

# Cornerstone Christian Pre-K (4)

## Registration Form 2019 – 2020

### CHILD'S INFORMATION:

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City Zip

Home Phone: \_\_\_\_\_ School District: \_\_\_\_\_

### MOTHER'S INFORMATION:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City Zip

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred Method of Communication (Please circle): E-mail Cell Phone Home Phone

### FATHER'S INFORMATION:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City Zip

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Preferred Method of Communication (Please circle): E-mail Cell Phone Home Phone

### OFFICE USE ONLY:

Confirmed Class: M/W/F T/Th M/T/W/F M/W/Th/F M/T/W/Th/F

Registration Fee Paid: \$ \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_

Medical Info: \_\_\_\_\_ Emergency Info: \_\_\_\_\_ Release Info: \_\_\_\_\_

Please indicate the student's ethnicity for New York State reporting purposes:

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian/Alaskan Native           | <input type="checkbox"/> Hispanic or Latino          |
| <input type="checkbox"/> Black or African American (not Hispanic) | <input type="checkbox"/> White (not Hispanic)        |
| <input type="checkbox"/> Asian                                    | <input type="checkbox"/> Multi-Racial (not Hispanic) |
| <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander  |  |

**CLASS CHOICE:**

Please indicate with an "X" beside the class you would like your child to attend. If you have a first and second choice, please indicate by marking "1<sup>st</sup>" or "2<sup>nd</sup>" on the line beside your choices. Other options may be available if you register early, please contact the Preschool Director for more information.

**Four year old Pre-K:**

- |       |  |                 |
|-------|--|-----------------|
| _____ | Monday, Wednesday & Friday                     | 9:00 – 11:30 am |
| _____ | Tuesday & Thursday                             | 9:00 – 11:30 am |
| _____ | Monday, Tuesday, Wednesday, & Friday           | 9:00 – 11:30 am |
| _____ | Monday, Wednesday, Thursday, & Friday          | 9:00 – 11:30 am |
| _____ | Monday, Tuesday, Wednesday, Thursday, & Friday | 9:00 – 11:30 am |

**FINANCIAL AGREEMENT:**

I agree to pay the full tuition amount on or before August 15 or pay a partial payment as outlined below.

<b>Due Date</b>	<b>2 days/week \$825.00/year</b>	<b>3 days/week \$1050/year</b>	<b>4 days/week \$1250/year</b>	<b>5 days/week \$1450/year</b>
By August 15	\$275	\$350	\$312.50	\$362.50
By October 15	\$275	\$350	\$312.50	\$362.50
By December 15	\$275	\$350	\$312.50	\$362.50
By February 15			\$312.50	\$362.50

I understand that the **\$30.00 Registration Fee is not part of the total tuition and is non-refundable.** As stated in the Pre-K Handbook, a \$25 late fee will be charged for any tuition payments more than 10 days past due. Withdrawal from the program will be reimbursed as stated in the handbook.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **RELEASE INFORMATION**

My child may be released to the following people: (Please do not list parents of child.)

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **MEDICAL INFORMATION**

**Immunizations:** New York State Law requires that before entering school, a child must be immunized based on age and appropriate interval scheduling, unless medically contraindicated or forbidden by religion. In cases of exemption, a written statement from a physician or clergyman must be presented to the school upon entrance. Please provide us with current immunization records from your pediatrician upon enrollment. They may be faxed to 585-637-4518 or attached to this form.

Doctor's Name: \_\_\_\_\_ Dr's Phone: \_\_\_\_\_

Hospital Affiliation: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

ADD/ADHD       Yes       No      Other behavioral issues: \_\_\_\_\_

Special food/activity instructions: \_\_\_\_\_

## **EMERGENCY INFORMATION**

In the event that we cannot reach either mother or father (or guardian) please list the persons we may call:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **RELEASE PERMISSION**

I, the undersigned, hereby enroll my child in the Cornerstone Christian Pre-K (Cornerstone Kids) beginning in the fall of 2016. It is understood that Cornerstone Christian Pre-K assumes responsibility for my child's well-being during the hours of care and will make every effort to contact the parent should any type of emergency arise. I agree that in case of an accident or injury, emergency medical care may be given in the event that I, nor my designated persons, can be reached. I also give consent for my child to take part in excursions away from the facility under the supervision of the Pre-K staff. Because the Pre-K staff have obligations outside of their time commitment to my child during the program time, I understand that late pick up fees will be charged at a rate of \$10 per child, in 10 minute increments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Dat

## **PHOTOGRAPH PERMISSION**

Please check all that apply:

I give my permission for my child's picture to be taken and used in the classroom and on bulletin boards in the hallways of the school.

I give my permission for my child's picture to be taken and used in publicity for Cornerstone Christian Pre-K (no full names will be used without written consent by a parent).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Cornerstone Christian Pre-K  
Cornerstone Kids  
60 Holley St.  
Brockport, NY 14420  
(585) 637-4540  
Fax: (585) 637-4518

[www.cornerstonechristianacademy.us](http://www.cornerstonechristianacademy.us)

Pre-K Director email: [cornerstonekids4@aol.com](mailto:cornerstonekids4@aol.com)