

**CORNERSTONE CHRISTIAN ACADEMY**

12368 Dillingham Square

Woodbridge, VA 22192

703 897-1100      703 897-6262 *fax*

registrarcca@gmail.com

**STUDENT ADMISSION APPLICATION**

**STUDENT INFORMATION**

Name \_\_\_\_\_ **DOB** \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

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

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address \_\_\_\_\_ @ \_\_\_\_\_

School last attended \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

**FAMILY INFORMATION**

Father's name \_\_\_\_\_ Employment \_\_\_\_\_

Biological Father? Yes \_\_\_ No \_\_\_ If No, biological father's name: \_\_\_\_\_

Position \_\_\_\_\_ Business phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_ @ \_\_\_\_\_

Mother's name \_\_\_\_\_ Employment \_\_\_\_\_

Biological Mother? Yes \_\_\_ No \_\_\_ If No, biological mother's name: \_\_\_\_\_

Position \_\_\_\_\_ Business phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ e-mail \_\_\_\_\_ @ \_\_\_\_\_

Marital status: Married \_\_\_\_\_ Widowed \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

*\*If divorced, please include a photocopy of the most recent Child Custody Order.  
If separated, both parent/guardian signatures are required unless restricted visitation order in effect*

Persons to contact in case of an emergency, please list 2 with full information other than parents

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

**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 applicant ever had disciplinary difficulty at school? Yes \_\_\_ No \_\_\_ If yes, explain

Does 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 principle 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 parent letting us know to pick them up.**

**Public School transportation needed to \_\_\_\_\_ 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**

# Cornerstone Camp & After Care Programs

Woodbridge Va. 22192

(703) 897-1100

(703) 897-6262 fax

E-mail: registrarcca@gmail.com

Child's Name \_\_\_\_\_ Child's age upon enrollment \_\_\_\_\_

Full-time rate \_\_\_\_\_ Part-time rate \_\_\_\_\_ Parent fee \_\_\_\_\_

I will pay: Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Date	Age	Rate change	Initial	Date	Age	Rate change	Initial

### Financial Agreements

***I understand the following: Cornerstone is a ministry to the community sponsored by Joseph Storehouse Ministries, Inc. We are a not for profit service to the community, however, in order to meet the expense for this service, we must maintain a financial agreement for services.***

- Tuition is due every Monday morning of the current week but, no later than Tuesday. If late a \$20.00 fee will be added to my account.
- If there is a past due balance on my account my child(ren) may not return until past due amount is paid.
- If my check is returned for any reason a \$40.00 return check fee will be added to my account. The check amount and fee must be paid in cash or money order before my child can return the next day. Tuition must now be paid in cash or money order.
- An annual Registration Fee(Private School) or Supply fee (Aftercare) is due every September and is non-refundable.
- Late Pick-Up Fee rate is \$2.00 for every minute thereafter per child for children who are here after the center closes at 7:00 p.m or for each minute.
- Late Pick-Up Fee for Private School (after 3:30pm) will be \$10.00 per day. Child will be placed in a aftercare club.
- A Three Month written notice is required prior to leaving Cornerstone Academy Private School.
- A Three week written notice is required prior to leaving Cornerstons aftercare.

### **Parent/Guardian Responsibility Acknowledgements:**

- I will notify Cornerstone of any changes to be made in my child's folder (phone numbers, address, employment etc).
- I will update my child's shot and health records.
- I will safely escort and sign my child in and out of the center, and will make sure staff are aware of my child's entering and exiting the facility.
- I will notify the school in the absence of my child and if they will not be returning from another school.
- I will notify the school 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 doctors note if necessary.
- I have read and understood the parent handbook and agree to comply with the rules and regulations of Cornerstone Private School, Camps & 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 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.

## **Cornerstone Programs Discipline Policy**

The most important people at **Cornerstone** are the children. Their care, growth development and safety are our primary concern.

**CORNERSTONE** will strive to provide positive input into each individual child. We work on developing a positive self-image in each child.

