

CORNERSTONE PRESCHOOL
APPLICATION-REENROLLMENT FORM

For Office Use: Registration date: _____

Fee rec'd: _____

Student Legal Name (Last, First, Middle): _____

Name child prefers to be called: _____ **Gender:** Male Female **Birthdate:** _____

Child's Address: _____

_____ Two Days (Tu & Th) Choose one option: _____ School day (8:00-2:30) _____ Extended Care (7:30-5:00)

_____ Three Days (M, W, F) Choose one option: _____ School day (8:00-2:30) _____ Extended Care (7:30-5:00)

_____ Five Days (M-F) Choose one option: _____ School day (8:00-2:30) _____ Extended Care (7:30-5:00)
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Ethnic Group & Race Categories: (The Federal and State government requires that both these questions be answered and provides only the following categories for ethnic group and race. Cornerstone Preschool admits students of any race, color, national and ethnic origin to the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other school-administered programs.)

Is this student Hispanic or Latino? (Choose only one.)

Yes, Hispanic or Latino (A person of Cuban, Mexican, Puerto Rico, or Central American or other Spanish culture or origin, regardless of race)

No

What is the student's race? (Select all that apply.)

American Indian/Alaskan Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintain tribal affiliations or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinents including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Island, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups in Africa.)

Native Hawaiian/Pacific Islander (A person having origins in any of the original peoples to Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, North Africa, or Middle East.)

Child Information:

Photographs/Videotape/Audiotape: May we take and maintain photographs, audiotape, videotape of your child for school, school community, or public use purposes (eg: posters, pamphlets, advertisements, school website, school Facebook page, press releases)?

Yes **No**

School Newsletter: The link for the school newsletter and any other school-related announcements will be delivered electronically to your e-mail address.

- Use following e-mail address(es): _____
Circle one: Dad Mom Both Other: _____

In Case of School cancellations, would you like your cell number(s) included in the notification?

- Please circle: No Yes (If Yes, circle all that apply.)
Dad Mom Guardian 1 Guardian 2 Other
✓ If Other, Name: _____ Cell #: _____

Permission for Water Table/Wading Pool:

I/We _____ (**printed parents name**) give permission for _____ (**child's name**) to participate in the use of a water table and the wading pool under supervision of Cornerstone Preschool staff members.

Parent/guardian signature: _____

Date: _____

Comments & Information:

Is there is any other information that would be helpful to our management and teaching staff?

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Parent/Guardian Information:

Primary Parent/Guardian 1: *(**If separated/divorced, we must have a copy of custody papers showing parental/educator rights.)*

First Name: _____ M.I. _____ Last Name: _____

Address (If not the same as student's physical address): _____

_____ [] Please provide duplicate mailing to this address.

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____

Relationship: [] Mother [] Father [] Step-Mother [] Step-Father

Lives with student: [] Full time [] Part time Email: _____

Has custody of student: [] Yes [] No [] Shared *(If married, mark shared for both parents.)*

Primary Parent/Guardian 2: *(**If separated/divorced, we must have a copy of custody papers showing parental/educator rights.)*

First Name: _____ M.I. _____ Last Name: _____

Address (If not the same as student's physical address): _____

_____ [] Please provide duplicate mailing to this address.

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____

Relationship: [] Mother [] Father [] Step-Mother [] Step-Father

Lives with student: [] Full time [] Part time Email: _____

Has custody of student: [] Yes [] No [] Shared *(If married, mark shared for both parents.)*

Parent/Guardian 3:

First Name: _____ M.I. _____ Last Name: _____

Address (If not the same as student's physical address): _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____

Relationship: [] Legal Guardian [] Foster [] Other: _____

Lives with student: [] Full time [] Part time Email: _____

Parent/Guardian 4:

First Name: _____ M.I. _____ Last Name: _____

Address (If not the same as student's physical address): _____

Occupation: _____ Home Phone: () _____

Employed By: _____ Office Phone: () _____

Work Address: _____ Work Hours: _____ Cell Phone: () _____

Marital Status: [] Married [] Single [] Divorced [] Separated [] Widowed [] Other _____

Relationship: [] Legal Guardian [] Foster [] Other: _____

Lives with student: [] Full time [] Part time Email: _____

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Student is in state Care and Custody: Yes; please complete this section. No; skip this section.

