

TODAY'S DATE

Cornerstone Preschool

2024 - 2025 Registration Form

Child's Name _____ **BIRTHDAY** _____ (Name to use in Class) _____

Address _____

Primary 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 2025-2026 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 Payment _____ Check/Credit/Cash _____ Amount Paid _____

CLASS ASSIGNMENT _____ **DAY(S)** _____