



# Cornerstone Schools

## Preschool/ Prekindergarten Enrollment Application

Child's Name \_\_\_\_\_  
First Middle Last

Home Address \_\_\_\_\_  
Street City State Zip

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ ENTRANCE DATE \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Business Address: \_\_\_\_\_ Business Phone \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_ Business Address: \_\_\_\_\_ Business Phone \_\_\_\_\_

Are parents divorced? \_\_\_\_\_ If yes, who has legal custody? \_\_\_\_\_ Child lives with: \_\_\_\_\_

Siblings Age Siblings Age Siblings Age

\_\_\_\_\_

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

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Relationship to Parent \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Relationship to Parent \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Phone # \_\_\_\_\_ Relationship to Child \_\_\_\_\_ Relationship to Parent \_\_\_\_\_



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### EMERGENCY MEDICAL RELEASE

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Allergies: \_\_\_\_\_ NONE \_\_\_\_\_

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

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 \_\_\_\_\_

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

**Half Day Program**  
**(8:30 a.m. to 11:30 a.m.)**

**Preschool/Prekindergarten Program**  
**(8:30 a.m. to 2:00 p.m.)**

\_\_\_\_\_ In the Five Day Program. (Monday through Friday)

\_\_\_\_\_ In the Five Day Program.(Monday through Friday)

\_\_\_\_\_ In the Three Day Program (Monday, Wednesday, Friday)

\_\_\_\_\_ In the Three Day Program. (Monday, Wednesday, Friday)

**Preschool/Prekindergarten & Extended Day Program**  
**(6:30 a.m. to 6:00 p.m.)**

\_\_\_\_\_ 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 6:45 PM.

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

\$ \_\_\_\_\_. 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 school is closed due to weather conditions, holidays or any other unforeseen emergency condition.

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 2:30 PM.

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

**Holiday Observances:**.... Cornerstone Schools will be closed in observance of the following holidays

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

**Nutrition:** Breakfast (snack)- 7:30 A.M. to 7:45 A.M. Lunch - 11:00 A.M. to 1:30 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). and [Gradelink](#)

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.

#### 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.



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### **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 3 and older 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 \_\_\_\_\_