



Cornerstone Christian School
 43 Iroquois St E
 Moose Jaw, SK S6H 4S9
 (306)693-2937
 ccsoffice@ccsmj.ca

2022-2023

BUS REGISTRATION FORM

PLEASE PRINT

Parent 1: Name: _____
 Address: _____

 Cell Number: _____

Parent 2: Name: _____
 Address: _____

 Cell Number: _____

CHILD'S NAME: _____ GRADE _____ CHILD'S NAME: _____ GRADE _____
 CHILD'S NAME: _____ GRADE _____ CHILD'S NAME: _____ GRADE _____
 CHILD'S NAME: _____ GRADE _____ CHILD'S NAME: _____ GRADE _____

BUS SERVICE REQUIRED:

_____ Morning Pick-up
 Location: _____ Home, _____ Other – Address _____ Phone number: _____
 _____ Afternoon Drop-off
 Location: _____ Home, _____ Other – Address _____ Phone number: _____
 (If 2 separate locations, there is a \$30.00 set up fee.)

BUS PAYMENT:

_____ I/We will pay the full amount of _____ by September 1st.
 _____ 2 separate location fee -\$30.00. I/We will pay by September 1st.
 _____ I/We will pay 10 equal payments of \$ _____ starting September by
 _____ cash; _____ cheque; _____ etransfer to payables@ccsmj.ca;
 _____ PAD according to the attached monthly agreement
 (NSF/declines on cheques, PAD will be charged a \$25.00 fee.)

I accept the above financial obligation. I understand that if I decide to discontinue using the bus there will be a withdrawal fee charged.

 Parent 1 Signature

 Parent 2 Signature

 Date

FOR OFFICE USE ONLY

Date Rec'd: _____ Monthly _____ Yearly Route Driver: _____
 _____ Second Location Fee