



## Cornerstone Christian Academy

25 Beech Creek P.O. Box 1093

Phelps, KY 41553

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Phone # (606)-456-4400 Fax # (606) 456-4447

### Enrollment Form

CHILD'S NAME \_\_\_\_\_

BIRTHDAY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

911 ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

PREVIOUS SCHOOL \_\_\_\_\_

MEDICAL PROBLEMS \_\_\_\_\_

CHILD LIVES WITH \_\_\_\_\_

BUS ROUTE \_\_\_\_\_

IMMUNIZATION RECORD \_\_\_\_\_

BIRTH CERTIFICATE \_\_\_\_\_

RECORD RELEASE FORM \_\_\_\_\_

EMERGENCY AID FORM SIGNED \_\_\_\_\_

PHYSICAL for: K \_\_\_\_\_ 6 \_\_\_\_\_

KY EYE EXAM \_\_\_\_\_

SOCIAL SECURITY CARD \_\_\_\_\_