



Cornerstone Schools

Preschool/Prekindergarten

Enrollment Application

Child's Name _____
First Middle Last

Home Address _____
Street City State Zip

Date of Birth _____ Age _____ Sex _____

Mother's/Guardian's Name _____ Home Phone _____

Home Address _____
Street City State Zip

Occupation _____ Employer _____

Business Address: _____

Business Phone Number _____ Ext. _____ Cell Phone _____

Father's/Guardian's Name _____ Home Phone _____

Home Address _____
Street City State Zip

Occupation _____ Employer _____

Business Address: _____

Business Phone Number _____ Ext. _____ Cell Phone _____

Are parents divorced? _____ If yes, who has legal custody? _____

Child lives with: _____

Siblings	Age	Siblings	Age
_____	_____	_____	_____
_____	_____	_____	_____

ENTRANCE DATE _____



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Emergency Contacts & My Child May Be Released To The Persons Listed Below: (Other than Parent/Guardian)

- Name _____ Phone # _____
Address _____
Relationship to Child _____ Relationship to Parent _____
- Name _____ Phone # _____
Address _____
Relationship to Child _____ Relationship to Parent _____
- Name _____ Phone # _____
Address _____
Relationship to Child _____ Relationship to Parent _____

EMERGENCY MEDICAL RELEASE

Child's Name _____ Age _____ DOB _____ Sex _____

Special Medical Needs: (Physical or mental problems, mental retardation or developmental disabilities) _____

Allergies: _____ NONE _____

PRESCRIBED DAILY MEDICATION: _____ TIME _____ AMT. _____

DR. NAME _____ PHONE # _____

Should my child become ill during the time that he/she is in the care of Cornerstone Schools or suffer an accident of any nature the center will undertake to contact me immediately and shall be authorized to secure such medical attention and care for my child as may be necessary. (The parent/guardian shall assume responsibility for payment.) I agree to keep Cornerstone Schools informed of changes relating to emergency telephone numbers, physicians and all emergency contacts. Cornerstone Schools uses Northside Hospital for emergencies.

I do _____ do not _____ wish to purchase insurance on my child at a cost of \$20.00 per year. I understand that Cornerstone Schools is not RESPONSIBLE for any accident that this policy may cover.

Parent's/Guardian's Signature _____ Emergency # _____ Date _____

Parent's/Guardian's Signature _____ Emergency # _____ Date _____



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Enrollment Agreement

I would like to enroll my child _____ in the following program:

Three Year Preschool Program
(8:30 a.m. to 2:00 p.m.)

Three Year Preschool & Extended Day Program
(6:30 a.m. to 6:30 p.m.)

_____ In the Five Day Program. (Monday through Friday)
_____ In the Three Day Program. (Monday, Wednesday, Friday)
_____ In the Two Day Program. (Tuesday & Thursday)

_____ In the Five Full Day Program.
_____ In the Three Full Day Program.
_____ In the Two Full Day Program

Four Year Prekindergarten Program
(8:30 a.m. to 2:00 p.m.)

Four Year PreK Program & Extended Day Program
(6:30 a.m. to 6:30 p.m.)

_____ In the Five Day Program. (Monday through Friday)
_____ In the Three Day Program. (Monday, Wednesday, Friday)
_____ In the Two Day Program. (Tuesday & Thursday)

_____ In the Five Full Day Program.
_____ In the Three Full Day Program.
_____ In the Two Full Day Program

Children enrolled in the extended day program may attend any day the school is open.

Late Charge \$1.00 per minute after 7:00 PM due and payable at that time.

Tuition

Plan-1 (Monthly)

I agree to pay a monthly tuition of \$_____ on or before the 1st of each Month and a yearly non-refundable registration fee of \$_____. I agree to pay a \$30.00 LATE CHARGE if payment has not been made by the 5th of the Month. There is no deduction in tuition if the school is closed due to weather conditions, holidays or any other unforeseen emergency condition.

