

20__-20__ Enrollment Form
Corner-Stone Church Preschool

Full Name _____ Date of Birth _____

What name does your child go by? _____

How old will your child be on September 1, 20__? _____

Parents' Relationship to Each Other: Married Divorced Separated Single

(If child has a specific custody arrangement, please notify the school in writing).

Child lives with (please check all that apply):

Mother and Father Mother Father Other _____

CONTACT INFORMATION

Home Address _____

City _____ State _____ Zip _____

Phone _____

Father's Name _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Occupation _____

Name of Employer/Workplace _____

Work Phone _____

Mother's Name _____

Home Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Occupation _____

Name of Employer/Workplace _____

Work Phone _____

Do you have a church home? ____ Yes ____ No

If yes, where? _____

How did you find out about our program?

Please list at least one local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached:

Name _____ Relationship to child _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Second emergency contact, (a local person who will be available to assume responsibility for your child in an emergency if parents cannot be reached): (*OPTIONAL*)

Name _____ Relationship to child _____

Address _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

In the event of inclement weather, fire, or medical emergency, it is CRITICAL that the school staff have information on how to reach the child's parents/guardians immediately. Please provide the following information. It is imperative that this information be kept current. If any of this information changes, please notify the preschool director as soon as possible to keep the school records current.

Parent/Guardian Name _____ Cell Phone Number _____

Does this cell phone number receive text messages? Yes No

Alternate Phone _____ Email _____

ABOUT YOUR CHILD

Has your child ever attended a preschool, mother's morning out program or other group care setting?

Yes No

Does your child have a regular time apart from his or her parents, such as nursery during church services, or regular time with a baby sitter?

What special interests does your child have? (i.e. Dinosaurs, trains, dollhouses)

Have there been any recent events in your child's life of which we should be aware? (i.e. loss of a pet, recent move, illness)?

Yes No *(If yes, please explain.)*

What do you hope your child will get from their experience with Corner-Stone Church Preschool?

Does your child have any physical/medical restrictions of which the school should be aware?

Please list any and all known allergies and dietary restrictions your child may have:

We look forward to have your little one in our program this year. Should any of this information change or if you need to provide additional information at any time, please contact Kasey Davis, Preschool Director at kasey@corner-stone.org or (770) 633-1479.