

## CORNERSTONE ACADEMY SUMMER EXTENDED CARE 2025

<b>Description</b>	We will provide basic childcare. There will be adult supervision but no structured activities.
<b>Dates</b>	<ul style="list-style-type: none"> <li>● Week 1: June 2 – 6</li> <li>● Week 2: July 21 – 25</li> <li>● Week 3: July 28 – July 31</li> </ul>
<b>Hours</b>	Extended Care: 7:30 a.m. – 4:30 p.m. Afterschool Care: 4:30 p.m. – 6:00 p.m. (Optional)
<b>Location</b>	801 Silver Avenue
<b>Fees</b>	<ul style="list-style-type: none"> <li>● \$330 per week, due with the application</li> <li>● \$85 per week for (optional) afterschool care (additional cost)</li> <li>● Cash is not accepted. Please make your check payable to “Cornerstone Academy”</li> </ul> Late Pick-Up Fees of \$15 for every 15 minutes after 4:30 p.m. or 6:00 p.m. will be payable upon receipt of bill. Fees are non-refundable and non-transferable
<b>Meals/Snacks</b>	<ul style="list-style-type: none"> <li>● Lunch is included at no additional charge when preschool is in session. Please have your child bring a water bottle and snacks daily.</li> </ul>
<b>Application Due Date</b>	<u><b>Friday, May 2, 2025</b></u> Applications must be submitted in person at one of the front offices. A minimum of 8 students is required; otherwise, the program may be canceled.

**PARTICIPANT WAIVER AND RELEASE FOR MINORS**

\_\_\_\_\_ has my permission to participate in the  
Name of Minor

Cornerstone Academy Extended Care on the dates indicated in the application form  
Event or Activity

at Cornerstone Academy, 801 Silver Avenue between the hours of 7:30 AM to 6:00 PM.  
Location Time

I understand and acknowledge that the Cornerstone Academy Extended Care poses risks to my child, including the risk of minor and serious injuries or death during the program or on field trips.

I (we), as parent(s) or guardian(s) of the minor, do hereby, for my child, myself, my heirs, executors and administrators, release and forever discharge Cornerstone Academy and all officers, directors, employees, agents and volunteers of the organization, acting officially or otherwise, from any and all claims, demands, actions or causes of action which in any way arise from the minor’s participation in the above noted event.

I hereby certify that the minor is my son / daughter (circle one) and that his/her date of birth is \_\_\_\_\_ and I do hereby certify that to the best of my knowledge and belief said minor is in good health.

In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs.

Cornerstone Academy reserves the right to deny enrollment or to cancel enrollment at any time if parent or student behavior is deemed inappropriate or unacceptable by the school. No refunds will be given.

Parents agree that images of their children may be used for future promotional purposes.

Cornerstone Academy General Guidelines

1. Program fees are non-refundable and non-transferable. Please consult your tax advisor for childcare deduction percentage.
2. Please make all checks out to “Cornerstone Academy”. Please print the student's name and grade level on check.
3. Please submit registration form and payment to either the Silver or Cambridge Front Office.
4. Once classes are at capacity, students will be placed on a waiting list or the class will be closed.
5. No uniform is required. However, attire and grooming must be in keeping with the religious and traditional character of the school.

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

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# CORNERSTONE ACADEMY

## SUMMER EXTENDED CARE APPLICATION 2025

Grade 1 - 6 (Fall 2025) Students

Student's Grade Level (in Fall 2025):  1  2  3  4  5  6

Extended Care (7:30am - 4:30pm):

6/2 – 6/6 (\$330)                       7/21 – 7/25 (\$330)                       7/28 – 7/31 (\$266)

Afterschool Care (4:30pm - 6:00pm):

6/2 – 6/6 (\$85)                       7/21 – 7/25 (\$85)                       7/28 – 7/31 (\$68)

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

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

Home Phone Number: \_\_\_\_\_

Mother's Daytime Phone: \_\_\_\_\_

Father's Daytime Phone: \_\_\_\_\_

Other Emergency Contact (Name and Phone): \_\_\_\_\_

Food Allergies/Other Health Conditions/Special Instructions: \_\_\_\_\_

FOR OFFICE USE ONLY		
<input type="checkbox"/> \$330 (WK 1)	<input type="checkbox"/> \$330 (WK 2)	<input type="checkbox"/> \$266 (WK 3)
<input type="checkbox"/> \$85 (ASC1)	<input type="checkbox"/> \$85 (ASC2)	<input type="checkbox"/> \$68 (ASC3)
Check #: _____	Total Rec'd: _____	
Date: _____	Rec'd By: _____	

**Parent Signature:**

X \_\_\_\_\_

FOR OFFICE USE ONLY		
<input type="checkbox"/> \$330 (WK 1)	<input type="checkbox"/> \$330 (WK 2)	<input type="checkbox"/> \$266 (WK 3)
<input type="checkbox"/> \$85 (ASC1)	<input type="checkbox"/> \$85 (ASC2)	<input type="checkbox"/> \$68 (ASC3)
Check #: _____	Total Rec'd: _____	
Date: _____	Rec'd By: _____	

### Cornerstone Academy

## Summer Extended Care 2025 Receipt

Student: \_\_\_\_\_

Program Dates:  6/2 – 6/6  7/21 – 7/25  7/28 – 7/31

Fees are non-refundable and non-transferable

Please consult your tax advisor for your childcare deduction amount.