



# CORNERSTONE CHRISTIAN ACADEMY

*"Training Our Future One Student At A Time"*

## Admissions Packet

## 2023-2024

The Cornerstone Christian Academy has been established to meet the educational needs of children in a Christ-centered environment with dedicated Christian teachers in a spiritually academic atmosphere.



## Cornerstone Christian Academy

Dear Parent:

The Cornerstone Christian Academy has been established to meet the educational needs of children in a Christ-centered environment with dedicated Christian teachers in a spiritually academic atmosphere. For students in Junior and Senior Kindergarten, our teachers use a specialized curriculum designed specifically to encourage reading efficiency at a young age. We use a combination of Abeka Book curriculum and Accelerated Christian Education curriculum.

Why we feel our school is different:

**IT'S PROFESSIONAL:** The newest, relevant, proven methods are utilized and are being further developed.

**IT'S PRACTICAL:** The teacher's task is to assist the student in discovering his potential, to guide him in the development of it, and to motivate him in the fullest use of it.

**IT'S FUNCTIONAL:** The classroom procedure trains the student to be creative, faithful, and thorough.

**IT'S SENSIBLE:** The school gives the student a plan for direction, things to see, hear, and do, and it assists him in his quest for learning.

**IT'S FUNDAMENTAL:** God's Word is a measure of every standard, each experience, and the ultimate results.

Our enrollment is limited in all grades: Junior Kindergarten through the 12th grade. A \$25.00 one-time non-refundable fee will be required to process the registration paper work. An interview with the parents, child, and Principal will be required before final acceptance. The registration fee is also non-refundable; it is \$150.00 per student, if registered during the general enrollment period which is March 10<sup>th</sup> – May 29<sup>th</sup>, and \$225.00 per student for late registration May 29<sup>th</sup> through the end of the year. No student will be accepted without interviewing with the Principal, paying the fees, and completing the admissions packet for our records. Call with any questions that you may have. Our school office hours are 8:00 a.m. to 4:00 p.m. Monday through Thursday. 575-532-0902

Sincerely,

Doug Cowan, Chief Administrator

Cornerstone Christian Academy

**PRE-REGISTRATION FORM**

Please complete the following in detail if you wish to pre-register your child or children for the 2023-2024 school year. Pre-registration is compulsory to guarantee your child's enrollment for the coming year. The pre-registration fee for each child should be received with this form in order to hold a place for your child. Registration fees are non-refundable unless refused admission.

Student's Name: \_\_\_\_\_  
Last First M

Student's Age: \_\_\_\_\_ Grade: \_\_\_\_\_ 2023-2024 Academic Year

Address: \_\_\_\_\_ Street  
City State Zip

Parent's Names: \_\_\_\_\_ phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person Paying Tuition: \_\_\_\_\_

Relationship: \_\_\_\_\_

Amount Enclosed with form: Cash \_\_\_\_ Online \_\_\_\_ Check # \_\_\_\_\_ \$ \_\_\_\_\_

If you are planning to place your child in our school for the 2023-2024 school year, but cannot pay the registration fee at this time, complete the above form and return it to us AT ONCE. The pre-registration fee will need to be paid to hold a place for your child, but the form will help us to prepare for the year and place your child in a classroom once your fee is paid.

Father's Signature: \_\_\_\_\_

Mother's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Cornerstone Christian Academy

**PARTICIPANT/PARENT/GUARDIAN WAIVER AND INDEMNITY AGREEMENT**

CORNERSTONE CHRISTIAN ACADEMY  
5301 Cortez Ave.  
LAS CRUCES, NEW MEXICO 88012  
(575)532-0902

I, the parent or guardian of \_\_\_\_\_, give permission for him/her to participate in school-sponsored activities at and away from Cornerstone Christian Academy. I will inform the school by written request should I choose to keep my child from any activity or trip.

I authorize the representative of the school complete medical guardianship of my child in case of an accident or emergency. The representative of Cornerstone Christian Academy is authorized to have \_\_\_\_\_ treated and given medical attention that is needed for the well-being of my child. The family doctor is \_\_\_\_\_. Phone number: \_\_\_\_\_. The recommended hospital is \_\_\_\_\_. Otherwise, I give authority for the representative to make the choice of doctor and hospital.

