



# CORNERSTONE CHRISTIAN SCHOOL

## Cougar Care Registration Form



Registration Date:

Please Print

Parent/Guardian Information				
Father/Guardian Name:	Father's Email Address:	Home Phone:		Cell Phone:
Custodial Parent: <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> 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: <input type="checkbox"/> Yes <input type="checkbox"/> No	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single			
Mother's Home Street Address:	Apt #:	City:	State:	ZIP:
Mother's Occupation:	Mother's Employer's Name:	Employer's Address:		

Child Information				
<b>1<sup>st</sup> Child</b>	Age:	Date of Birth:	Grade (please circle one): Pre-K K 1 2 3 4 5 6 7 8	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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:	

<b>2<sup>nd</sup> Child</b>	Age:	Date of Birth:	Grade (please circle one): Pre-K K 1 2 3 4 5 6 7 8	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
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:	

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