

Cornerstone Christian Pre-K (4)

Registration Form 2021 – 2022

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: T/Th T/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 | |

School District Residing in: _____

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.

Four-year-old Pre-K:

_____	Tuesday & Thursday	9:00 – 11:30 am
_____	Tuesday, 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 \$900.00/year	3 days/week \$1100/year
By August 15	\$300	\$367
By October 15	\$300	\$367
By December 15	\$300	\$366

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: cjohnson@cornerstonechristianacademy.us