



Cornerstone Christian School
AFTERCARE PROGRAM
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:

Name	Phone #	Relationship	Email
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

- \$25.00 Family Registration Fee (NON-REFUNDABLE)
- \$20.00 hourly fee per child (Cancellation Notice of less than 2 hours 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.
- I would like my child to participate in Chapel and Bible time

 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.