

RELIGIOUS INFORMATION

Church Attending _____

Address _____

Pastor _____ Phone _____

Father: Christian? Yes ___ No ___

Mother: Christian? Yes ___ No ___

Has applicant ever made a profession of faith in Christ? Yes ___ No ___

****If the student is not currently active in a church, please include a letter stating the reason why you are seeking enrollment in Cornerstone Christian Academy.**

MEDICAL INFORMATION

Family Physician _____ Phone _____

Does applicant have any physical or mental defects or allergies Yes _____ No _____

If yes, please explain _____

SCHOLASTIC INFORMATION

Has the applicant ever been expelled, dismissed, suspended, or refused admission to another school

Yes _____ No _____ If yes, explain _____

Has the applicant ever had disciplinary difficulty at school? Yes ___ No ___ If yes, explain

Does the applicant have a juvenile or arrest record? Yes ___ No ___ If yes, explain

GENERAL INFORMATION

Reason for selecting this school? _____

Application, Registration, and Testing Fee\$ _____ must accompany application and are non refundable. An interview with the student, parents and principal or administrator will be required before final acceptance.

Father's signature _____ Date _____

Mother's signature _____ Date _____

Agreements

I agree to provide the following information to Cornerstone Christian Academy before the child's first day:

- Completed and signed Registration Packet
- Updated shot record
- Va. State Physical form (within 30 days after enrollment)
- Proof of Identity of the child

Parent or Guardian Signature

Date

Directors Signature

Date

Date child entered care _____

Date child left care _____

School transportation information

I give Cornerstone Christian Academy permission to transport my child to and from school daily in Cornerstone Christian Academy Vans. I understand that my child must be here by 8:00 a.m. or it will be my responsibility to take my child to school that day. I understand that if the center does not drop my child off at school the center will not pick my child unless a phone call is made by the parent letting us know to pick them up.

Public School transportation needed to/from _____ Phone# _____

Schedule (please circle one) Before & After Just Before Just After

Release and consent to photograph, videotape & facebook

I, _____, hereby authorize and give full consent to **Cornerstone Christian Academy** to display in the center any photographs or videotape in which my child, _____, may appear in, without limitation or compensation.

I, _____, hereby authorize and give full consent to **Cornerstone Christian Academy** to display photographs or videotape in which my child, _____, may appear on our social network page, facebook, etc.

Parent signature

Date

Office use only Identity Verification

Place of Birth	DOB	Birth Certificate #	Date Issued
Other			

Cornerstone Christian Academy & Extended Care Programs

(703) 897-1100

E-mail: registrarcca@gmail.com

Child's Name _____ Child's age upon enrollment _____

School Year _____

Choose Program

Private School **Extended Care** **Public School Extended Care**

Full-time rate _____ Registration Fee _____ Book Fee _____

Lunch Fee _____ Activity & Testing Fee _____ Extended Care Fee _____

Financial Agreements

I understand the following: Cornerstone is a ministry to the community sponsored by The Connection Church, and in order to meet the expense for this service, we must maintain a financial agreement for services.

- Tuition for private school is an annual tuition and can be paid at the beginning of the school year or can be paid (Choose one) **Weekly** **Monthly** **Annual**
Weekly payments are due every Monday morning of the current week; monthly payments are due on the 1st day of the month.
A late fee of \$25.00 fee will be added to the account each week if not paid on the specified intervals.
- If there is a past due balance on my account my child(ren) may not return until the due amount is paid.
- If my echeck or credit card is returned for any reason, a \$40.00 fee will be added to my account.
- An annual Registration Fee (Private School) or (Aftercare) is due every September and is non-refundable.
- Late Pick-Up Fee rate is \$2.00 per minute/per child for children who are at CCA in aftercare after closing.
- Late Pick-Up Fee for Private School (after 3:30pm) will be \$20.00 per day. Child will be placed in an aftercare club.
- **A 90-day "written" notice is required prior to leaving Cornerstone Academy Private School.**
- **A three week "written" notice is required prior to leaving Cornerstone public school extended care programs.**
- I understand if my child is enrolled in before/aftercare, I am still obligated to pay for care if my child does not attend.

