Camp Stone
CORNERSTONE ACADEMY

# DEBIT/CREDIT CARD INFORMATION

_____ Visa _____ Master Card _____ Debit
_____ _____ Security Code _____

Card #: _____ Exp Date: _____

Name of Cardholder: _____

Address: _____

City / State / Zip: _____

Phone: _____ Fax: _____

Signature of Card Holder: _____

# STUDENT INFORMATION

Name of Child: _____

Name of Child: _____

Name of Child: _____
_____
_____

_____
Signature of person submitting this form.

Tuition w/food:_____ (total for family) Registration Fees total:_____ pd. Yes No

Tuition w/o food: _____ (total for family

Daily rate participant:_____

Field trip participant:_____

Preferred payment method: _____ debit/credit _____ check/money order _____Cash

*If you have not submitted payment by 2:00 pm on Friday your information on this form will be billed. If you prefer this method please indicate that and do not worry about submitting weekly payments

**CORNERSTONE ACADEMY**
**5415 MATLOCK ROAD**
**ARLINGTON, TX 76018**
**PHONE: 817.375.2235; FAX: 817-375-2282**