

CORNERSTONE CHILDREN'S CENTER

ENROLLMENT FORM

CHILD'S INFORMATION

OFFICE USE ONLY: ___ REGISTRATION FEE

___ IMMUNIZATION or AFFIDAVIT

___ TUITION (1ST MONTH/WEEK)

DATE _____

CHILD'S NAME _____ DATE OF BIRTH _____

PREFERRED NAME _____

GENDER MALE FEMALE AGE ON SEPTEMBER 1, 2014 _____

ATTENDS _____ SCHOOL (FOR ASC ONLY)

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

IS THIS YOUR MAILING ADDRESS? (CIRCLE ONE) YES NO

MAILING ADDRESS _____

What will be your child's typical arrival time? (Circle one) 7:00 7:15 7:30 7:45 8:00 8:15 8:30 AM

What will be your child's typical departure time? (Circle one) 4:00 4:30 5:00 5:30 6:00 PM

Half day students will dismiss at set times listed in the Family Handbook.

Is your child predominantly right or left handed?

Does your child require any special medical attention (example: asthma, severe allergy, EPI-PEN, diabetes, etc.)? (Circle one) YES NO

If YES, please explain _____

How would you prefer receiving your billing statement? Paper copy E-mail

FAMILY INFORMATION

CHILD'S LIVING ARRANGEMENTS: (CHECK ONE) () BOTH PARENTS () MOTHER () FATHER () OTHER

CHILD'S LEGAL GUARDIAN(S): (CHECK ONE) () BOTH PARENTS () MOTHER () FATHER () OTHER

FATHER'S NAME _____

HOME ADDRESS (IF DIFFERENT) _____

CITY _____ STATE _____ ZIP _____

FATHER'S CELL PHONE _____ WORK PHONE _____

EMAIL _____

OCCUPATION _____ PLACE OF EMPLOYMENT _____

EMPLOYER'S STREET ADDRESS _____

HOME PHONE _____

MOTHER'S NAME _____

HOME ADDRESS (IF DIFFERENT) _____

CITY _____ STATE _____ ZIP _____

MOTHER'S CELL PHONE _____ WORK PHONE _____

EMAIL _____

OCCUPATION _____ PLACE OF EMPLOYMENT _____

HOME PHONE _____

EMPLOYER'S STREET ADDRESS _____

Please indicate custody arrangements, if applicable _____

My family attends _____ church.

We are looking for a church home (Circle one) YES NO

SIBLINGS

NAME _____ AGE _____ ATTENDS CORNERSTONE _____

NAME _____ AGE _____ ATTENDS CORNERSTONE _____

NAME _____ AGE _____ ATTENDS CORNERSTONE _____

NAME _____ AGE _____ ATTENDS CORNERSTONE _____

PARENT STATEMENT

Please comment on your child's strengths and weaknesses. _____

Please describe any circumstances which have affected your child's participation in school events, or attendance in school, (E.G. frequent moves/changes in schools/separation of a significant person in the family, disciplinary actions and serious illness.)

Does your child have any emotional or physical problems we need to know about? (Check all that apply)

() SPEECH () PHYSICAL HANDICAP () VISION/HEARING () ADD/ADHD () OTHER _____

Does your child have an IEP (Individualized Education Plan) or a 504 Plan? YES NO

If yes, please explain _____

Is your child potty trained? (Circle one) YES NO

What more would you like us to know about your child?

PHOTO/DIRECTORY RELEASE, PICK UP RELEASE AND EMERGENCY AUTHORIZATIONS

My child, _____, may be released only to the parents/guardians (previously listed) or to the individuals listed below. A written note from the parent or guardian must be turned in to the office for your child to be released to the persons below. Please be aware that such persons may be required to show a photo identification card before the child will be released.

PLEASE USE COMPLETE ADDRESS AND PHONE NUMBERS FOR BOTH IN – AND OUT-OF-STATE CONTACTS.

