-8 Y10-12 Y14-16 AS AM AL AXL A2XL A3XL
Student First Name: _____	Middle: _____	Student Last Name: _____	DOB: ____/____/____
Student Nickname, if any: _____	Grade Entering: _____	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	T-shirt Size: (circle one) Y2-4 Y6-8 Y10-12 Y14-16 AS AM AL AXL A2XL A3XL
Student First Name: _____	Middle: _____	Student Last Name: _____	DOB: ____/____/____
Student Nickname, if any: _____	Grade Entering: _____	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	T-shirt Size: (circle one) Y2-4 Y6-8 Y10-12 Y14-16 AS AM AL AXL A2XL A3XL
Student First Name: _____	Middle: _____	Student Last Name: _____	DOB: ____/____/____
Student Nickname, if any: _____	Grade Entering: _____	Male: <input type="checkbox"/> Female: <input type="checkbox"/>	T-shirt Size: (circle one) Y2-4 Y6-8 Y10-12 Y14-16 AS AM AL AXL A2XL A3XL

Emergency Information: If your child becomes ill and we are unable to reach you, we must have an emergency contact person who could pick up your child if necessary.

Name: _____ Relationship: _____

Phone: _____

Injury and Accident Waiver:

1. I/We give permission for my child to take part in all school activities, including sports and school sponsored trips away from school grounds. If my child becomes seriously ill or injured while under school supervision, I approve school authorities to take the following steps:
 - a. Contact a parent/guardian
 - b. If contact cannot be made with them, contact the student's physician:
Name of Physician: _____
Phone: _____
 - c. If the student's physician cannot be reached, school authorities will use their own discretion in contacting appropriate emergency medical services.
2. I/We will be responsible for any medical expenses incurred by my child.
 - a. Insurance Name: _____
 - b. ID #: _____
3. I/We agree to relieve the school board and school employees from any liability in connection with these activities and instructions.

Financial Information: (please check appropriate box)

- I/We will pay our child's tuition.
- Our child's tuition will be paid by:
Name: _____
Address _____
Phone: _____
Relationship: _____

I/We choose the following payment plan option:

- Payment in full prior to the beginning of the school year and will receive 5% discount
- Payment made through our Tuition Program (new students must fill out tuition payment forms)

All families enter into contract with Corning Christian Academy (CCA) via this application. If for some reason CCA is unable to complete processing, 80% of the registration fee will be returned. If the family withdraws the student, the entire registration fee is forfeited.

Corning Christian Academy does not discriminate against applicants and students on the basis of race, color, and ethnic origin. The school admits students of any race to all the rights, privileges, programs, athletics and other school administered programs.

By the signatures below, I/We signify agreement with all of the above and certify that all information is true and correct to the best of my knowledge. I/We have read the rules and regulations established by the Christian Learning Center Board of Directors.

- I do NOT wish to be published in your family directory.
- I do NOT want my child's name and/or picture used in any public media outside the school such as television, newspaper, school literature or website.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Grandparent's names and addresses if you think they would enjoy receiving our newsletter or would like to get occasional email newsletters:

Name: _____

Address: _____

Email: _____

Name: _____

Address: _____

Email: _____

All Middle School/High School students (7th-12th) must complete this section:

Why do you want to attend Corning Christian Academy?

I have read the rules and regulations established by the CCA Board of Directors in the Student Handbook and agree to abide by them.

Student Signature

Date