

2019-2020 Enrollment Form



**Early Learning Center
Cornerstone**

REMINDER ~ ENROLLMENT IS LIMITED!!
To be **GUARANTEED** that your child is officially enrolled on the class roster, You **MUST** return . . .

1. this completed enrollment form
2. deposit amount: check payable to **Cornerstone ELC** (This is non-refundable)

Mail or drop off: Cornerstone Church 1350 11th St NE

ELC use: Date received _____ Ck # _____ Amt _____

ENROLLING FOR _____ **Seeds (3's 2 Day)** _____ **Roots (3 Day)** _____ **Sprouts (5 Day)**
Deposit=\$15 Deposit=\$25 Deposit=\$50

Children need to be **POTTY TRAINED** with no training pants and self-sufficient in the bathroom. I certainly understand that accidents happen and those will be attended to.

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

Child Name: _____ Birth Date: _____
Last First mm/dd/yyyy

Preference for child's name for writing, labeling, etc. (ex: Thomas=Tom) _____

Parent Names: Father _____ Mother _____

Home Address: _____

Home Phone #: _____ Cell #: Father _____ Mother _____

Work #: Father _____ Mother _____

Place of Employment: Father _____ Mother _____

Primary Email address: _____

Child's Physician _____ Clinic _____ Phone# _____

Child's Dentist _____ Phone # _____

Daycare Provider _____

Name

Phone #

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

Name _____ Phone _____

relationship to child: _____

Name _____ Phone _____

relationship to child: _____

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.

Name(s) preschools your child has 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 with parents of your child's classmates

Yes, names of parents, preschool child, 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.

Class Trips

Your child may have 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.

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.

Parent Signature _____ Date _____

(for the above indications)

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 _____

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

Parent's signature _____