

ELC use:	Date received:	Ck/cash #	Amt	Class
----------	----------------	-----------	-----	-------

# 2023-2024 Enrollment Form



**Early Learning Center  
Cornerstone**

Deposit amounts: 3-4 yr olds (3-day)= \$25  
Class: M T Th 8:30-11:00

4-5 yr olds (5-day)= \$50  
M-F 8:30-11:30

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

Today's Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_  
Last
First

Birth Date: \_\_\_\_\_ Child's Age Today: \_\_\_\_\_ 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)

Home Address: \_\_\_\_\_ Home Phone # if applicable \_\_\_\_\_

Cell: Father \_\_\_\_\_ Mother \_\_\_\_\_

Employer: Father \_\_\_\_\_ Work phone \_\_\_\_\_

Employer: Mother \_\_\_\_\_ Work Phone \_\_\_\_\_

Primary E mail: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Clinic \_\_\_\_\_ Phone# \_\_\_\_\_

**(OVER)**

Daycare Provider \_\_\_\_\_

Name

Phone

If parent(s) cannot be reached, please list an emergency contact.

Name \_\_\_\_\_ Phone \_\_\_\_\_ relationship \_\_\_\_\_

Please list any medical conditions we need to 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.

### Permissions and Acknowledgements

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

\_\_\_ Yes, we give permission to 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, your signature below gives permission for us to seek/provide medical care for your child. (ambulance, etc.)

Also, the signature below acknowledges you are informed tuition payments are due by the first of each month, September-May.

Parent's signature \_\_\_\_\_