



Dear Friend,

Thank you for your interest in Cornerstone Christian Academy! As you continue to explore future educational choices for your child, I hope that you will find Cornerstone to meet your expectations and desires. For over 40 years, God has used Cornerstone to impact the lives of young people and equip them to impact the world for the glory of God.

Our dedicated team works diligently to provide a quality, comprehensive education from preschool through high school that addresses academic needs on a Biblical foundation. You'll see more about our approach and what other families have experienced at CCA in the enclosed materials.

If you have any questions about Cornerstone, please don't hesitate to reach out to us:

- For general questions about enrollment and education, contact our Office Manager, Linda Wilkin: l.wilkin@cornerstonesycamore.org or 815.895.8522
- For questions about our preschool program, contact our Preschool Director, Debbie Dwyer at d.dwyer@cornerstonesycamore.org or 815.895.8522
- For general questions about our school, staff, structure, or any other needs, you can contact me directly at s.odaniell@cornerstonesycamore.org or 815.895.8522

Thank you again for your interest in Cornerstone. I know that determining the educational path for our children is not an easy decision or one taken lightly. To that end, please know that our team is praying for you and your family as you consider your next steps. We do hope to welcome you as a member of the Cornerstone family soon!

For the sake of the future,

Stacie O'Daniell

Stacie O'Daniell
Administrator

P.S. – Thank you for your interest in Cornerstone Christian Academy! When applying, please note this letter to receive \$250 off K-12 tuition (new families only).

TUITION

Half-Day Kindergarten	\$4,130.00
Full-Day Kindergarten	\$6,300.00
Grades 1-8	\$6,750.00
Grades 9-12	\$7,500.00

Subject to acceptance, non-refundable \$250 deposit (applied toward tuition) guarantees a student's place for the fall.

International Students will be charged an additional \$3,000 toward tuition in addition to a Housing Fee.

FEES

Application Fee (non-refundable)	\$35.00 (\$75.00 max per family)
Fall Retreat (Grades 6-12)*	\$140.00-\$160.00
Spring Retreat (Grades 11-12)*	\$140.00-\$160.00
Chapel Shirt (Grades 6-12)*	\$24.00-\$27.00
Before/After School Care	\$5.00/hour (Billed Monthly)

*Billed at the time the expense occurs

DISCOUNTS

Multi-Child Discount

Second Child	10%
Third Child	25%
Children 4+	50%

Pastoral Discount 20%

Bridge Discount

Students entering Kindergarten from CCA Preschool	10%
Students entering High School from CCA Junior High	10%

Cornerstone Christian Academy accepts MasterCard / Visa / Discover / American Express
 No refunds of tuition will be made for any reason after the 1st quarter.
 Finance charge applies for past due balances.



STUDENT NAME: _____

GRADE: _____

TUITION PAYMENT PLAN OPTIONS

Families are responsible for meeting their financial obligations for tuition and fees. In an effort to make this investment affordable for families, we offer a variety of payment plan options. (Please Check One)

- Pay in full by March 1st \$150 discount + application fee waived per student
- Pay in full by April 1st \$100 discount + application fee waived per student
- Pay in full by June 1st \$75 discount per student
- Installment Option**
- 2 Payments (\$50 processing fee)
Half due by the 1st day of school; half due by Dec 31st
- 5 Payments (\$125 processing fee)
Equal payments due on the 20th of each month from August-December
- 6 Payments (\$150 processing fee)
Equal payments due on the 20th of each month from August-January
- 10 Payments (\$200 processing fee)
Equal payments due on the 20th of each month from August-May

Signature(s) required for person(s) responsible for covering the tuition expenses.

Print Name

Print Name

Signature Date

Signature Date

Cornerstone Christian Academy accepts MasterCard / Visa / Discover / American Express

No refunds of tuition will be made for any reason after the 1st quarter.
Late tuition payments are subject to a \$5.00 per month late fee plus a finance charge of 1.5% on any overdue balance. All fees including, but not limited to Before/After School Care are subject to a finance charge of 1.5% per month until balance is paid.

This form and \$35.00 Application Fee must be completed and turned in with your application.

An updated physical and immunization record are required by the first day of school.

Dear Parent,

The following information is required as part of the enrollment process for your child. Please use this checklist to assist you in submitting all the necessary information for each child that you are enrolling.

- _____ Interview with Principal/Administrator
- _____ School Records Request Submitted
- _____ Meet w/Finance Manager to arrange payment plan
- _____ Enrollment Form, Student Health Information, & Deposit Submitted
- _____ Health Exam, Required Immunization Records, & Birth Certificate Submitted
- _____ Pre-entrance Testing Scheduled for (Date) _____

Please contact the school office if you have any questions at 815-895-8522.



Student Records Release Form

Name and Address of School Previously Attended			
SCHOOL			
STREET			
CITY		STATE & ZIP	
PHONE		FAX	

This information should include:

1. Academic Records including official transcript and grade reports
2. Immunization and Health Records
3. Individual Standardized Achievement Test Results
4. Disciplinary Records
5. Individual Education Program to include:
 - a. The most recent IEP
 - b. The most recent evaluation
 - c. Psychological evaluation report

My child was receiving or had received these services from his/her previous school:

Speech Therapy	Yes___ No___	Title 1 Program	Yes___ No___
Special Education Program	Yes___ No___	504 Plan	Yes___ No___
Has Health Condition	Yes___ No___	Prescribed medication at school	Yes___ No___
If yes, explain: _____		If yes, list medications: _____	

I hereby give consent to have the academic, health, and disciplinary records of

Student Name (please print)

be released to Cornerstone Christian Academy, Sycamore, IL.

I also consent to a request for a letter from the above school stating that my child left in good standing in regards to academic, behavior, and discipline.

