



Cornerstone Preschool Enrolment Package

Section 1: Child & Family Information

Child's First Name: _____ Last Name: _____

Date of Birth (dd/mm/yyyy): _____ Gender: _____

Home Address:

City: _____ Postal Code: _____

Home Phone #: _____

Program Selection: Toddler Preschool

Location: Rymal Rd Binbrook

Subsidized by the City: Yes No

Is there any court order pertaining to who may pick up your child?

Yes No

If yes, a copy must be attached.

Parent/Guardian Information

Parent/Guardian 1 Name:

Home Phone #: _____

Address:

Employer/Company Name:



Employer Address:

Business Phone #: _____

Cell #: _____ Email: _____

Parent/Guardian 2 Name:

Home Phone #: _____

Address:

Employer/Company Name:

Employer Address:

Business Phone #: _____

Cell #: _____ Email: _____

Emergency Contacts and Authorized Pickup

Emergency pickup must occur within 1 hour of notification.

Name: _____ Relationship: _____

Phone #: _____ Address:

Name: _____ Relationship: _____

Phone #: _____ Address:

Name: _____ Relationship: _____



Phone #: _____ Address: _____

I authorize release to contacts listed above if I cannot be reached.

Program Request

Full Time – 5 days/week

Part Time: 3 days (Mon/Wed/Fri) 2 days (Tues/Thurs)

Drop-off: _____ Pick-up: _____

Start Date: _____

Withdrawal Date (if known): _____

Health Information

Ontario Health Card Number: _____

Pediatrician's Name: _____ Phone: _____

Allergies:

Restrictions:

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____

Phone #: _____

DIETARY, REST, AND PHYSICAL ACTIVITY RESTRICTIONS

Does your child have any rest, physical activity, or any other restrictions?

Please specify if the restriction is ongoing or for a specific time frame:



Restriction Details:

Medical Instructions

Developmental/Learning (i.e., ADD/ADHD/Autism/Delays): YES NO

Please outline instructions for any medical treatment or procedures for drug administration:

Developmental & Daily Routine Information

Does your child currently nap? Yes No

If yes, how often and for how long:

Is your child walking independently? Yes No

Can your child feed themselves (e.g., using hands or utensils)? Yes No

Are any outside agencies involved? Yes No

If yes, details:

Consents

Photo: Internal External

Outings: Yes No

Emergency Medical: Yes No



Financial Agreement

Payments, Fees and After Hours Late Pick Up Fees Agreement Contract

1. Fees are paid by **pre authorized payment only**. If fees are not paid within 5 days from the first of the month or have gone NSF, there is a \$45.00 late fee and if not paid by the end of the second week your child can be removed from the centre due to arrears in payment and his/her vacancy will be given to the next child on the waiting list.
2. **NSF (Non sufficient funds)** cheques / electronic payments are treated as late payments and Will be subjected to a NSF charge of \$45.00. All re-payments (NSF cheques, NSF auto withdrawals) must be made in cash.
3. Fees are paid in advance of childcare services. The fees are taken out on the 1st of every month. However, in some situations, the transfer can be delayed up to **3-5 business days**. If the funds are not withdrawn on the first day of the month, please ensure the funds are available in your account until the transfer takes place.
4. **Written** notice of withdrawal to the office administration **ONLY** (not the teachers in the class) must be given **One month** in advance of the withdrawal date for children who are already attending the centre or have a confirmed start date. As well, written notice must be given **One Month** in advance when changing from full time to part time or to make any changes with child's number of days at the centre. If **One Month** notice is not received, your next fees will be withdrawn, and no monies will be refunded. The purpose of the **One Month** notice is to allow the centre to replace your spot and thereby meet its financial obligations.
5. Please note that if there is any holidays/vacation time taken by a child from the centre, the full/regular fees are due the 1st of each month as normally required in order to maintain the spot in the centre.
6. **LATE FEES:** if a child has not **left the centre** by 5:45 pm, that family is considered late and will be responsible for a charge of \$2 for every minute past 5:45p.m. Monday -Thursday **and** \$5 for every minute past 5:45 p.m. on Fridays per family and the parents will be responsible for paying in cash at the time or the next day. The pickup at that time will be in the office area. Late fees apply to all children, including subsidized children.
7. Annual tax receipts are made available through our parent communication platform (Lilio). Receipts are typically available by mid-February. Parents/guardians are responsible for downloading their own tax receipts directly from the platform.
8. For part-time students fees are owing on any day that is designated for the child (including STAT holidays or sick days) and cannot be traded for another day.



