

REGISTRATION FORM

REGISTRATION DATE: _____ REQUESTED START DATE: _____

CHILD INFORMATION

Child's Name _____ Nickname _____

Date of Birth/Due Date _____ Boy Girl Unknown Primary Language _____

Address _____

Will your child have siblings enrolled? NO YES Names/Ages _____

PARENT/GUARDIAN INFORMATION

	Parent/Guardian #1	Parent/Guardian #2
Relationship to Child		
Name		
Address		
City, State, Zip		
Home Phone #		
Cell Phone #		
Email Address		

SCHEDULE

Below are the definitions of available schedules. **Set weekly schedules are required.** Please check the program for which you are enrolling and your desired schedule.

Infant Program **Toddler Program** **Preschool Program** **Before School** **After School** **Summer**

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					

ELEMENTARY SCHOOL INFORMATION

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

School Address: _____

Transportation will be provided by: _____ Cornerstone _____ Parent _____ School Bus

ALLERGIES & ASTHMA

Does your child have allergies? _____ YES _____ NO

If yes, check all that apply.

_____ Food _____

_____ Environmental _____

_____ Special food accommodations as determined by a
physician:

OFFICE USE ONLY

A-500

M-200, M-300

A-600

Does your child have asthma? _____ YES _____ NO

CHILD CARE HISTORY

Previous childcare experience: _____ Center _____ In-Home _____ None

Location(s) that care was provided: _____

Reason for leaving: _____

REGISTRATION FEE

A non-refundable fee in the amount of \$50.00 per family is due upon registration. Please return this form with the Registration Fee to:

Cornerstone Preschool and Childcare
305 Elm Street
Farmington, MN 55024.

Parent/Guardian Signature

Date

**Completion of this form/registration fee does not guarantee a spot in our program.*