



## Cornerstone Academy Day Center

2720 Arlington Drive, VA 22306

Phone: 703-768-9355 Fax: 703-494-4407

E-mail: [cornerstoneacademy2@gmail.com](mailto:cornerstoneacademy2@gmail.com)

### Request to Enroll Form

Family Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Names of Children:                      Birth date:                      Grade in Fall:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*A non-refundable registration fee is required at registration to hold your place.*

**Please attach your registration fee when turning in this form. Check Number \_\_\_\_\_**

**Signature of Parent/Guardian: \_\_\_\_\_**

**Notification of acceptance will be made by e-mail or postal mail. Additional paperwork and payment of book fee will be required at that time.**

E-mail: info

For Office Use Only:  
Date Received: \_\_\_\_\_ Initials: \_\_\_\_\_