Caseworker Name: _____

Caseworker Phone: _____ Cell: _____

Agency Name and Address (Street #, Street Name, City, State, Zip): _____

**** A copy of any Court Order pertaining to custody, restrictions, or visitation of the child you are enrolling must be given to the school; otherwise, each parent has equal rights.**

Emergency Contacts (if Parents/Guardians can't be reached):

1st Contact Name: _____ Phone: _____

Relationship to the Child: _____ Cell: _____

Able to pick up all children in the family.

Not able to pick up the following children: _____

2nd Contact Name: _____ Phone: _____

Relationship to the Child: _____ Cell: _____

Able to pick up all children in the family.

Not able to pick up the following children: _____

Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Cell: _____

Able to pick up all children in the family.

Not able to pick up the following children: _____

2nd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Cell: _____

Able to pick up all children in the family.

Not able to pick up the following children: _____

3rd Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Cell: _____

Able to pick up all children in the family.

Not able to pick up the following children: _____

4th Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ Cell: _____

Able to pick up all children in the family.

Not able to pick up the following children: _____

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Child Information (con't):

Immunizations (For Incoming Families only):

Vermont law requires all parents with children entering any licensed or registered child care facility, public or independent kindergarten, elementary and secondary schools to present an immunization record. If there are any exemptions, please notify the school office.

****Please provide a copy of your child's immunization record.**
A fax from your doctor's office or public health provider will suffice.**

Permission for Over the Counter Medication – Please check acceptable medications:

Oral medications available at school:

_____ Benadryl for allergic reactions/excessive itching

Topical medications available at school:

_____ Triple antibiotic ointment

_____ Hydrocortisone cream for eczema and contact dermatitis

Please check if your child has had any of the following during the past year:

_____ Chicken pox. When: _____

_____ Wears glasses (Circle one: for distance for reading both)

_____ Hearing/Vision problems: _____

_____ Any immunizations you have not already reported to the school

_____ Surgeries. List what & when: _____

_____ Broken bones. List what & when: _____

_____ Other: _____

Current Health Problems: _____

Current Medications:

<i>(inc. those given at home)</i>	<i>name</i>	<i>dose</i>	<i>time given</i>
_____	<i>name</i>	<i>dose</i>	<i>time given</i>
_____	<i>name</i>	<i>dose</i>	<i>time given</i>
_____	<i>name</i>	<i>dose</i>	<i>time given</i>

In the event of an emergency, please list your insurance company, policy number, as well as your child's medical and dental professionals. We will only make use of this information if you or the previously listed people cannot be reached in an emergency.

Company: _____ Policy # _____

Child's Doctor(s): _____ Phone _____

Child's Dentist(s): _____ Phone _____

Child's Orthodontist: _____ Phone _____

Permission for Treatment/Transportation:

To the Parent or Guardian: In case of injury, appropriate care will be given to the child by teaching staff and the parents/guardians will be contacted immediately. In the event that I cannot be notified, the staff has my permission to take appropriate steps to insure the safety and well being of my child. I hereby consent to have _____ examined and, if required, to be treated by a physician or hospital. **(child's name)**

I ALSO HEREBY GIVE PERMISSION FOR MY CHILD TO BE TRANSPORTED TO AND FROM FIELD TRIPS AT OFF-SITE LOCATIONS.

Parent/guardian signature: _____ **Date:** _____

Permission for Sunscreen:

I/We _____ **(printed parents name)** give permission for sunscreen to be applied by Cornerstone Preschool staff for my child _____ **(child's name)** as needed.

