

ENTRANCE DATE \_\_\_\_\_

# Cornerstone Schools After School Program

4888 Browns Bridge Road, Cumming Ga. 30041  
(770) 205-6860

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ SEX \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ DOB \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ OTHER PHONE (\_\_\_\_) \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

MOTHERS'S HOME ADDRESS (if different from child's) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_

EMPLOYERS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ PHONE \_\_\_\_\_

FATHER'S HOME ADDRESS (if different from child's) \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

EMPLOYER \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_) \_\_\_\_\_ EXT. \_\_\_\_\_

EMPLOYERS ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

STATUS OF PARENTS/GUARDIANS: MARRIED \_\_\_\_\_ SEPARATED \_\_\_\_\_ DIVORCED \_\_\_\_\_

CHILD(REN) LIVE WITH: BOTH PARENTS \_\_\_\_\_ MOTHER \_\_\_\_\_ FATHER \_\_\_\_\_ OTHER \_\_\_\_\_

CHILD(REN) ATTENDED ANOTHER SCHOOL YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES WHERE \_\_\_\_\_

OTHER BROTHERS & SISTERS: NAME \_\_\_\_\_ AGE \_\_\_\_\_

NAME \_\_\_\_\_ AGE \_\_\_\_\_ NAME \_\_\_\_\_ AGE \_\_\_\_\_

## **Emergency Contacts: (Other than Parent/Guardian)**

1. Name \_\_\_\_\_ Phone # \_\_\_\_\_

2. Name \_\_\_\_\_ Phone # \_\_\_\_\_

3. Name \_\_\_\_\_ Phone # \_\_\_\_\_

Name of School child attends: \_\_\_\_\_

Child's Doctor or Clinic \_\_\_\_\_ Phone # \_\_\_\_\_

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## My Child(ren) May Be Released To The Persons Listed Below:

1. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Relationship to Parent(s) Guardian(s) \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Other identifying Information (if any) \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Relationship to Parent(s) Guardian(s) \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_  
Other identifying Information (if any) \_\_\_\_\_

## Parent's/Guardian's Agreement with Cornerstone Schools

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

\_\_\_\_\_ In the Before & After School Program-6:30 A.M. to 7:30 AM. & 2:35 P.M. to 6:00 P.M.

\_\_\_\_\_ In the Before & After School Program/Holiday \_\_\_\_\_ Holiday Only

Other \_\_\_\_\_

I would like to enroll my child \_\_\_\_\_ in the following programs:

\_\_\_\_\_ In the Before & After School Program-6:30 A.M. to 7:30 AM. & 2:35 P.M. to 6:00 P.M.

\_\_\_\_\_ In the Before & After School Program/Holiday \_\_\_\_\_ Holiday Only

Other \_\_\_\_\_

I agree to pay a monthly tuition of \$ \_\_\_\_\_ on or before the 1<sup>st</sup> of each Month and a yearly non-refundable registration fee of \$ \_\_\_\_\_. If under certain circumstances Cornerstone Schools voluntarily or involuntarily extends me credit, I give Cornerstone Schools permission to check my credit as hereby deemed necessary. I agree to pay a **\$30.00 LATE CHARGE** if payment has not been made by the 5<sup>th</sup> of the Month. There is no deduction in tuition if the center is closed due to weather condition, holidays or any other unforeseen emergency condition

**THIRTY DOLLARS (\$30.00) will be charged on all returned checks. After the second returned check, all payments must be made by credit card or money order.**

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## School Age Policies & 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 enrollment if the program does not meet the needs of the child. Enrollment is open to all children ages five years to fourteen years of age.

### **Hours & Days of Operation:**

Monday through Friday - January through December - 6:30 AM to 6:00 PM  
Late Charge \$1.00 per minute after 6:45 PM due and payable at that time.

### **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  
Juneteenth  
July 4th

Labor Day  
Thanksgiving Day Holiday- Wed. Thursday and  
Friday  
Christmas Eve and Christmas Day

### **Before & After School Program:** (6:30AM. to 8:00 AM. & 2:30 PM to 6:00 PM)

Cornerstone Schools picks up at the following schools.

Chattahoochee Elementary  
Chestatee Elementary  
Silver City  
Coal Mountain

Cornerstone Lower  
Cornerstone Middle  
Cornerstone High Schol

Bus leaves at 7:45 a.m. for School drop-off. If your child does not need to be picked up please notify the center by 2:00 PM. All the buses are privately owned and insured.

**School Holidays:** Additional charge for those enrolled only in the before/after school program.

**Homework Time:** Supervised Homework time begins thirty minutes after the Bus arrives from school.

### **Inclement Weather & Fire:**

The center will close when bad weather conditions exist (School closings are usually a good indication that we will be closed). Stay tuned to local television stations for announcements.

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 Elementary School Bldg. B & C 4888 Browns Bridge Rd. Cumming Ga 30041 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.

## **Nutrition:                      **Snack - 3:00 PM****

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

## **Illness & Emergency Treatment:**

Children will not be accepted or allowed to remain in the center 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 Forsyth.

## **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
3. Medicines must be taken home daily.
4. All medicines must be left at the front desk.

## **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.

## **Clothing & Personal Items:**

Children are responsible for keeping up with their belongings. Cornerstone Schools will not replace lost or broken toys, clothing or any other belongings.

## **Picking Up Your Child(ren) and Parent Visits:    An adult must escort all children in and out of the center.**

Parents are permitted access to the center anytime their child is present Parents should make their presence known to the director 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 center in advance. All new persons picking up a child will have to show a current driver's license.

## **Parent's/Guardian's Responsibility:**

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. Keep a current immunization record on file. I have read, understand and agree to abide by all the policies and procedures

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

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## Emergency Medical Release

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Special Medical Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_ None \_\_\_\_\_

Prescribed Daily Medication \_\_\_\_\_ Time \_\_\_\_\_ Amt. \_\_\_\_\_

Dr. Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_

Special Medical Needs: \_\_\_\_\_

Allergies: \_\_\_\_\_ None \_\_\_\_\_

Prescribed Daily Medication \_\_\_\_\_ Time \_\_\_\_\_ Amt. \_\_\_\_\_

Should my child(ren) \_\_\_\_\_ 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 Forsyth for emergencies.

I do \_\_\_\_\_ do not \_\_\_\_\_ wish to purchase insurance on my child(ren) 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 \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone # \_\_\_\_\_

## Transportation Release:

Cornerstone Schools has my permission to transport my child (ren) \_\_\_\_\_ to and from school. I understand that the vehicle (bus), driver and my child(ren) are covered by insurance. I understand that the driver will deliver my child(ren) to the school specified below, and the staff at Cornerstone Schools will pick-up and receive my child(ren) after school.

Student \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Drop Off Time \_\_\_\_\_ Pick-UpTime \_\_\_\_\_ Distance \_\_\_\_\_

Student \_\_\_\_\_ School \_\_\_\_\_ Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Drop Off Time \_\_\_\_\_ Pick-UpTime \_\_\_\_\_ Distance \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Phone # \_\_\_\_\_