**CORNERSTONE** staff will be fair, fun and above all consistent

**CORNERSTONE** staff will give lots of positive reinforcements. We give lots of hugs here.

**CORNERSTONE** uses two kinds of discipline. First staff will use redirection to the inappropriate behavior. We will let the child know that if he/she continues they will have "Time-out". Time-out is where a child will sit in a chair away from the class activity for a few minutes. The amount of minutes will be determined by the child's age (ex: a three year old will only sit for three minutes.) When the child's time is up the teacher will talk to the child about more appropriate behavior and invite them back into the group.

**CORNERSTONE** staff shall not be verbally abusive

There will be no physical punishment or disciplinary action administered to the body in any form

**CORNERSTONE** will notify the parent by phone call or an incident report explaining child's inappropriate or unsafe behavior that continuously puts other children/staff in danger. If behavior continues, suspension or dismissal from Camp and After Care Programs may be considered.

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 Parent Signature

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 Date

**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:

1<sup>st</sup> \_\_\_\_\_  
Name relation to child Home / work/ other #

2<sup>nd</sup> \_\_\_\_\_  
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 child to **Sentera Emergency or Potomac Sentera Hospital**.

Cornerstone Christian Academy may contact my medical care provider \_\_\_\_\_ at \_\_\_\_\_.

I hereby authorize Cornerstone Christian Academy to follow these procedures.

\_\_\_\_\_  
Parent signature Date

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 \_\_\_\_\_

Cornerstone Camp & After Care Programs  
Infection Control Policy

It is inevitable that children will get sick, no matter where we are. As children begin to have contact with the world outside that of their own families, they come into contact with germs and bacteria that are foreign to their bodies. This is the way they build immunities. We cannot, nor would we want to, shield a child completely from the outside world. If we did, the natural immunities a child gains though contact with others would not develop and a simple cold could become a serious illness. We do, however, want to protect a child from an unusually high exposure to germs all at once.

In a childcare setting, children come into contact with groups of other children outside their families. It is in this situation that the illness of one child can spread rapidly though the group to other children and staff members if stringent measures to prevent this spread are not taken.

For this reason, the staff at Cornerstone will take constant precautions to prevent the spread of disease. Many common childhood diseases are contagious. Germs can be spread several ways: Intestinal tract infections are spread though stools. Respiratory tract infections are spread though coughs, sneezes, and running noses. Other diseases are spread though direct contact. Careful hand washing by staff and children can eliminate approximately 75% of the risk of spreading these illnesses. Other precautions include separating sick children from those who are well, taking extra precautions with diapered or toilet training children, and working to maintain sanitary conditions throughout the center.

You, the parents can help us in our effort to keep your children healthy. We ask your cooperation in the following ways:

1. If your child has been exposed to any of the diseases listed on the Communicable Disease Chart, we ask that you notify us of the exposure.
2. If your child shows any of the symptoms listed below, you will be called and asked to come immediately and get the child. Please help us protect the other children and your child by responding immediately. If the child has any of the following symptoms at home, or is sent home from school, we ask that you keep him/her out of school until the symptoms have been gone for 24 hours, or until your child has been on antibiotics for 24 hours, or until your physician says it is all right to return.

*The symptoms include:*

- Fever- 101 degrees
- Severe coughing- child gets red or blue in the face
- Child makes a high-pitched croupy or whooping sounds after the coughs
- Difficult or rapid breathing- especially in infants
- Green mucus from the nose with fever
- Pinkeye- redness of eyelid lining, followed by swelling and discharge of pus
- Unusual spots or rashes
- Unusually dark, tea colored urine- especially with fever
- Grey or white stool
- Headache and stiff neck
- Vomiting
- Severe itching of body or scalp or scratching of scalp
- Diarrhea (more than three)

If any of the above symptoms are present or if child appears cranky or less active than usual, cries more than usual, or just seems generally unwell at home, you are asked to look for any of the above symptoms and inform the child's teacher so that the child can be watched carefully for the development of symptoms.

It is imperative that we all work together to keep all of the children who attend Cornerstone as healthy and happy as possible. We thank you for your cooperation.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

## **Medication Policy**

Prescription medication shall be given to a child according to the center's written medication policies and with written authorization from the parent and or child's physician.

