Cornerstone Preschool

TODAYS DATE

2017 - 2018 Registration Form

Child's Name_____**Birthdate**_____
Address_____
_____Home Phone_____
E-mail address_____

ALLERGIES _____

Mother's Name_____Cell Phone_____
Employer_____Work Phone_____
Father's Name_____Cell Phone_____
Employer_____Work Phone_____

IN CASE OF EMERGENCY, PARENTS WILL BE NOTIFIED FIRST; HOWEVER, TWO ALTERNATES ARE NEEDED IF FOR ANY REASON PARENTS CANNOT BE REACHED.

Emergency Contact_____
Phone_____Relationship to child_____
Emergency Contact_____
Phone_____Relationship to child_____
Other Children in the family:
Name_____Age_____
Name_____Age_____

Place of Worship _____

***(If applicable)** Are you planning to send your child to kindergarten 2018-2019 school year?
____YES (definitely) ____ NO(definitely) ____MAYBE?? Where_____

****CLASS OPTIONS ARE LISTED ON THE BACK OF THIS FORM****

REGISTRATION FEE $50.00
Each additional registration $30.00
****Due at the time of registration and non-refundable****

(Signature of Parent or Guardian)

(OFFICE USE ONLY)

Date of Check_____Check Number_____Check Amount_____

CLASS ASSIGNMENT_____DAY(S)_____