

## CORNERSTONE CHRISTIAN SCHOOL Cougar Care Registration Form



Registration Date:

Please Print

Parent/Guardian Information

Father/Guardian Name:		Father's Email Address:				Home Phone:				
			Cell P					Phone:		
Custodial Parent:			Marital Status:							
Yes No			☐ Married ☐ Divorced ☐ Separate					☐ Widowed	☐ Single	
Father's Home Street Address:			Apt #: City:					State:	ZIP:	
Father's Occupation:			Father's Employer's Name:				Employer's Address:			
Mother/Guardian Name:			Mother's Email Address:				Home Phone:			
								Cell Phone:		
Custodial Parent:			Marital Status:							
☐ Yes ☐ N	0		☐ Married ☐ Divorced ☐.Se				parated $\square$ Widowed $\square$ Single			
Mother's Home Street Address:			Apt #:	City:				State:	ZIP:	
Mother's Occupation:			Mother's Employer's Name:				Employer's Address:			
moner of Goodpanoria							, ,			
			ı							
			Chil	d Informatio	n					
	Age:	Date of Birth	Grade (please circle one):					Gender:		
1 <sup>st</sup> Child	_	Pre-K K 1 2 3 4 5 6 7								
First name Middle in		Middle initial	ıl: Last name:				Name child prefers:			
List any allergies, medical conditions, medications, and/or special attention your child may require.										
Pediatrician's Name: Address:		Address:			Phone:			Preferred ho	Preferred hospital:	
					'					
2 <sup>nd</sup> Child	Age:	Date of Birth	:	1	Grade (please circle one):			Gender:		
					Pre-K K 1 2 3 4 5 6 7					
First name Middle initial:			: Last name:				Name child prefers:			
List any allergies, medical conditions, medications, and/or special attention your child may require.										
Pediatrician's Name:		Address:			Phone:			Preferred hospital:		
				(0)(0r)						

(over)

**CCS Cougar Care Registration** 

Child Information (continued)												
3 <sup>rd</sup> Child				Grade (ple	ase circ	le one	:):	Gender:				
3 <sup>rd</sup> Child			P		Pre-K K 1	2 3	4 5	6	7 8	☐ Male ☐ Female		
First name		Middle init	ial:	Last na	me:					Name child prefers:		
List any allowing readical conditions and distington and destines and destines are distington and destines and destines and destines are distington and destines and destines and destines are distington and destines are destined as destined as destined as destined as destined as destined are destined as destined a												
List any allergies, medical conditions, medications, and/or special attention your child may require.												
Pediatrician's Name: Ad			Address: Pho			Phon	one: Pref			Preferred hospital:		
4 <sup>th</sup> Child	Age:	Date of Bi	rth:	, ,		" ,				Gender:		
						1 2 3 4 5 6 7 8			7 8	Male Female		
First name		Middle init	ial:	: Last name:						Name child prefers:		
List any allergie	s, medical condition	l ons, medicat	ions, a	I and/or spe	ecial attentio	n your	child m	nay r	equire	<u> </u>  -		
				·		•		•	·			
Pediatrician's Name: Ad			dress	droop			<b>.</b>			Preferred hospital:		
1 calatrician 3 140		/ 10	Juless.			Phone	<i>.</i>			1 Totorroa noopital.		
			С	ontact/P	ick Up Info	mation						
1st Contact/Pick Up Name:			Relationship to Child(ren):				Phone:					
Able to pick	up all children in th	e family		Not able t	o pick up the	e follow	ing chi	ldre	n:			
2 <sup>nd</sup> Contact/Pick Up Name:			Relationship to Child(ren):						Phone:			
·				-								
Able to pick up all children in the family  Not able to pick up the following children:												
3 <sup>rd</sup> Contact/Pick Up Name:			Relationship to Child(ren):					Phone:				
Able to pick up all children in the family  Not able to pick up the following children:												
				Payme	ent Informa	tion						
Please indicate t	the responsible pa	rty for paym	ents o	f fees.								
□ Parent / Guardian □ Third Party:												
Divorced:						, .				name		
Mother:				0/_						Phone #		
	name	e			Addre							
Father:												
name Please note that if a third party will be responsible for payments and payments, it is the responsibility of both parents to pay any remaining												
Parent's Signature					Date							