

Cornerstone Christian Pre-K (4)

Registration Form 2017 – 2018

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 "1st" or "2nd" 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.

Due Date	2 days/week \$825.00/year	3 days/week \$1050/year	4 days/week \$1250/year	5 days/week \$1450/year
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

Pre-K Director email: cornerstonekids4@aol.com