Parent/Guardian signature: _____ **Date:** _____

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Student Health Conditions: Please check all boxes that apply to the student.

Allergies

Yes No, go to next section.

Allergy type:

- Food – List food(s): _____
- Medication – List medication(s): _____
- Minor stings or insect bites
- Other – List food(s): _____

Date of last severe reaction: _____

Date of last hospital or emergency room visit due to allergies: _____

Currently prescribed medication and treatments for allergies:

- Oral antihistamine** (Benadryl, etc.) Give first? No, go straight to the Epi-Pen. Yes. How much: _____
If not better after _____ minutes, please write down the next step: _____
- Epinephrine**. Please send in current Epi-Pen in original box.
- Other: _____

Food Restrictions

Yes No, go to next section.

- Due to gastrointestinal (digestive) distress. List food(s): _____
- Due to religious or other preferences. List food(s): _____

Asthma

Yes No, go to next section.

Currently prescribed medication and treatments for asthma. Please send in current asthma medication** and equipment in original box with student's name on it. A current asthma action plan must be on file in the Main Office. A fax from your doctor will suffice.

- Daily control (preventative) medication**.
- As needed medication**. Please circle: exercise-induced cold-induced other: _____

Date of last hospital or emergency room visit due to asthma: _____

Diabetes

Yes No, go to next section.

Date of last hospital or emergency room visit due to diabetes: _____

Does the student's diabetes require medication and/or blood testing in school?

- No.
- Yes. List medication(s)**: _____
(name) (dosage) (route) (time to be given)

Seizure Disorder

Yes No, go to next page.

Does the student's seizure disorder require medication in school?

- No.
- Yes. List medication(s)**: _____
(name) (dosage) (route) (time to be given)

Date of last seizure: _____

Date of last hospital or emergency room visit due to seizure: _____

All medication must be accompanied by a completed and signed medication form, which is to be obtained from Main Office.

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Parent/Guardian Agreement

In making this application for admission to the Cornerstone Preschool, I/We agree:

1. To have my child trained in accordance with the Statement of Faith and school objectives upon which Cornerstone Preschool is based (whether in agreement with them or not.).
2. That the school reserves the right to dismiss my/our child if he/she does not respect its spiritual standards or cooperate in the educational process.

Signature of primary parent/guardian

Date

Printed name of primary parent/guardian

Signature of primary parent/guardian

Date

Printed name of primary parent/guardian

Tuition / Payment Agreement:

The tuition for Cornerstone Preschool is set by the administration and is based upon the time and number of days your child is enrolled. If your child is absent on his/her scheduled day for any reason, you will still be charged full tuition.

The annual fee is based on 38 weeks of school and is divided into 10 monthly installments over the course of the entire school year. Tuition is due in advance and must be received by the 20th of each month, August through May. Our budget does not allow us to carry past due accounts. No cash refunds are made by Cornerstone Preschool. Annual enrollment and curriculum fees are set by the administration and are non-refundable.

Financial agreement: I hereby apply for enrollment with Cornerstone Preschool and I certify that the information I have supplied is true and accurate. If my child's account becomes delinquent, I agree to be personally liable for this indebtedness. If the account is delinquent and goes into collection, I agree to pay all legal fees and costs of collection.

Liability agreement: I accept the policy and regulations of the school and release it from any liabilities for injuries and illnesses (on school premises) resulting from conditions or circumstances beyond its control.

Signature:

Signature of primary parent/guardian

Date

Printed name of primary parent/guardian

Signature of primary parent/guardian

Date

Printed name of primary parent/guardian

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CORNERSTONE PRESCHOOL
STATEMENT OF FAITH

God: We believe there is one God, who always has and always will exist as three persons—Father, Son and Holy Spirit (Matthew 3:16–17; Matthew 28:19; John 15:26; 2 Corinthians 13:14).

