



Early Learning Center
Cornerstone

2018-2019 Enrollment Form

REMINDER ~ ENROLLMENT IS LIMITED!!

To be **GUARANTEED** that your child is officially enrolled and on the class list for the coming school year. You **MUST** return . . .

- 1) this completed enrollment form
- 2) deposit amount: Make the check out to Cornerstone ELC
This check might not be cashed immediately.

Mail or drop off: **Cornerstone Church 1350 11th St NE Watertown, SD 57201**

Children need to be POTTY TRAINED and self-sufficient in the bathroom. I certainly understand that accidents happen and will be attended to.

ENROLLING FOR **Seeds (3's T,Th)** **Roots (MWF AM or PM)** **Sprouts (MTWThF AM or PM)**

Today's Date: _____ Child's Age As Of Today: _____

Child's Full Name: _____ Child's Birth Date: _____ (mm/dd/yyyy)

Please indicate below your preference for your child's name for writing, labeling, etc. (ex: Thomas=Tom)

Father's Name: _____ Mother's Name: _____

Home Address: _____

Home Phone Number: _____

Father cell phone: _____ Father Work phone: _____

Mother cell phone: _____ Mother Work Phone: _____

Email address: _____

_____ Yes, I will need transportation provided by Cornerstone ELC (separate permission form will be completed)

Child's Physician _____ Clinic _____

Phone # _____

Child's Dentist _____ Phone # _____

Daycare Provider _____

Phone # _____

If parent(s) cannot be reached, please list other people who can be contacted if necessary.

Name _____ Phone _____

relationship to the preschooler: _____

Name _____ Phone _____

relationship to the preschooler: _____

PLEASE LIST ANY MEDICAL CONDITIONS YOUR CHILD HAS THAT WE SHOULD BE AWARE OF.

EXAMPLES: asthma, allergies (including food allergies)

Please list any information which would be helpful to know in working with your child.

Examples would include habits, fears, favorites, sensitivities, pets, home discipline, etc.

Preschool(s) previously attended by your child.

Preschool(s) Attended:

Name(s)

Age(s)

Child's Brothers/Sisters:	_____	_____
	_____	_____
	_____	_____

How did you hear about our preschool? _____

What church do you attend most frequently? _____

Permissions and Acknowledgements

Class List:

Permission to share the information listed below, as part of a class list to share with parents of your child's classmates?

Yes, names of parents and preschool child

Yes, home address and phone number/cell numbers

No, we do not want the above information included on a class list for the other preschool families.

EMERGENCY:

In the event of an emergency involving your child, we will do our best to contact you. However, if you cannot be reached, sign below granting permission for us to seek / provide medical care for your child...(ambulance, etc.)

Parent Signature _____ Date _____

CLASS TRIPS:

Your child may be given the opportunity to attend class trips with his/her class throughout the year and you will be informed of these trips.

Yes, my child has permission to attend class trips with Cornerstone ELC

No, my child does not have permission to attend class trips with Cornerstone ELC.

Parent Signature _____ Date _____

Photo/Media Release

Pictures and names of the children may be used in print or social media to show school activities or for promotion purposes. Indicate your preference:

Yes, my child's photo and name may be used by Cornerstone ELC.

No, my child's name and photo may not be used by Cornerstone ELC.

By signing below, I acknowledge tuition payments are due by the 5th of each month.

Parent's signature _____