PLAN-2 (YEARLY) ONE PAYMENT 5% DISCOUNT

TUITION _____ MINUS 5%= _____

REGISTRATION FEE: _____

Parent's/Guardian's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____



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Policies and Procedures

Enrollment:

Cornerstone Schools will not deny enrollment to any child based upon race, creed, sex, or national origin. All enrollments are done on a trial basis, and Cornerstone Schools reserves the right to terminate the enrollment if the program does not meet the needs of the child.

School Hours:.....Monday through Friday – August to May 8:30 AM to 2:00 PM.

Extended Program:..... Monday through Friday -January through December
(6:30 AM to 8:30 A.M. and 2:00 P.M.-6:30 P.M.)

Holiday Observances:

Cornerstone Schools will be closed in observance of the following holidays. If a holiday falls on a weekend Cornerstone Schools will be closed on Monday after or Friday before.

**New Year's Day
Martin Luther King Day
Memorial Day
July 4th
Labor Day
Thanksgiving Day Thursday and Friday
Christmas Eve and Christmas Day**

Nutrition: Breakfast (snack) 7:30 A.M. to 8:00 A.M.
 Lunch 11:00 A.M. to 12:30 P.M.

All meals and snacks are nutritionally balanced and meet USDA daily food requirements. Food is not allowed into the school (infants excluded). It is the parent's/guardian's responsibility to feed his/her child if he/she misses a scheduled meal.

Child Abuse, Neglect or Deprivation:

Any suspected incident of child abuse, or deprivation shall be reported to the local County Department of Family and Children Services, as required by law.

Inclement Weather & Fire:

Cornerstone School will close when bad weather conditions exist (Public School closings are usually a good indication that we will be closed) Stay tuned to I Channel 11, 5 or 2 and WGST News radio (AM 750, FM 105.7).

In case of a tornado, or severe thunderstorms, children will go into emergency positions. We ask that parents refrain from calling because the staff will be busy with the children and monitoring the storm. Should the following emergency situations occur, (fire, loss of power or water, gas leak, tornado damage, or any other emergency condition that requires the evacuation of the center for an extended time) all the children will be transported to Cornerstone Schools Bldg. B, 4888 Browns Bridge Rd. 770 205-8202.



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Discipline:

The only discipline used is Time Out. Parents /Guardians will be informed of repeated behavior problems and if the behavior persists, other arrangements for the child will have to be made.

Illness & Emergency Treatment:

Children will not be accepted or allowed to remain in School with a temperature (100 degrees or higher), a communicable disease, and or/ any other contagious symptoms. Parents/guardians will be notified immediately if their child suffers an injury that requires professional medical attention, or becomes sick and is suffering apparent discomfort, Parents will be notified of any known exposure to any communicable disease.

If an emergency occurs, your child will be taken to Northside Hospital Cumming Ga.

Medicine:

Staff will only dispense medication that is provided by the parent/guardian and meets the following requirements.

1. Medicine must be in the original labeled container with the child's full name dosage amount & time.
2. All medicine must be signed in on the medicine sheet and must be left at the front desk.
3. Medicine will only be dispensed at 11:00 A.M & 3:00 P.M.
4. Medicines must be taken home daily.

Uniforms.....All children are required to wear school uniforms.

Picking Up Your Child(ren) and Parent Visits:

Parents are permitted access to the school anytime their child is present. Parents should make their presence known to the office staff upon entering the building. Children will only be released to their parents/guardians or persons listed on the release form. If your child is to be picked up by someone not listed on the release form, please contact the school in advance. All new persons picking up a child will have to show a current driver's license. **All children must be escorted in and out of the center by an adult.**

Notice of Withdrawal:- Cornerstone Schools requires a one month withdrawal notice.

Parent's/Guardian's Agreement

To keep Cornerstone Schools informed of changes relating to, emergency numbers, addresses, emergency contact, persons whom the child may be released to, any new medical problems, and keep a current immunization record a file. I have read and understand and agree to all the policies and procedures.

Parent's/Guardian's Signature _____ Date _____

Parent's/Guardian's Signature _____ Date _____