

Please complete and upload to FAST with your financial information. If you require assistance, please contact FAST customer services at familysupport@ismfast.com..

Cornerstone Christian Schools
 Cornerstone Church
 Member Discount Application

Cornerstone Church Member Discount. To be eligible for the discount you must:

- Be a member in good standing with Cornerstone Church
 - Have completed the Discover The Difference class
 - Be consistent in attendance
 - Be faithful with tithing and giving
- Be involved and supportive of Cornerstone Church

Please Print		CHURCH RELATIONSHIP				
Parents or Legal Guardians	#1			#2		
		First	Last		First	Last
Address						
	Street	Apt. #	City	State	Zip	
Contact Phone	()	()		()	()	
	Home	Cell	Work	Other		
Member of Cornerstone Church #1		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Member of Cornerstone Church #2		<input type="checkbox"/> Yes <input type="checkbox"/> No
Attended Discover the Difference #1		<input type="checkbox"/> Yes <input type="checkbox"/> No	Attended Discover the Difference #2		<input type="checkbox"/> Yes <input type="checkbox"/> No	

Students Enrolling in CCS

First	Last	Relationship	Grade Entering	New Enrollee?	
				Y	N
				Y	N
				Y	N
				Y	N
				Y	N

Other family members that attend Cornerstone Church

First	Last	Relationship to Student

Both sides must be completed.

CHURCH INVOLVEMENT

Connect Groups

Leader of Group

Phone number

Which services does your family attend regularly:

<input type="checkbox"/> 8:30 a.m.	<input type="checkbox"/> Cornerstone Kids	<input type="checkbox"/> Early Childhood Ministry
<input type="checkbox"/> 11:00 a.m.	<input type="checkbox"/> Middle School Ministry	<input type="checkbox"/> Discover the Ark
<input type="checkbox"/> 6:30 p.m.	<input type="checkbox"/> High School Ministry	<input type="checkbox"/> College and Career
<input type="checkbox"/> Iglesia Cornerstone	<input type="checkbox"/> Sunday School	
<input type="checkbox"/> Other _____ <small>Name of Service</small>	<input type="checkbox"/> Women's Bible Study	

Mark the areas in which you and your family have been involved over the past 12 months. **Please include whom we may contact for verification (required).** Check all that apply

Church-Wide Ministries	Contact Name	Pastoral Ministries	Contact Name
<input type="checkbox"/> Deaf Ministry	_____	<input type="checkbox"/> Ministry of Helps	_____
<input type="checkbox"/> Usher Core	_____	<input type="checkbox"/> Funeral Receptions	_____
<input type="checkbox"/> Greeter	_____	<input type="checkbox"/> Visitations (hospital, nursing, home)	_____
<input type="checkbox"/> First-time Visitor Corp	_____	Music Ministries	
<input type="checkbox"/> Parking Lot Attendant	_____	<input type="checkbox"/> Adult Choir	_____
Adult Ministries		<input type="checkbox"/> Children's Choir	_____
<input type="checkbox"/> Men's Prayer Service	_____	<input type="checkbox"/> Theatrical Arts	_____
<input type="checkbox"/> Support Group Facilitator	_____	<input type="checkbox"/>	_____
<input type="checkbox"/> Prison Ministry	_____	Children's Ministries	
Special Events		<input type="checkbox"/> Sunday School Teacher	_____
<input type="checkbox"/> Food Preparation	_____	<input type="checkbox"/> Kids Church Helper	_____
<input type="checkbox"/> Serving	_____	<input type="checkbox"/> Middle School Sponsor	_____
<input type="checkbox"/> Decorations	_____	<input type="checkbox"/> Special Events helper	_____
Other Volunteer Areas		Other:	
<input type="checkbox"/> Youth Dept	_____		
<input type="checkbox"/> Embrace Women's Ministry	_____		
<input type="checkbox"/> Hagee Ministries	_____		
<input type="checkbox"/> CUFI	_____		
<input type="checkbox"/> Women's Bible Study	_____		

Please print any additional comments below:

Thank you and please call the Accounting Services office, 210-979-9203 x2244, with any questions.