



Cornerstone Christian School
After-School Program
2018-2019 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.