Revelation: We believe God has revealed himself in a general way through his creation, preservation and governance of the world (Psalm 19:1; Romans 1:20); and has revealed himself in a special way through his Holy Word for his glory and for our salvation (Romans 10:17; 2 Peter 1:3).

The Bible: We believe the Bible is God’s Word, inspired by God the Holy Spirit, to be the supreme authority for our life of faith and for our salvation (2 Timothy 3:16–17; 1 Peter 1:12; 2 Peter 1:21)

Creation: We believe God created all things out of nothing (Genesis 1–2, Jeremiah 5:24; Hebrews 11:3) and God upholds this world by his providence (Matthew 10:29–30, Acts 14:15–17).

Sin: We believe that humanity, while created in God’s image, fell into sin through the disobedience of our first parents, Adam and Eve, resulting in the corruption of our nature and our estrangement from God (Genesis 3; Romans 3:23; 5:12, 18–19).

Redemption: We believe that God sent his Son, Jesus Christ, to deliver us from our sin and bring us into God’s kingdom. Christ accomplished this by bearing the wrath of God that we deserved through his atoning death on the cross (Matthew 1:21; 2 Corinthians 5:21; Hebrews 2:17; 1 Peter 3:18).

Christ: We believe Jesus Christ is God’s Son incarnate, fully God and fully man (John 1:14, 10:33; Hebrews 2:14–18). We believe Christ was conceived by the Holy Spirit and born of the Virgin Mary (Matthew 1:20–23; Luke 1:35, 2:11), crucified on a cross (Matthew 27:35–38; Mark 15:25–26, Luke 23:32–38; John 19:17–20), died (Matthew 27:50; Mark 15:37; Luke 23:46; John 19:30, 32–34), laid in a tomb (Matthew 27:57–61; Mark 15:43–46; Luke 23:52–55; John 19:41–43), resurrected from the dead on the third day (Matthew 28:1–10; Luke 24; John 20; 1 Corinthians 15:20–22), and ascended to heaven where he now reigns at the right hand of God (Acts 1:9–11; Ephesians 1:20–21, 4:7–10).

Holy Spirit: We believe the Holy Spirit is God’s very presence with all who have faith in Christ to unite us with Christ, minister Christ’s justification and sanctification to us personally, and equip us to live out our various callings in life (1 Corinthians 6:19, 12:4–11; 2 Corinthians 1:21; Ephesians 1:13; Galatians 3:14; Titus 3:5).

Church: We believe being a Christian involves being engrafted into the body of Christ, the church (Ephesians 1:22–23; Colossians 1:18, 24), and therefore all believers ought to participate regularly in a local congregation where the gospel is preached, the sacraments are administered, and people are held accountable to follow Christ as his disciples (Matthew 18:15–17; 28:18–20; 1 Corinthians 11:23–26; Ephesians 3:10–11; 5:23–32; Hebrews 10:25).

Civil Society: We believe God has established civil governments to promote justice for the common good in this broken world, and that Christians are obligated to respect the lawful authorities appointed by God (Romans 13:1–7; Titus 3:1; 1 Peter 2:17).

The Future: We believe Jesus Christ will visibly return for all to see (Matthew 24:30), give us new resurrected bodies (1 Corinthians 15:51–53), judge all people (Matthew 12:36; Revelation 20:12–13), cleanse this world with fire (2 Peter 3:7), and establish a new heavens and new earth where God will dwell with his people forever (Revelation 21:1–4).

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CHILD CARE GENERAL HEALTH EXAMINATION FORM

Note: This form can be used for child care programs as required documentation of a child's general health examine. Other physical forms used by the health provider's office documenting the child's age appropriate well care exam and information regarding any health conditions and medications that may impact the care of the child in child care are also acceptable.

Child's Name: _____

Date of Birth: _____ Date of Last Exam: _____

___ This child has no health conditions or medications that impact enrollment in child care.

___ This child has a condition or medication that should be known by the child care provider:

Health Care Provider Name: _____

Phone Number: _____

Health Care Provider Signature: _____

Date: _____