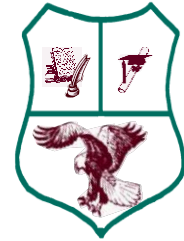


Cornerstone Schools

4888 Browns Bridge Road, Cumming Ga. 30041
(770) 205-8202 • (770) 205-6860



Family Information

Applicant's Name _____

Mother's/Guardian's Name _____ **E-mail Address** _____

Home Phone _____ Cell Phone _____

Home Address _____
Street City State Zip

Occupation _____ Employer _____

Business Address: _____

Business Phone Number _____ Ext. _____

Father's/Guardian's Name _____ **E-mail Address** _____

Home Phone _____ Cell Phone _____

Home Address _____
Street City State Zip

Occupation _____ Employer _____

Business Address: _____

Business Phone Number _____ Ext. _____

Are parents divorced? _____ If yes, who has legal custody? _____

Applicant lives with: _____

Applicant May Be Released To The Persons Listed Below:/Emergency Contacts

1. Name _____

Address _____

Phone _____ Cell Phone _____

2. Name _____

Address _____

Phone _____ Cell Phone _____

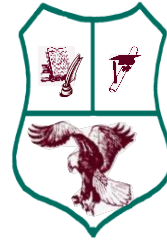
3. Name _____

Address _____

Phone _____ Cell Phone _____

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Medical Information

Applicant's Full Name _____ Age _____ DOB _____

Address _____

Dr. Name _____ Phone # _____

SPECIAL MEDICAL NEEDS: (Physical or mental problems, mental retardation or developmental disabilities.)

PRESCRIBED DAILY MEDICATION: _____

TIME _____ AMT. _____

DR. NAME _____ PHONE # _____

Should my child become ill during the time that he/she is in the care of Cornerstone Schools or suffer an accident of any nature the school will undertake to contact me immediately and shall be authorized to secure such medical attention and care for my child as may be necessary. (The parent/guardian shall assume responsibility for payment.)

I do _____ do not _____ wish to purchase insurance on my child at a cost of \$20.00 per year. I understand that Cornerstone Schools is not RESPONSIBLE for any accident that this policy may cover.

Parent's/Guardian's Signature _____ Date _____

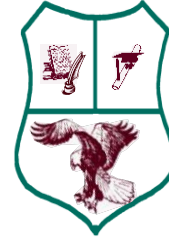
Emergency Phone Numbers # _____

Parent's/Guardian's Signature _____ Date _____

Emergency Phone Numbers # _____

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Tuition Agreement

Tuition-\$8200.00

Registration-\$150.00 Due with application. (non-refundable)

Fees:-\$450.00 (Book, Activity, Technology) **Due June 1st.**

Deposit-\$1500.00 (non-refundable).

Cornerstone Schools offers several tuition payment plans. Choose the one that best meets your needs.

Tuition Payment Plans: (\$8200.00 less deposit- \$1500.00 = \$6700.00) plus above stated fees.

I would like to enroll _____ in _____ grade for the _____ school year.

(Please check one of the following.)

_____ **Tuition Plan 1** - One Payment-(\$6700.00-\$400.00 Discount) = **\$6300.00 due on or before June 1st.**

_____ **Tuition Plan 2** -Two Payments-(\$6700.00-\$200.00 Discount=\$6500.00) **\$3250.00 due June 1st and December 1st**

_____ **Tuition Plan 3** -(10 Payments) - **\$670.00 due on or before the 1st of each month beginning June 1st**

I would like to enroll _____ in _____ grade for the _____ school year.

(Please check one of the following.)

Sibling Tuition: (\$7200.00 less deposit \$1500.00 = \$5700.00) plus above stated fees.

I would like to enroll _____ in _____ grade for the _____ school year.

_____ **Tuition Plan 1** - One Payment-(\$5700.00-\$400.00 Discount) = **\$5300.00 due on or before June**

_____ **Tuition Plan 2** -Two Payments-(\$5700.00-\$200.00 Discount=\$5500.00) **\$2750.00 due June 1st and December 1st**

_____ **Tuition Plan 3** -(10 Payments) - **\$570.00 due on or before the 1st of each month beginning June 1st**

\$30.00 LATE CHARGE - if payment has not been made by the 1st of the Month. Returned Check Fee: \$30.00

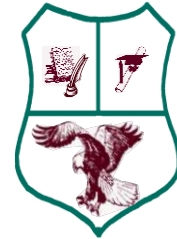
I have read the conditions and terms of admission above and hereby agree to abide by them. I agree to full and timely payment of all fees and tuition in accordance with the Tuition Agreement. No refund or release of agreement will be issued due to absence, withdrawal or dismissal.

Parent's/Guardian's Signature: _____ Date _____

Parent's/Guardian's Signature: _____ Date _____

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Before/After-School Agreement

Before/After-School Program (August to May)-\$2100

This program includes before and after school (6:30 a.m. to 7:45 a.m. and 3:00 p.m. to 6:30 P.M.) (No Holidays)

I would like to enroll my child _____ In the Before & After School Program

(Please check one of the following.)

I agree to pay:

One Payment Plan-(\$200.00 Discount) _____ \$1900.00 (Due Aug. 1st)

Two Payment Plan-(\$100.00 Discount) _____ \$2000.00 (\$1000.00 Due Aug. 1st & Dec. 1st)

Monthly Payment Plan _____ \$210.00 Monthly (Due On or before the 1st of the month.)

School Holidays.....\$50.00 a Day

Before/After-School Program & Holidays (August to May)-\$2300.00

This program includes before and after school (6:30 a.m. to 7:45 a.m. and 3:00 p.m. to 6:30 P.M.) and all school holidays, Christmas Break, Winter Break and Spring Break.

I would like to enroll my child _____ In the Before/After-School Program & Holidays.

(Please check one of the following.)

I agree to pay:

One Payment Plan- (\$200.00 Discount) _____ \$2100.00 (Due Aug. 1st)

Two Payments Plan-(\$100.00 Discount) _____ \$2200.00 (\$1100.00 Due Aug. 1st & Dec. 1st)

Monthly Payment Plan _____ \$230.00 Monthly (Due on or before the 1st of the month.)

I have read the conditions and terms of admission above and hereby agree to abide by them. I agree to full and timely payment of all fees and tuition in accordance with the Tuition Agreement. No rebate will be issued due to absence, withdrawal or dismissal.

Parent's/Guardian's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____