For the safety of my child(ren) and others

- I will notify Cornerstone of any changes to be made in my child's file (phone numbers, address, employment etc).
- I will update my child's shot and health records.
- I will safely escort and release my child to a CCA staff member.
- I will notify CCA in the absence of my child and if they will not be returning from another school.
- I will notify CCA if someone other than the parents will be picking up my child(ren), or if my child will be picked up later than the usual time.
- I will make arrangements to pick up my child if they become sick and will provide a doctor's note if necessary.
- I have read and understood the parent handbook and agree to comply with the rules and regulations of Cornerstone Camp & Aftercare.

The contract shall remain in force for the entirety of its term under conditions set forth in the parent handbook. Parents or Guardians shall be responsible for any unpaid tuition/fees. If there is an unpaid balance due after the child's last day this will result in legal action taken against you to collect such fees. Our Attorneys fees to collect will be 33% of your balance due which will be in addition to your balance due.

Parent/Guardian Signature

Date

Director signature

Office Use Only

Date _____ **Age** _____ **Rate Change** _____ **Initial** _____ **Notes** _____

Cornerstone Christian Academy
Woodbridge Va. 22192

Child's Emergency Medical/ Transportation Authorization

Name of Child _____ Birthdate _____

In a life-threatening or emergency situation determined by Director or staff in charge, I the Parent(s)/ guardian authorizes Cornerstone Christian Academy to obtain immediate medical care through First-aid / CPR and/or consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and / or the administration of drugs to, his/her child in the event that the parent/guardian is not available to authorize a medical decision.

In the event of an emergency Cornerstone Christian Academy will contact at least one of the following Parent(s) / Guardian in this order:

1st _____
Name relation to child Home / work/ other #

2nd _____
Name relation to child Home / work / other #

Emergency transportation will be provided by EMS, if EMS is not readily available within 10 to 15 minutes, other transportation such as a private automobile will be used in case of emergency to transport my child to **Sentara Emergency or Potomac Sentara Hospital**.

Cornerstone Christian Academy may contact my medical care provider _____ at _____.

I hereby authorize Cornerstone Christian Academy to follow these procedures.

Parent signature

Date

HEALTH HISTORY

Child's name _____ Sex _____ DOB _____

Medical History (Please check all that apply)

_____ Epilepsy _____ Pneumonia _____ Apnea

_____ Heart Disorder _____ Whooping Cough _____ Diphtheria

_____ Seizures _____ Tuberculosis _____ Hepatitis B

_____ HIB _____ Measles _____ Mumps

_____ Rubella _____ Asthma _____ Chicken Pox

Other _____

Allergies

Medication _____

Reaction _____ Emergency plan _____

Food(s) _____

Reaction _____ Emergency plan _____

Insects bites _____

Reaction _____ Emergency plan _____

Comments and concerns we need to know about your child: _____

Parent signature _____ Date _____

PUBLIC DISCLOSURE

The Code of Virginia, Section 22.1-289.031, allows child day centers operated by religious institutions the opportunity to file for an exemption from licensure by meeting documentation and other requirements specified within the exemption law. The statements below have been prepared and distributed to meet the requirements of the exemption law.

EXEMPTION

In compliance with the Code of Virginia, Section 22.1-289.031, Cornerstone Christian Academy childcare ministries, including PreSchool, Kindergarten, and Extended Child Care programs, are exempt from licensure and are classified as an "Exempt" child center.

Description of Facilities

Cornerstone PreSchool-K-4, Kindergarten and Aftercare programs are located within the confines of the building located at 12368 Dillingham Square, Woodbridge, Virginia.

- Cornerstone is a 8000 sq ft building with 9 classrooms utilized for private Christian school and aftercare clubs. Pre-K 4 is in Classrooms (3), Kindergarten is in room 4, 1st-2nd Grade is in room 5, 3rd grade is in room 7, 4-5th grade is in room 6. Room 8 is utilized for a computer lab and aftercare clubs. Room 9 is used for reading groups, art, and music. Room 10 is used for aftercare clubs ages 5-11, Room 11 is utilized as a gym and assembly room for all age groups.
- The Extended Child Care Ministries utilize multiple classroom facilities of the Cornerstone Academy as well as 3 rooms designated for aftercare club purposes.
- There is one (1) playgrounds on the property for specific age groups of children that is shared with Cornerstone Academy Day Center: Preschool (4)-K-5th grade. Each group has a designated time to be on the playground as to not interfere with varying age groups
- Playground, Climbing apparatus, Playhouse
- Cornerstone does not have a kitchen facility but receives food from a certified caterer which has an approved food permit and kitchen by the Building Code, Health Code, and Fire code.
- Refrigerators are provided for the storage of snacks and are marked for Staff only. Parents provide their own lunches for their own students if not purchasing a lunch ticket.
- All staff members must obtain Virginia State Police fingerprinting, CPS background check and a staff health report.

