



Cornerstone Early Education Center Enrollment Application

730 N. 16th St.
Mount Vernon, WA 98273
360-428-3016

Welcome!

Thank you for expressing an interest in the Cornerstone Early Education Center. As part of the application process, we invite you to take a few moments and carefully read through this information packet. We also encourage you to come in and visit the center's facility. We feel that the best way for you to get to know us is to see us in action!

In order to reserve a spot, please submit completed application to the Cornerstone Early Education Center office with the \$50 nonrefundable Application fee.

If you have any questions, please don't hesitate to call our office at 360-428-3016.

In His Service,

Ariana Rodriguez

Ariana Rodriguez
Cornerstone Early Education Center Director

Current Date:

Starting Date:

Child's Full Name:

Last	First	Middle	Answers to	
Date of Birth:			<input type="checkbox"/> Male	<input type="checkbox"/> Female
Program Selection:		<input type="checkbox"/> 4 weeks – 12 months	<input type="checkbox"/> 1 year -2.5 years	<input type="checkbox"/> 2.5 years- 4 years
(Please check one)		<input type="checkbox"/> 2.5 years-4 years (potty-trained)	<input type="checkbox"/> 4 years – 5 years	<input type="checkbox"/> School Age

Parent/Guardian #1

Mr./Mrs./Ms.	Home Phone:
Physical Address:	Cell Phone:
City/State/Zip Code:	Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail Address:	Relation to Student:
Employer/Occupation:	Work Phone:

Parent/Guardian #2

Mr./Mrs./Ms.	Home Phone:
Physical Address:	Cell Phone:
City/State/Zip Code:	Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No
E-Mail Address:	Relation to Student:
Employer/Occupation:	Work Phone:

Primary Guarantor:

Mr./Mrs./Ms.	Home Phone:
Physical Address:	Cell Phone:
City/State/Zip Code:	Lives with student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Mailing Address:	Relation to Student:
City/State/Zip Code:	Email Address:
Employer:	Work Phone:
Work Physical Address:	Social Security Number:
City/State/Zip Code	

Other than parents, the child will be released only to persons indicated below (**must include at least two** local persons to call for illness, accidents, late pick-up, or other emergency reasons). Please list them in the order of preference for us to contact.

Mr./Mrs./Ms.

Home Phone:

Home Address:

Cell Phone:

City/State/Zip Code:

Lives with student? Yes No

Relation to Student:

Employer/Occupation:

Work Phone:

Mr./Mrs./Ms.

Home Phone:

Home Address:

Cell Phone:

City/State/Zip Code:

Lives with student? Yes No

Relation to Student:

Employer/Occupation:

Work Phone:

Mr./Mrs./Ms.

Home Phone:

Home Address:

Cell Phone:

City/State/Zip Code:

Lives with student? Yes No

Relation to Student:

Employer/Occupation:

Work Phone:

Special physical conditions/allergies we should be aware of (Including if child has an IEP):

Any life threatening medical condition that requires an individual health plan:

Names and ages of other children in the family:

Has your child ever been in an Early Education Center before?

Yes No

If yes, where?

Church membership or religious preference:

Medical Information

Name of child's physician & clinic:

Physician or clinic address:

Phone:

Name of medical insurance:

List any current medications that are used by your child:

Date when child was last examined by a physician: ____/____/____ MM/DD/YYYY Format

Name of child's dentist & clinic:

Address of child's dentist:

Phone:

Consent to Medical Care and Treatment of Minor Child

I, _____, hereby give permission for my child _____ to be given emergency treatment, to include first aid and CPR by a qualified staff member of Cornerstone Early Education Center. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached, by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize said center to take my child to a hospital, and agree that I will pay all physician and hospital bills, and said center will not be responsible for them.

Signature of Parent/Guardian

Date

Photograph Release

I release Cornerstone Early Education Center to photograph and/or videotape my child participating in daily activities, and to use the photographs and/or videos in photographic displays or other publications showing these daily activities.

Signature of Parent/Guardian

Date

No discrimination is made on the basis of race, sex, or national origin.

FOR OFFICE USE ONLY:

ENTERED ON COMPUTER:

ACCOUNT NUMBER:

REGISTRATION APPLIED:

ROOM ASSIGNMENT:

CEEC1000

Parental Agreement

Date: _____

We, the parents of _____, have read the *Parent Handbook* and *Disaster Plan*. I will cooperate with the policies and purposes of the school.

We further understand that the bible and Christian beliefs are a part of every aspect of the Early Education Center's program.

Guardian's Signature _____ Date _____

Guardian's Signature _____ Date _____