Cornerstone will only administer Prescription emergency medication. No medications are permitted in our facility without written consent agreement from the Principal/Director. We do



not administer over the counter medications of any kind with the exception of topical creams. Staff not trained in M.A.T.T. will not administer medication to your child. Medication will only be administered if medication forms are completed.

Prescription, Emergency Medication forms must be completely filled out. Cornerstone medication forms are only good for 10 days except for the long- term medication form.

**Prescription medication-** may be given to a child with proper medication form filled out only if the prescription requires more than 2 doses per day.

Please note that if you are using an old prescription that has not expired we will need a doctor's note stating what the illness is and that we can continue to use this medication. **Medication will only be administered for Emergency Purposes.**

**Long- term medication-** this form is for medication that your child needs for more than 10 days. This form needs to be filled out by your doctor, parent, and staff before the child can be given the medication. If this medication is on a 'as needed basis' the parent will be responsible for writing down the new times on the medication form everyday if the time changes daily.

Cornerstone will not give fever reducers except for seizure fevers. A long term medication form must be filled out with a doctor's prescription for the fever reducer. Children are to enter school 24 hour symptoms free or a Doctor's note. If a child is running a fever or has been the day or night before, they are not symptom free.

All medication must be in original container with the prescription label or direction label attached and child's name on it. Parents will be notified immediately of any adverse reactions to medication administered and any medication error and will be documented on back of medication form.

***I have read and understand the Cornerstone medication policy and will fill out the proper forms before the center can administer my child medication.***

\_\_\_\_\_  
*Parent/Guardian signature*

\_\_\_\_\_  
*Date*



**PUBLIC DISCLOSURE STATEMENT**

**FOR**

**CORNERSTONE CHRISTIAN ACADEMY**

Joseph Storehouse Ministries, Inc is the sponsoring organization for Cornerstone Christian Academy. Joseph Storehouse Ministries is a religious exempt, not-for-profit organization with its major focus on the structured education & positive nurturing of young children. Cornerstone Christian Academy implements policies, which are in keeping with biblical principals. Our policy on discipline is loving kindness and tender mercies. Staff position descriptions are posted in the office for your review.

Cornerstone Christian Academy is located at 12368 Dillingham Square, Woodbridge, VA 22192

The size of the building is 8500 Square Feet. Cornerstone Christian Academy utilizes eight (8) classrooms used for the education of children ages 4 years through 5<sup>th</sup> grade. The facility has a boy's bathroom and a girl's bathroom. There is an additional bathroom for faculty and staff.

Cornerstone Christian Academy does not have an on-site kitchen facility.

All children in our facility are required to bring a packed lunch ready for consumption. Cornerstone does not have a microwave for heating up children's food or a refrigerator for keeping children's food cold. Lunches must be packed with adequate thermos for keeping food warm and proper cooling packets to keep drinks and other packed foods cold. We can make lunch available for students from the Precious Lambs Child Care Facility located next to Cornerstone. All lunches must be purchased on a meal ticket prior to the week that lunch is needed. The kitchen has received a certificate as a food establishment and has been approved by the Environmental Health as well as the Health Department.

The outside play equipment items are a Jungle Gym type climber with a slide, bikes, cars and trucks, playhouse, and misc. other toys.

Enrollment Capacity for Cornerstone Christian Academy is 255 children age 4 years to 14 years. The maximum amount of children enrolled at one time at the facility is 255.

Cornerstone does not provide breakfast, however will allow your child to bring ready to eat breakfast items such as yogurt, breakfast bars. Please do not bring any item that needs to be heated, refrigerated or prepared.

Faculty and Staff employed at Cornerstone Christian Academy must be certified by a practicing physician to be free from any disability that would prevent them from caring for or teaching children. Documentation is on file at the School

Cornerstone Christian Academy is covered by public liability insurance through Zurich that provides coverage in the event that of injury or bodily harm. CCA also has automobile coverage for transporting children to and from our facility as well as insurance to cover employee vehicles should this be necessary.

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Parent (Guardian) Signature

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Date