Qualifications of Personnel

Administrative Staff

The Administrative Director has over 20 years of experience. The director is responsible for the oversight of program administration including staff supervision, compliance with the Code of Virginia regarding the safe operation of the facility, and general care and well-being of the children enrolled in the programs. Directors have the responsibility of keeping The Connection Church School Board informed of issues regarding daily operations.

Classroom Teachers and Aides

Classroom teachers are directly supervised by the Director or her designated assistant and are responsible for daily supervision of children assigned into their care. Classroom teachers must be at least 18 years of age and meet or exceed qualifications as established by the Connection Church School Board.

- Teachers are responsible for planning age and developmentally appropriate activities for students. Classroom aides work directly under the supervision of the classroom teacher.
- A practicing physician certifies staff members to be free of any disability that would hinder appropriate care or supervision of children
- as required annually by the Code of Virginia. Each staff member has received a Criminal History Records Clearance from the Virginia
- State Police and a Search of the Central Registry for Child Abuse and Neglect clearance from Child Protective Services. Likewise,
- At least 1 staff member is present during operating hours certified in basic First Aid and Cardiopulmonary Resuscitation, and have been trained to recognize the signs of child abuse and neglect. At least 1 Staff member in the building at all times is MAT trained.
- Lead Staff members in 4's & Kindergarten must receive training in the Abeka curriculum & have positive classroom management skills. Additionally, staff members participating in aftercare clubs and summer camp must attend our 4 hour training course in procedures, incident accident forms, transportation safety and pool safety.

Enrollment Capacity

The maximum number of children that the center will enroll will not exceed Two Hundred and Forty (240) at any time on a daily basis. This number was established with the Prince William County building code and Fire department.

Health and Safety

Cornerstone Christian Academy has developed an Emergency Medical Transportation Authorization form that is REQUIRED for all children participating in any of our ministries. This legal document allows us to provide emergency medical transportation to Sentara.

- Cornerstone Christian Academy has developed a Public Safety and Fire Safety Plan which encompass procedures for emergencies ranging from fire, weather, natural and man-made disasters. A copy of the plan is on file in our Licensing Binder.
- The program will administer emergency prescription medications only in accordance with the physician's or other prescriber's instructions and in accordance with the standards of practice in the MAT training. The individuals listed below are approved to administer prescription medications using the following routes: topical, oral, inhaled, eye and ear, medication patches and epinephrine using an auto-injector device:

Karrienne Hall, Ashley Akridge, Lakisha Barnard, Amparo Urieta, Nyomi Scroggins

Cornerstone Christian Academy is covered by public liability insurance through Church Mutual Insurance Company.

Parent Signiture _____

Vital Information

Child's Name: _____ DOB: _____

Address: _____

Allergies: _____

Mother Information

Father Information

Name: _____

Name: _____

Work phone: _____

Work Phone: _____

Cell phone: _____

Cell Phone: _____

Home phone: _____

Home Phone: _____

Email: _____

Email: _____

I give permission for my child to go on walks outside of Cornerstone Christian Academy to Cul-de-sac, Lake Ridge Park and on the sidewalk around Dillingham Square Plaza.

Parent signature

Date

Emergency Contact (if parent can not be reached) - 2 Contacts Required

Name: _____

Name: _____

Work phone: _____

Work phone: _____

Cell phone: _____

Cell phone: _____

Home phone: _____

Home phone: _____

Persons Authorized to pick-up child

1. _____ 2. _____ 3. _____

Persons NOT Authorized to pick-up child

1. _____ 2. _____ 3. _____

Parents Comments _____