I hereby for myself, my heirs, executors, and administrators waive and release Cornerstone Christian Academy, Cornerstone Baptist Church and any representatives, employees, agents, successors of the school from any liability or responsibility for injuries, damages, or expenses that may occur to my child arising from any school activity and I agree to indemnify and save harmless Cornerstone Christian Academy and any representative of the school against any such claim for injuries, damages, or expenses made by or on behalf of my child.

The above agreement is to be in effect for the school year beginning August 21, 2023 and ending August 15, 2024.

**Father's Signature:** \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Father's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

Last four Social Security#: \_\_\_\_\_

Employer: \_\_\_\_\_

**PARTICIPANT/PARENT/GUARDIAN WAIVER AND INDEMNITY AGREEMENT**

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CORNERSTONE CHRISTIAN ACADEMY

5301 Cortez Ave.

LAS CRUCES, NEW MEXICO 88012

(575)532-0902

**Mother's Signature:** \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Mother's Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Last four Social Security#: \_\_\_\_\_

Employer: \_\_\_\_\_

Student's DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_ Grade: \_\_\_\_

Do you carry health insurance on the student? Yes \_\_\_\_ No \_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy#: \_\_\_\_\_

Does the student have any physical problems of a medical nature or allergies to medicines?

\_\_\_\_\_

Please list two people other than parents to be contacted in case of emergency.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Personal Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cornerstone Christian Academy

**STUDENT INFORMATION**

NAME: \_\_\_\_\_

Last

First

Middle

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Grade entering: \_\_\_\_\_ School last attended: \_\_\_\_\_

School's Address: \_\_\_\_\_

Street

City

State

Zip

**FAMILY INFORMATION**

Father's Name: \_\_\_\_\_

Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Employment: \_\_\_\_\_

Position: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Marital Status: Married\_\_\_\_ Living Together\_\_\_\_ Divorced \_\_\_\_ Separated\_\_\_\_

Children in family of school age if not applying (Please list):

Cornerstone Christian Academy

**RELIGIOUS INFORMATION**

Church Attending: \_\_\_\_\_

Pastor: \_\_\_\_\_

Address: \_\_\_\_\_

Father: Are you a Christian? Yes \_\_\_\_ No \_\_\_\_

Mother: Are you a Christian? Yes \_\_\_\_ No \_\_\_\_

Has applicant ever made a profession of faith in Christ? Yes/No

**MEDICAL INFORMATION**

Family Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Does child have any physical defects or allergies? Yes \_\_\_\_ No \_\_\_\_

Please Explain: \_\_\_\_\_

\_\_\_\_\_

Has child received immunizations? \_\_\_\_\_ If yes, please bring in a copy of immunizations by the students first day of school.

**GENERAL INFORMATION**

How did you hear about this school?

\_\_\_\_\_  
\_\_\_\_\_

Names of people, other than the parents, authorized to pick up your student(s).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cornerstone Christian Academy

**SCHOLASTIC INFORMATION**

Has child ever been expelled, dismissed, suspended, or refused admission to another school?

\_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Has child ever had disciplinary difficulties? \_\_\_\_\_ If yes, explain:

\_\_\_\_\_

Has child ever been in trouble with the law, etc.? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Has child ever used tobacco or drugs? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Please indicate academic level of pupil's previous work:

Excellent \_\_\_\_\_ Good \_\_\_\_\_ Average \_\_\_\_\_ Poor \_\_\_\_\_

Has child ever failed in school? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**AGREEMENT**

I have read the handbook and admission packet and agree to insist that my child submit to the program, academic and disciplinary regulations, and all other requirements instituted by the Administration and carried out by the Principal and Faculty.

Signature of Mother \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Father \_\_\_\_\_

Date: \_\_\_\_\_



Cornerstone Christian Academy

**STANDARD OF CONDUCT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

The student's attitude, conversation, behavior, and dress reflect the character of the institution from which he/she derives his/her training, both home and church. This form reflects the church's attempts to secure students who would best adjust to the rigor of a highly disciplined training program that must set high standards in obedience to God's Word.

