

REGISTRATION FORM



Child's Name (Last, Mi, First) _____ Registration Date _____

Date of Birth/Due Date _____ Boy ___ Girl ___ Nickname _____ Requested Start Date _____

PARENT/GUARDIAN INFORMATION

RELATIONSHIP TO CHILD _____

RELATIONSHIP TO CHILD _____

Name _____

Name _____

Address _____

Address _____

Cell Phone _____

Cell Phone _____

Home Phone _____

Home Phone _____

Work Phone _____

Work Phone _____

Email Address _____

Email Address _____

Employer _____

Employer _____

Employer Address _____

Employer Address _____

ENROLLMENT INFORMATION

Below are the definitions of available schedules. Set weekly schedules are required. Please check your desired schedule.

- Full-Time:** Full-Time is defined as five full days of care per week for no more than 10 hours per day and reserves a spot for your child during your hours listed below.
- Part-Time:** Part-Time is defined as three to four full days per week, no more than 10 hours per day. Part-time enrollments are required to commit to a set weekly schedule. If a scheduled day falls on a holiday, tuition will not be reimbursed or discounted. *Cornerstone will provide a 1-2 day per week schedule until classrooms can no longer accommodate it. At that time, you will be given the option of enrolling for additional days.*
- Extended Care:** Extended care is defined as care exceeding 10 hours per day. An Extended Care Fee of \$5 per day, \$10 per day for infants, will apply to your weekly rate. Extended care must be scheduled and approved by Cornerstone in advance, otherwise late fees will apply.

Please write in the hours you are registering for under each day you'd like your child to attend:

Days (Check)	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
Hours					

Will your child have any siblings enrolled? Name(s)/Age(s) _____

CHILD CARE HISTORY

Has your child had any previous child care experience?

Please list the location(s) that care was provided: _____

Reason for leaving: _____

ALLERGIES & ASTHMA

Does your child have allergies?

If yes, check all that apply.

_____ Food _____

_____ Environmental _____

_____ Special food accommodations as determined by a
physician:

OFFICE USE ONLY
<input type="checkbox"/> A-500
<input type="checkbox"/> M-200, M-300
<input type="checkbox"/> A-600

Does your child have asthma? YES NO

ELEMENTARY SCHOOL INFORMATION

Grade: _____ Name of School: _____ School Phone: _____

School Address: _____

Will transportation be provided by Cornerstone? YES NO

IF YES, please circle which days:

Morning	M	T	W	TH	F
Afternoon	M	T	W	TH	F

REGISTRATION FEE

A non-refundable fee in the amount of \$50.00 per family is due upon registration. Please complete this form and return it with the Registration Fee. You may drop it off or mail it to Cornerstone Preschool and Childcare 305 Elm Street, Farmington, MN 55024.

Parent/Guardian Signature

Date