

2020-2021 Enrollment Form

ELC use: _____ Date received _____ Ck # _____ Cash _____ Amt _____



**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

Children need to be **POTTY TRAINED** with no training pants and self-sufficient in the bathroom. Accidents happen and those will be attended to.

Class: ___ 3's Preschool (2 Day) ___ 4's Preschool (3 Day) AM ___ PM ___ Bridge (5 Day) ___ AM ___ PM
Deposit=\$15 Deposit=\$25 Deposit=\$50

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

Child Name: _____
Last First

Birth Date: _____ **Male or Female**

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

Parents: Father _____
First Last (if different from child)

Mother _____
First Last (if different from child)

Place of Employment: Father _____ **Mother** _____

Home Address: _____

Cell #: Father _____ **Mother** _____ **Home Phone # if applicable** _____

Work #: Father _____ **Mother** _____

Primary Email: _____

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:

Permissions and Acknowledgements

Share contact information with ELC Families (for playdates, birthday parties, etc):

Yes, we give permission for Cornerstone ELC to share phone numbers and addresses with other ELC families.

No, we do not want our contact information shared with other ELC 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 on 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 first of each month, September-May.

Parent's signature _____