Are you a Christian? \_\_\_\_\_ At what age did you trust Jesus Christ? \_\_\_\_\_

Do you regularly attend church services? \_\_\_\_\_ Where? \_\_\_\_\_

Do you accept the Bible as God's Word and submit to its principles as the final authority? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Do you drink alcoholic? \_\_\_\_\_ Do you listen to worldly music? \_\_\_\_\_

Have you ever been expelled from school? \_\_\_\_\_ Have you ever run away from home? \_\_\_\_\_

Do you use narcotics (dope, pills, marijuana, etc.) of any kind? \_\_\_\_\_

Will you honestly agree to keep all the rules in good spirit and respect authority without being critical and finding fault? \_\_\_\_\_

Do you really want to attend Cornerstone Christian Academy's education program? \_\_\_\_\_

Why? (High **school** students must submit a two page essay on their desire to attend Cornerstone Christian Academy)

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STUDENT'S PLEDGE OF GENERAL POLICY

Students are expected to abide by these standards of conduct throughout their enrollment whether at home, school, or elsewhere. Students found to be out of harmony with this school's ideals of work and life may be invited to withdraw whenever the administrator determines it is necessary. As a student of this Christian school, I pledge to uphold the school's standards against all un-Godly music, cheating, swearing, smoking, gambling, drinking alcoholic beverages, using or talking favorably about narcotics, or using indecent language, and will act in a very orderly and respectful manner. I will maintain Christian standards in courtesy, kindness, morality, and honesty. I will strive to be of unquestionable character in dress, conduct, and other areas of life. I agree to abide by the above standards of conduct and other regulations expected of each student enrolled in this school while I am a student attending the school, and will not give the impression to students, parents, or faculty that I am not in harmony with the goals, aims, and standards of the Christian school.

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father \_\_\_\_\_ Date: \_\_\_\_\_

Cornerstone Christian Academy  
**MEDICAL RECORD/RELEASE**

Student's Name: \_\_\_\_\_

Birth date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Sex: M/F Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
City, State, Zip:

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**In case of emergency call:**

First Choice (name and #): \_\_\_\_\_

Second Choice (name and #): \_\_\_\_\_

Third Choice (name and #): \_\_\_\_\_

Please list any present or on-going medical conditions your child has: (i.e. heart ailments, diabetes, allergies, convulsions, etc.) \_\_\_\_\_

Please list any medications for which your child has an allergy:

\_\_\_\_\_

Please list any medications that your child is now taking:

\_\_\_\_\_

Does your child wear a Medic-Alert Tag for a special medical condition? Yes\_\_\_\_ No\_\_\_\_

Please Define: \_\_\_\_\_

Family doctor's information (Name and Phone): \_\_\_\_\_

Please list preference for a hospital:

I, the parent/guardian of \_\_\_\_\_ give medical release and permission to Cornerstone Christian Academy for securing emergency medical care by qualified medical personnel for my child.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

## Cornerstone Christian Academy

### **DISCIPLINE FORM/PARENT PLEDGE**

**DISCIPLINE:** Some children do not adjust to a disciplined academic environment and find excuses to criticize the policies and decisions of staff and administration. In such cases, the school reserves the right to have full discretion in the discipline that may include suspension or other arrangements administered by the principal in a meeting with the student's parents in the principal's office. If considered appropriate, we may place such students on probation for a reasonable corrective time-period, and we may dismiss any student who does not cooperate with the total educational process.

**PARENT PLEDGE:** I recognize that Cornerstone Christian Academy has a highly-qualified, trained staff and I have confidence in their ability to perform the educational function due my child.

I realize that from time to time children take issue to actions with which they do not agree and that they are prone to criticize statements out of context. This being normal for children, I pledge that should such occur, I will not support the criticism, that I will correct my child, support the school personnel, and call in for full details at any time I have a question concerning an incident.

I further realize that building strong relations with my child's supervisor to aid in the training of my child is as much my responsibility as it is the school's, and that I will pray for the staff and program, cooperate with them in discipline accepting their judgment in such matters, lay a spiritual foundation through Godly example in the home, support the spiritual training of chapel, revivals, etc., follow through with any work assignments or slips to be signed, see that the child reaches school on time, phone or send written excuses for absence or tardiness, cooperate in training the child to respect school property and pay for irregular abuse of the same, attend all parent functions, and assist in publicizing the school and its programs among friends.

I realize that attending the Cornerstone Christian Academy is a privilege and not a right. It is my intention to abide by the decisions and support the discipline of the administration.

