



**Cornerstone Christian School**  
**AFTERCARE PROGRAM**

**2023-2024 ENROLLMENT REGISTRATION INFORMATION**

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Grade(s):** \_\_\_\_\_

**Additional Students Names:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Grade(s):** \_\_\_\_\_

**Current Address:** \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact and Release to Pick Up:**

| <b>Name</b> | <b>Phone #</b> | <b>Relationship</b> | <b>Email</b> |
|-------------|----------------|---------------------|--------------|
| 1. _____    | _____          | _____               | _____        |
| 2. _____    | _____          | _____               | _____        |
| 3. _____    | _____          | _____               | _____        |
| 4. _____    | _____          | _____               | _____        |

- \$25.00 Family Registration Fee (NON-REFUNDABLE)
- \$20.00 hourly fee per child (Cancellation Notice of less than 24 hour will be charged 1hr fee)
- \$1.00 per minute late pick up fee
- Payments can be made Cash or Check ONLY
- Credits will not be provided for NO show or cancellations of less than 24hrs.

\_\_\_\_\_  
Parent/Guardian (please print clearly)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please include a \$25.00 NON-REFUNDABLE Family Registration Fee with this form.**

**You MUST BE REGISTERED to use the program.**