



## 2023/24 SCHOOL YEAR

MUST BE 4 BY AUGUST 1

### Monday, Tuesday, and Thursday | 8:30-11:30

We follow the NLCS calendar for holidays and closures. Calendar will be available to parents.

#### STUDENT INFORMATION:

Full Name: \_\_\_\_\_

Name they should write/be called: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Sex: M F (Circle one) Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian's Email Address: \_\_\_\_\_

Are there any health factors to which the staff should be alerted? YES NO

If yes, please provide more information: \_\_\_\_\_

Does your child have any special problems or fears?

Has your child experienced any major tragedies or disappointments?

I need to talk to a staff member privately.

#### FAMILY INFORMATION:

Father \_\_\_\_\_ Employer \_\_\_\_\_

Day Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

Mother \_\_\_\_\_ Employer \_\_\_\_\_

Day Phone \_\_\_\_\_ Work/Cell \_\_\_\_\_

\*Who should be contacted first? \_\_\_\_\_



Whom does the child live with? .....

Do both parents have parental rights? YES NO

If no, who has legal guardianship? .....

**TWO RESPONSIBLE ADULTS TO CONTACT IF PARENTS CAN NOT BE REACHED:**

Name: .....

Phone: ..... Relationship to child: .....

Name: .....

Phone: ..... Relationship to child: .....

**MEDICAL**

Cornerstone Worship Center Pre-K must have on file the following medical information.

Child's Physician: .....

Physician's Address: .....

Physician Phone Number: .....

**HEALTH HISTORY**

Allergies:

Food: ..... Seasonal: .....

Drug: ..... Environmental: .....

**CONDITIONS** *(Please check below if your child has any of the following conditions.)*

Heart Condition: ..... Diabetes: ..... Eyesight: .....(Glasses? YES NO)

Asthma: ..... (Inhaler? YES NO ) Hearing:.....

Other: .....

Please give details of any conditions above: .....

Date of last Tetanus shot: .....

*We prefer that you give all meds at home. Any meds that must be taken at Pre-K (under extraordinary circumstances only) must be in original packaging with the doctor's orders.*



**INSURANCE COMPANY** \_\_\_\_\_ **POLICY #** \_\_\_\_\_

In the event that I cannot be reached in an emergency, I give my permission for \_\_\_\_\_ to secure proper treatment for my child as deemed necessary.

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Every attempt will be made to contact the parent first in the event of an accident involving your child.

**SIGNED** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## TUITION PAYMENTS

Your child will have a space reserved for him/her when this application and a non-refundable registration fee of \$50 is returned to the Pre-K, or if the yearly fee of \$900 is paid in full (*\$50 registration fee is waived*). We cannot add your child to the list until we receive this form and the fee. You will receive an acceptance letter during the summer to confirm this and the day and time for the first day.

Tuition is \$90.00 per month, and is due on the first day of school each month (*a late payment charge of \$5.00 will incur for every school day following.*)

Father's Signature \_\_\_\_\_

Mother's Signature \_\_\_\_\_

## SKILLS REQUIRED BEFORE PRE-K ENROLLMENT

Your child should be able to independently perform these tasks:

\_\_\_\_\_ ALL Bathroom Skills (Potty trained is mandatory!) \_\_\_\_\_ Dressing/Undressing  
\_\_\_\_\_ Put Shoes On/Off (They do not have to tie them yet)



# PERMISSION FORMS

\_\_\_\_\_ I give permission for my child's picture to be taken and shared.

\_\_\_\_\_ I do not want my child's picture taken or shared.

\_\_\_\_\_ I give my permission for my child to go on field trips (*you will be notified prior to trip(s): When & Where*)

The following people have permission to pick up my child:

Child's Name: \_\_\_\_\_

**NAME**

**RELATIONSHIP**

**PHONE #**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If someone other than those on this list needs to pick up your child, we **MUST** have a signed note stating who and the relationship to the child.

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

*Please bring registration forms to the church office during Pre-K hours, or mail them to 4045 Old State Rd. 37 N, Bedford, IN 47421. You are also welcome to bring them to our Open House, on April 2nd from 2-4 PM.*

*You can contact Mrs. Denise Dillman for more information by email at [dillmandenise@yahoo.com](mailto:dillmandenise@yahoo.com) or at 812-583-2854.*