Signature of Mother \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Father \_\_\_\_\_ Date: \_\_\_\_\_

Cornerstone Christian Academy

**Request for Records**

CORNERSTONE CHRISTIAN ACADEMY

5301 Cortez Ave.

Las Cruces, NM 88012

(575)532-0902

TO: \_\_\_\_\_  
School

\_\_\_\_\_  
Address

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

REQUEST FOR RECORDS

\_\_\_\_\_  
Student Grade Birth date

This student has enrolled in our school. Please send us the cumulative permanent record folder for this student, including transcripts of past academic records, grades earned during the current year to date, record of attendance, medical and immunizations record, standard test, and any other pertinent information available.

Respectfully,

\_\_\_\_\_  
Administration

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# FINANCIAL INFORMATION REGISTRATION

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**2023-2024** Cornerstone Christian Academy

## **Registration fees (non- refundable)**

- Grades K-4 through 12<sup>th</sup> -----

General enrollment March 10-May 29, 2023, Registration \$150.00 per student

Late enrollment May 30-Sept 1, 2023, Registration \$225.00 per student

A student is not considered enrolled until the registration fee has been paid.

- Grades k-4 through 12<sup>th</sup> -----\$25.00 (One time application fee per family)

<b><u>TUITION:</u></b>	<b>Annual</b>	<b>Monthly</b>
1st Student	\$3,725.00	\$414.00
2nd student	\$3,500.00	\$389.00
3rd Student	\$2,975.00	\$331.00
4th Student	\$2,674.00	\$298.00

## C. Additional Financial Information:

1. A **5%** discount is given if total yearly tuition is paid in advance by August 1st, 2023; this amount is non-refundable.
2. A **5%** discount will be applied to all Cornerstone Baptist Church members.
3. All accounts are due on or before the 1st of each month. A \$35.00 late fee per child will be charged on all accounts not paid by the 4th of each month (even if the 4th falls on a weekend or holiday) and the child will not be allowed to return to school until the account is paid or arrangements are made.
4. A \$35.00 fee will be charged on all returned checks as well as the late fee.
5. The first payment is due on or before the first day of school, and the last payment being due on May first, with the exception of extended care in May, which will be due at the end of May.
6. Tuition is an annual tuition, and is due regardless of the length of time the student attends the academy. The monthly payment system is only for convenience. Some exceptions, such as military relocation orders, are considered, nevertheless students attending one or more days in a month will owe for the entire month.

Cornerstone Christian Academy

## A. **Additional Mandatory Fees:**

1. Graduation fees - \$40.00
2. Preliminary SAT test for 10th & 11th graders - \$15.00
3. Early PSAT for 8<sup>th</sup> & 9<sup>th</sup> graders-\$15.00
4. P.E. shirts are - \$18.00 each
5. Girls purchase P.E. culottes - \$40.00 each (to set up appointment to be fitted, call office at 575-532-0902.
6. Standardized Test - \$35.00 due in March

7. Yearbook fee – ~~\$40.00~~ per family; Yearbooks are free to each student.
8. Improvements Obligation - \$120.00 for 1st student and \$30.00 for each additional student.
  - i. *\* Please see Fundraising policy.*
9. Upper Learning Center students are allotted six PACEs for every ½ credit: any PACEs above this amount will incur a \$5.00 PACE Fee. All Failed PACEs will be re-ordered and the account will be charged \$6.00

#### **Extended Care/Early Care:**

Extended/Early care is available at \$20.00 per hour per child if needed on occasion pro-rated every 30 minutes. However, **a monthly rate per household is available** if the need is more frequent. All extended care is over at **5:00pm** each day. Every child must be picked up before 5:30. After 5:30pm a rate of \$30.00 per every fifteen minutes will be assessed. Early Care is available 7:00am – 7:35am.

#### **Monthly household Rates if prepaid per family:**

After care that includes early care -	\$120.00
Aftercare until 4:30pm-no early care -	\$100.00

#### **Our Fundraising Policy**

- A. Each year we conduct a fundraiser to help with school improvements.
- B. Those who adequately participate in the fundraiser by selling 4 boxes of chocolates may offset their Improvement Obligation.
- C. Those opting out of the fundraiser by paying the Improvement Obligation (\$120.00), must make notification to opt out by August 28th.
- D. Students who enroll after the fundraiser is completed, are subject to the Improvement Obligation

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_