9. Days & Holiday Closures – Important Note

Cornerstone Preschool operates Monday to Friday from **7:15 a.m. to 5:45 p.m.**, with a **latest drop-off time of 10:00 a.m.** The centre is closed on all statutory holidays and for a winter break each December. Full closure details — including specific dates and our inclement weather policy — are outlined in the **Program Statement, available online.**

Regular fees apply during all closure periods.

Parent Agreement

Name:

Signature:

Date: _____

Cornerstone Preschool has a non-discriminatory policy relative to race, religion, and national origin with respect to admission of students and the employment of faculty and administrative staff. Cornerstone Preschool considers the records of all individual students to be confidential information available to a child's parents or guardians upon request. Records will only be released to other schools or agencies upon signed request from parent or guardian and only after all accounts due are paid in full. All fees and monies paid to Cornerstone Preschool are non-refundable.



Section 2: NON-PRESCRIPTION TOPICAL PRODUCTS PERMISSION FORM

Child's Name: _____

Classroom/Program: _____

This form provides authorization for educators to apply non-prescription topical products to your child while in care.

Products Authorized for Use

Please check all that apply and provide details where applicable:

- Diaper Rash Cream
- Petroleum Jelly (e.g., Vaseline)
- Sunscreen
- Lip Balm
- Moisturizing Lotion/Cream
- Other (please specify):

Allergies or Sensitivities to any NON-PRESCRIPTION TOPICAL PRODUCTS

Please list any known allergies or skin sensitivities:

Parent/Guardian Consent

I authorize the educators at the Cornerstone Preschool to apply the above non-prescription topical products to my child as needed. I understand that:

- All products must be clearly labeled with my child's name.
- Products must be provided by the parent/guardian.
- I am responsible for informing the centre of any changes to my child's needs or sensitivities.

Application Instructions (if any): _____



Parent/Guardian Name: _____

Signature: _____

Date: _____

Section 3: Getting to Know Your Child

Dear Parents and Guardians,

Every child who joins Cornerstone Preschool comes to us with their own personality, routines, comforts, and experiences. The more we understand about your child as an individual, the better we can support them — especially during transitions, challenging moments, and everyday learning.

As part of our enrolment process, we ask families to complete this short form so our educators can get a clearer picture of your child’s world outside the classroom. Your insights help us respond more thoughtfully, build stronger connections, and make everyday moments — from drop-off to play to learning — feel safer and more meaningful for your child.

There are no right or wrong answers. Anything you choose to share is helpful, and all information is treated with care and respect.

We also invite you to share **1–3 family photos** that we can display in the classroom. Familiar faces and meaningful images often bring comfort to children and help them feel a stronger sense of belonging throughout the day.

Thank you for trusting us with your child and for partnering with us in their care.

Your Child’s World

1. Who are the important people in your child’s life?

(Who do they live with? Who do they enjoy spending time with?)

2. Do you have any pets?

3. What does your family enjoy doing together?



(Traditions, routines, celebrations, outings, etc.)

4. What does your child enjoy doing at home?

(Favourite activities, toys, books, music, interests)

5. How would you describe your child's personality?

(e.g., energetic, shy, thoughtful, independent, sensitive, curious)

6. What are your hopes for your child's experience at Cornerstone Preschool this year?

7. Is there anything else you'd like us to know about your child to help support them?

(Comfort items, sensitivities, fears, transitions, medical considerations, family changes, etc.)

8. What helps comfort your child when they are upset?

(e.g., a hug, quiet space, music, distraction, favourite toy, etc.)
