



Cornerstone Christian School
After-School Program
2016-2017 Registration

Student Name: _____

Additional Students Names: _____

Parent Name: _____

Address: _____

Grade(s): _____

Home Phone #: _____ **Work Phone #:** _____

Cell Phone #: _____

What month do you plan to start? _____

Please choose from one of the two options:

(All options can add on a **second or third child** for a flat rate of \$5 a day per extra child.)

- I will pay **\$8.00 Hourly** fee, each month. I will pick my child up at _____.
- I am registering for the **monthly flat rate of \$400.00** for the **After-School Program**.

Parent/Guardian (please print clearly)

Signature

Date

Please include a **\$20.00 NON-REFUNDABLE Registration Fee** with this form.

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