Parent/Guardian Signature: _____

Date: _____

Records will be sent to:
Cornerstone Christian Academy
355 N. Cross St.
Sycamore, IL 60178
Telephone: 815-895-8522 Fax: 815-895-8717

Health Requirements for the 2018-2019 School Year

Physical Examination is required for students prior to entering:

Preschool

Kindergarten

Sixth grade (6th)

Ninth grade (9th)

Immunization requirement:

All students must show proof of basic immunizations and required boosters. New requirements:
Meningococcal vaccine for entering into 6th and 12th grade.

An Exclusion date of October 15th, 2018 has been established by the State of Illinois to meet the requirements. If records are not submitted by October 15th, 2018, the student will be excluded from school until proof is presented.

Dental Examination requirement:

Kindergarten

Second grade (2nd)

Sixth grade(6th)

These students are required to have an oral health exam prior to **May 15th, 2018**. Examinations must be performed by a licensed dentist, and they must sign the Proof of School Dental Examination Form. **Failure to submit proof of the dental exam may result in a hold of the student's report card.**

Eye Examination requirement:

Kindergarten and any student enrolling for the first time in an Illinois school are required to have an eye exam. Examinations must be performed by a licensed optometrist or medical doctor who performs eye exams. Students are required to have an eye exam prior to **October 15th, 2018**. **Failure to submit proof of the eye exam may result in a hold of the student's report card.**

Exemptions to this policy:

A **Certificate of Religious Exemption Form** must be completed for students entering into Kindergarten, 6th and 9th grades who are requesting to waive immunizations due to religious beliefs. The certificate must be completed and signed by a physician and submitted by **October 15th, 2018**.



STUDENT INFORMATION

Name: _____ Date of Birth: _____ Grade: _____

Parent Name: _____

Physician's Name: _____

ALLERGIES

Does the student have any allergies? _____ Is an Epi-pen required? _____

What causes an allergic reaction? _____

What are the symptoms of the reaction? _____

What is the treatment for the reaction? _____

ATHSMA

Does the student have asthma? _____

What is the treatment for asthma? _____

Does the student need an inhaler at school? _____

SEIZURES

Does the student have seizures? _____

Type of seizure: _____

Date of last seizure: _____

OTHER HEALTH CONCERNS (include ADHD, depression, heart, blood or orthopedic conditions, etc)

ROUTINE MEDICATIONS PRESCRIBED & OVER THE COUNTER

The only over the counter medication that will be administered is Tylenol.

Vision/Eye Problems? (Glasses/Contacts) _____

Hearing Problems? _____ Hearing Aid? _____ Right Ear _____ Left Ear _____

For prescription medications to be administered at school the **Physician Statement of Need** form must be completed and sign by the student's doctor. The medication must be in the original bottle with the dose and interval to be administered.

If you have specific issues or concerns about your child's health, please contact the school nurse.



STUDENT INFORMATION

Name: _____ Sex: _____

Date of Birth: _____ Age: _____

Home Address: _____

City, State, Zip: _____

Phone: _____ Grade Applied For: _____

School Last Attended: _____ Phone: _____

Address of School: _____

The following information is a necessary part of the enrollment process. Enrollment is not based strictly on your responses. All information provided is held in strictest confidence and is used in order that we may better serve the student and family.

Has the student ever applied to CCA in the past? _____ If so, what reason did the student not attend? _____

Has the student ever been dismissed from a school for any reason? _____
Please include if they have ever been suspended, asked to withdraw or received disciplinary action. If "yes" to any of these, please attach full details including the name of the school and year.

Does the student have any food allergies? _____

If yes, please describe: _____

Does the student regularly take medication for any condition? _____

If yes, please describe: _____

Has the student ever received or been referred for student support services in the areas of academics and/or behavior? _____

If yes, please explain: _____

Does the student have any diagnosed learning disabilities? _____

If yes, please explain: _____

Does the student have any mental, emotional, and/or physical disabilities? _____

If yes, please explain how these disabilities may affect their activities or progress:

STUDENT STATEMENT

The student statement must be signed by each student who is applying for enrollment.

I have read and understand the standards of conduct for Cornerstone Christian Academy and while in enrolled agree to cooperate with these standards to the fullest extent.

Signature of Student

Date

FAMILY INFORMATION

FATHER

Name: _____

Address: _____

City, State, Zip: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Place of Employment: _____ Phone: _____

Marital Status: Married Separated Widow Divorced Single

If divorced, indicated custody arrangement:

Mother: _____ Father: _____ Joint: _____

Name of Stepmother if applicable: _____

Why do you want your child to attend Cornerstone? _____

What are your priorities regarding your child's education? _____

What do you want your child taught about God? _____

Church Attending: _____ Member: _____

Address: _____

City, State, Zip: _____

Pastor: _____

MOTHER

Name: _____

Address: _____

City, State, Zip: _____ Email: _____

Cell Phone: _____ Home Phone: _____

Place of Employment: _____ Phone: _____

Marital Status: Married Separated Widow Divorced Single

If divorced, indicated custody arrangement:

Mother: _____ Father: _____ Joint: _____

Name of Stepfather if applicable: _____

Why do you want your child to attend Cornerstone? _____

What are your priorities regarding your child's education? _____

What do you want your child taught about God? _____

Church Attending: _____ Member: _____

Address: _____

City, State, Zip: _____

Pastor: _____

OTHER CHILDREN IN FAMILY

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

EMERGENCY CONTACT

Name: _____ Relationship to Student: _____

Address: _____

City, State, Zip: _____

Cell Phone: _____ Home Phone: _____

How did you hear about Cornerstone Christian Academy?

Word of mouth Newspaper Ad Open House Church Other _____

All previous school records will need to be submitted upon acceptance to Cornerstone.

