

Cornerstone Church Pre-K 2019-20
4045 Old St. Rd. 37 N
Bedford, IN 47421
812-279-3710

MUST BE 4 BY AUGUST 1 (September 1)
SESSION: Monday, Tuesday, Thursday; 8:30-11:30
We follow the NLCS calendar. Calendar will be available to
parents.

STUDENT INFORMATION

FULL NAME _____

ADDRESS: _____

CITY: _____ ZIP CODE _____

PHONE _____

SEX: M F AGE: _____ BIRTHDATE _____

EMAIL ADDRESS: _____

ARE THERE ANY HEALTH FACTORS OF WHICH THE STAFF SHOULD BE
ALERTED? YES NO

IF YES, WHAT? _____

DOES YOUR CHILD HAVE ANY SPECIAL PROBLEMS OR FEARS?

HAS YOUR CHILD EXPERIENCED ANY MAJOR TRAGEDIES OR
DISAPPOINTMENTS? _____

_____ I NEED TO TALK WITH STAFF PRIVATELY

FAMILY INFORMATION

FATHER _____ EMPLOYER _____

DAY PHONE _____ WORK/CELL _____

MOTHER _____ EMPLOYER _____ -

DAY PHONE _____ WORK/CELL _____

WHO SHOULD BE CONTACTED FIRST* _____

WHO DOES YOUR CHILD LIVE WITH? _____

DO BOTH PARENTS HAVE PARENTAL RIGHTS? YES NO

IF NO- WHO HAS GUARDIANSHIP? _____

TWO RESPONSIBLE ADULTS TO CONTACT IF PARENTS
CANNOT BE REACHED:

NAME: _____

PHONE _____ REL. TO CHILD _____

NAME _____

PHONE _____ REL TO CHILD _____

MEDICAL:

Cornerstone Pre-K must have on file this medical release form on file.

Child's Physician _____

Physician Phone Number _____

HEALTH HISTORY

ALLERGIES:

FOOD _____ DRUG _____

SEASONAL _____ ENVIROMENTAL _____

HEART CONDITION _____ COLDS _____

ASTHMA _____ (INHALER?)

DIABETES _____ HEARING _____ EYESIGHT _____

OTHER _____

PLEASE GIVE DETAILS OF ANY CHECKS 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 doctor's orders.

INSURANCE COMPANY _____ POLICY # _____

*In the event I cannot be reached in an emergency, I give my permission for _____ phone # _____ to secure proper treatment for my child as deemed necessary.

EVERY ATTEMPT WILL BE MADE TO CONTACT THE PARENT FIRST IF THERE IS 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 PreK. 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 \$85.00 PER MONTH

TUITION IS DUE ON THE FIRST DAY OF THE MONTH. (An addition charge of \$5 will incur for every school day following that it is late.)

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

_____ DRESSING /UNDRESSING

_____ SHOES ON /OFF (NOT TYING 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: WHEN AND 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 LIST NEED TO PICK UP, WE MUST HAVE A NOTE STATING WHO AND THE RELATIONSHIP.

PARENT SIGNATURE _____

DATE _____