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP TO CHILD _____ RELATIONSHIP TO PARENT _____

IS THIS PERSON ALSO AN EMERGENCY CONTACT (IN CASE PARENTS CANNOT BE REACHED)? YES NO

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP TO CHILD _____ RELATIONSHIP TO PARENT _____

IS THIS PERSON ALSO AN EMERGENCY CONTACT (IN CASE PARENTS CANNOT BE REACHED)? YES NO

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP TO CHILD _____ RELATIONSHIP TO PARENT _____

IS THIS PERSON ALSO AN EMERGENCY CONTACT (IN CASE PARENTS CANNOT BE REACHED)? YES NO

THE FOLLOWING INDIVIDUALS **MAY NOT** PICK UP MY CHILD

NAME _____

RELATIONSHIP TO CHILD _____ RELATIONSHIP TO PARENT _____

NAME _____

RELATIONSHIP TO CHILD _____ RELATIONSHIP TO PARENT _____

CHILD'S PRIMARY SOURCE OF HEALTH CARE (PHYSICIAN/GROUP NAME) _____

PHYSICIAN'S ADDRESS _____

PHONE NUMBER _____

EMERGENCY WAIVER-----

In the event of an emergency involving my child, and if Cornerstone Children's Center is unable to contact me/us immediately, I hereby authorize any medical attention and/or emergency medical care as may be necessary to care for my child. I/we further agree to be fully responsible for all medical expense incurred during the treatment of my child. I/we agree to keep Cornerstone informed of changes in telephone numbers, etc., where I/we can be reached.

I agree to allow my child, _____, to be transported by private vehicle or ambulance in case of an emergency. I release Cornerstone and its staff from all responsibility in case of an accident. I/we understand that such transportation will only be provided in an emergency situation.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____

RELEASE AND HOLD HARMLESS AGREEMENT-----

I understand that as part of the Cornerstone Children's Center experience, my child will participate in a variety of activities. In consideration of the enrollment of my child, I/we, as the parent(s)/legal guardian(s) of _____ do hereby release, waive, discharge and agree to hold harmless Cornerstone Children's Center and First United Methodist Church of Vidalia, Inc., its staff, employees and agents for any and all injuries and damages arising from my child's participation in the activities planned and sponsored in conjunction with Cornerstone Children's Center.

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Print Parent/Guardian Name _____

PHOTO AND DIRECTORY RELEASE-----

I/we, _____, the parents/guardians of _____ grant permission for our child’s photograph to be used by Cornerstone Children’s Center and Vidalia First United Methodist Church for the decoration of classrooms and hallways, for craft activities, and on our website/internet site and/or in promotional materials.

Parent/Guardian Signature _____ Date _____

PERMISSION TO USE THE INTERNET-----

I give permission for my child (students enrolled in Kindergarten through 5th Grade only) to use the internet for classroom projects and homework assignments. Students will not be allowed to check email, chat or IM while on the Internet.

Parent/Guardian Signature _____ Date _____

AUTHORIZATION FOR EXTERNAL PREPARATIONS-----

I understand that I must complete an Authorization to Dispense External Preparations Form before my child will be given any preparations while at Cornerstone Children’s Center. If there are any adverse reactions, I will be notified. I also understand that I may not send any medication to school with my child or in my child’s backpack.

Parent/Guardian Signature _____ Date _____

ENROLLMENT/WITHDRAWAL INFORMATION-----

I understand that it is my responsibility to provide Cornerstone Children’s Center with updated information that reflects any significant changes. Examples of information include: telephone numbers, work location, emergency contacts, child’s physician, child’s health status, infant feeding plans and immunization records, etc. I understand that in the event that I should have to withdraw my child from Cornerstone Children’s Center, I must give ten (10) days written notice to the Director. My/Our registration fee is forfeited if my child does not begin attending Cornerstone on the agreed upon start date; all tuition and fees are NON-REFUNDABLE and NON-TRANSFERABLE.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Printed Name _____