

Cornerstone Families Registration Contract & Participation Release Form

Last Name:	Mom:	Dad:
Street Address:		
City:	Zip Code:	
Phone #:	Email:	
HSLDA Member # (if applicable):		

Children Registering with Cornerstone Families:

First Name	Last Name	Age

Yes, the above information can be published in the directory—it will not appear online.

No (please indicate what information should **not** be included.) _____

- By signing this registration contract, I am stating that I am in agreement with the policies and Statement of Faith of Cornerstone Families as presented in the Cornerstone Handbook and the Registration/Participation Forms. I have reviewed them with my children, and we agree to abide by the rules and expectations as presently listed, or as may subsequently be amended. I understand that if anyone in my family violates the rules, it will jeopardize our participation in the co-op. I agree to be responsible for the behavior of the children in my charge.
- By signing this agreement and submitting my non-refundable registration fee, I establish my family’s registration in Cornerstone Families for the upcoming school year. I understand that I will be required to fulfill the co-op job(s) that will be assigned to me. I understand that failing to comply with these policies will jeopardize my participation in the co-op.
- I hereby certify that the above named child(ren) are in normal health and are capable of safely participating in Cornerstone Families activities. I assume all risks and hazards incidental to the conduct of the program. I hereby authorize Cornerstone Families to call 911 in the event that parents and/or emergency guardian cannot be reached. I hereby expressly agree that the student at his/her own risk shall undertake all exercising and team sports. I agree that the Cornerstone Families organization shall not be liable for any loss, claims, demands, injuries, damages, etc. to my personal property. I will be responsible for any damages caused by my child or myself. Please let your child’s individual teachers know of any condition your child may have that would help better facilitate their learning, or of any dangerous allergies your child may have.

Parent/Guardian Signature

Fall Semester:	Date:
Spring Semester:	Date:

Student Signature (Age 13+)

	Date:
	Date:
	Date:
	Date:

Legal Disclosure

My family is **not** currently involved in any civil or criminal matters such as custody issues, divorce, etc. (see handbook for more information). **If no, please sign below. If yes, please see a committee member.**

Signature:	Date:
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Membership payment

Fall Semester:	Check #:	Money Order #:
Spring Semester:	Check #:	Money Order #: