

Christ the Cornerstone Academy



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Enrollment Application 2021-2022

DAY SCHOOL PRESCHOOL

Date of Application _____

Grade Entering _____

Age # of Days, Half or Full (Please Circle)

Re-Enrollment New Enrollment

2 Years 2H 2F 3H 3F 5H 5F

3 Years 2H 2F 3H 3F 5H 5F

4 Years 5H 5F

Start Date _____

STUDENT PROFILE

Last Name _____ First _____ Middle _____

Date of Birth _____ Place of Birth _____ Male Female

Student's Home Address _____ Phone # (____) _____

City _____ State _____ Zip _____

Parents Email Addresses _____

Last School Attended: _____

Address _____ City _____ State _____ Zip _____

Family Church Membership _____ Baptized: Yes No Date of Baptism _____

Church Denomination _____ Name of Church _____ Attendance: Regular Occasional Seldom

Race: (For statistical Purposes only) American Indian Asian African American Caucasian Hispanic Other

Special Educational Needs (reading, speech, etc.) _____

Physical Handicaps or Limitations (glasses/vision, hearing, etc.) _____

Doctor involved _____ Phone # _____

Emotional or Psychological Needs (past or present treatment) _____

Doctor involved _____ Phone # _____

Allergies, Asthma, Allergic Reactions, etc. _____

Medications _____

Doctor involved _____ Phone # _____

Has this student experienced any discipline/conduct problems, school suspension, grade retention, double promotion, etc.? Yes No

If yes, please explain _____

How did you hear about our school? _____

Office Use Only:

- 1. Reg Fee
- 2. STMT Chg
- 3. MMX
- 4. Email

Office Use Only: Active Duty

CTCC Member

Siblings Enrolled _____

PARENT/GUARDIAN PROFILES

Father/Legal Guardian

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone # () _____ Business Phone # () _____ Cell # () _____

Email Address _____

Occupation _____ Employer _____

Employer's Address _____ City _____ State _____ Zip _____

Church Membership _____

Marital Status: Married [] Divorced [] Widowed [] Remarried [] Name of Church _____

Mother/Legal Guardian

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone # () _____ Business Phone # () _____ Cell # () _____

Email Address _____

Occupation _____ Employer _____

Employer's Address _____ City _____ State _____ Zip _____

Church Membership _____

Marital Status: Married [] Divorced [] Widowed [] Remarried [] Name of Church _____

Step-Parent or Guardian (If applicable)

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone # () _____ Business Phone # () _____ Cell # () _____

Email Address _____

Occupation _____ Employer _____

Employer's Address _____ City _____ State _____ Zip _____

Church Membership _____

Marital Status: Married [] Divorced [] Widowed [] Remarried [] Name of Church _____

Step-Parent or Guardian (If applicable)

Last Name _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

Home Phone # () _____ Business Phone # () _____ Cell # () _____

Email Address _____

Occupation _____ Employer _____

Employer's Address _____ City _____ State _____ Zip _____

Church Membership _____

Marital Status: Married [] Divorced [] Widowed [] Remarried [] Name of Church _____

List all children in the home in order of birth:

- | | | | |
|----|-------|------------|-------|
| 1. | _____ | _____ | _____ |
| | Name | Birth date | Grade |
| 2. | _____ | _____ | _____ |
| | Name | Birth date | Grade |
| 3. | _____ | _____ | _____ |
| | Name | Birth date | Grade |

Date

Signature of Parent/Guardian

Signature of Parent/Guardian

Submission of this application does not guarantee enrollment.