



Cornerstone Christian School  
**After- Care Program**  
**2019-2020 Family Registration Form**

**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:**

(You can add on a **second child** for a flat rate of \$5.00 a day)

- I will pay **\$10.00 hourly fee**, each month. I will pick my child up at \_\_\_\_\_.
- I have more than 2 children and will discuss fees with Ms. Claudio.

\_\_\_\_\_  
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.