

# Cornerstone Christian Academy



## PRE-SCHOOL SUMMER 2021 APPLICATION

Interested applicants should complete the Pre-School Summer 2021 Application and submit to the Admissions Office with a copy of child's Birth Certificate and current Immunization Certificate.

3850 Frankfort Road • Shelbyville, KY 40065  
Phone: (502)633-4070 • Fax: (502)633-4605  
[www.CCAofKY.org](http://www.CCAofKY.org)

### Mission Statement

**Cornerstone Christian Academy will create an environment where students:**

***Receive*** an excellent education based on God's Word

***Realize*** their unique purpose in God's Plan

***Respond*** productively to God's Call

Cornerstone Christian Academy admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally made available to students of this school. It does not discriminate on the basis of race, color, or national ethnic origin in the administration of its educational policies, admission policy, scholarship and loan programs, athletic and other school-administered programs.



## Spiritual Information

Name of Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

	Regularly (3-4 Sundays per month)	Occasionally (once a month)	Rarely (4 times per year)
Father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Statement of Faith

Each family, having made Jesus Christ the Lord of their lives, shall subscribe in writing to the following **Statement of Faith**:

- † **We Believe** that both the Old and New testaments are the inspired and inerrant Word of God, revealing the three Persons of the Godhead: Father, Son and Holy Spirit.
- † **We Believe** in the incarnation and virgin birth of our Lord and Savior Jesus Christ as true God and true man.
- † **We Believe** that man was created in the image of God, but became separated from God by sin.
- † **We Believe** that man is redeemed by grace through faith in Christ's vicarious atonement for sins, the shedding of His blood on the cross.
- † **We Believe** that the gift of eternal life is available to all men, that those who receive Christ by faith are regenerated by the Holy Spirit and thereby become children of God.
- † **We Believe** in the evangelical and Biblical truths concerning homosexuality, abortion, adultery and fornication.

## PARENT AGREEMENT & COMMITMENT

- *We accept the Statement of Faith and support the preschool in teaching the principles of the Statement of Faith.*
- *We agree to accept the responsibility of obeying the rules and regulations by which the school is operated and to support the Christian principles for which it stands. We agree to meet all financial obligations as set forth.*
- *We agree to promote the spirit of unity within the ministry of the school by faithfully following the Matthew 18 principle of conflict resolution.*
- *We agree to accept the responsibility of obeying the rules and regulations by which the school is operated and to support the Christian principles for which it stands.*
- *We authorize the school to administer disciplinary measures as may be deemed necessary and proper by the administration (Hebrews 12:5-6).*
- *We have read and accept the conditions of this application and certify that all statements provided by us are true.*
- *Permission to include student and parent names, address and telephone number in a school directory is implied unless notified in writing that permission is denied.*
- *Permission to use a student's photo for publication and marketing purposes is implied unless notified in writing that permission is denied.*

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about Cornerstone Christian Academy?

- |  |  |                                       |
|--|--|---------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Phone book                  | <input type="checkbox"/> Website      |
| <input type="checkbox"/> Church        | <input type="checkbox"/> Current Family; Name: _____ | <input type="checkbox"/> Other: _____ |

## Student Health Record

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Father's name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

List any regular medications your child takes and its purpose: \_\_\_\_\_

Is your child subject to any of the following? (Check all that apply – If yes, please explain below.)

	Yes	No		Yes	No		Yes	No
Coughs	<input type="checkbox"/>	<input type="checkbox"/>	Frequent Urination	<input type="checkbox"/>	<input type="checkbox"/>	Anxiety	<input type="checkbox"/>	<input type="checkbox"/>
Colds	<input type="checkbox"/>	<input type="checkbox"/>	Hay Fever	<input type="checkbox"/>	<input type="checkbox"/>	Phobias	<input type="checkbox"/>	<input type="checkbox"/>
Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Shortness of Breath	<input type="checkbox"/>	<input type="checkbox"/>	Stress	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Recurring Injury	<input type="checkbox"/>	<input type="checkbox"/>	Depression	<input type="checkbox"/>	<input type="checkbox"/>
Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	Allergies	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>

Explain: \_\_\_\_\_

I give permission for Cornerstone Christian Academy to administer the following over-the-counter medications, according to package directions, as deemed necessary **(please initial each item approved and sign below)**:

- |  |  |
|--|--|
| <p>_____ <b>All of the Following</b></p> <p>_____ Acetaminophen (Tylenol)</p> <p>_____ Ibuprofen (Advil/Motrin)</p> <p>_____ Anti-itch cream</p> <p>_____ Artificial tears</p> | <p>_____ Cough drops</p> <p>_____ Antacids</p> <p>_____ Antibiotic ointment</p> <p>_____ Antihistamine</p> |
|--|--|

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Emergency Contacts

*(Emergency Contacts are not authorized to pick up your child. See pick-up Authorizations:)*

Name	Relationship to Child	Home Phone	Cell Phone

### Pick-up Authorizations:

*(Note: Authorized persons should be prepared to show identification. If you wish someone not on this list to pick up your child, you must contact the school.)*

Name	Name