

Hospital of Choice _____

Health Insurance Name and All Necessary Numbers/Information:

Does this child have any food allergies, allergies to medication, or any medical conditions, which we should be aware of? Please describe: _____

Does the school have permission to give this child Tylenol? _____

Should the school contact the parent prior to administering Tylenol? _____

Does this child take any medication regularly? Please list: _____

Will any medication need to be left in the school office on a regular basis? Please list: _____

Financial Information

Please check your choice of payment:

_____ 10 month payment plan (August through May)

_____ Payment in full before June 1st (3% discount)

Name and phone number of the financially responsible person: _____

Statement of Fact

I certify that all the information on this application is true to the best of my knowledge. I have read all the informational materials and I agree to abide by the school's policies and procedures.

Signature of Parent or Legal Guardian

Date

*Please return this Application/Registration form to
Cornerstone Academy of Eastside Praise, 6300 Billtown Road, Louisville, KY 40299.
Please include the non-refundable Application/Registration/Insurance Fee. (This fee is
only refundable if your child is not accepted into the program for which you are
registering.) Additional registration paperwork may be required.*

