



Cornerstone Preschool

ENROLLMENT FORM

Program choice (please circle): Toddler Pre-school

Child's Information

Childs First Name _____

Childs Last Name _____

Street Address _____

City _____

Postal Code _____

Home Phone # _____

Birthday dd/mm/yyyy _____

Gender _____

Parents/Guardian's Information

Parent / Guardian _____

Home Phone # _____

Street Address _____

City _____

Postal Code _____

Employer/Company Name _____

Employer/During the day *Full Address* _____

Business Phone # _____

Cell # and e-Mail address _____

Parent / Guardian _____

Home Phone # _____

Street Address _____

City _____

Postal Code _____

Employer /Company Name _____

Employer/During the day *Full Address* _____

Business Phone # _____

Cell # and E-Mail address _____

Is there any court order pertaining to who may pick up your child? _____. If yes, then a copy of the order is to be attached

Subsidized by the City: Yes
 No

*Please note – Subsidy availability depends on the location

Emergency Contacts and Persons Authorized to pick-up Child

Persons over 16 years of age who have consent to pick up child if you are unable to and/or in case of an emergency. In an emergency, child must be picked up within 1 hour of notification from Cornerstone Preschool. Please list in order of notification priority.

Name	Address	Phone #	Relationship
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Name	Address	Phone #	Relationship
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Name	Address	Phone#	Relationship
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Your Child will only be released to persons authorized above or with written permission from parents[s] or guardian. Any change in above information must be reported immediately to the centre to ensure the safety of your child. Identification will be requested.

In case of emergency and parent[s] cannot be reached, I authorize Cornerstone Preschool to release my child to the emergency contacts above

PROGRAM REQUEST

- Full Time - 5 Days a week
- Part Time – **Please circle below:**
 - 3 full days per week
 - Mon, Wed, Fri Only

 - 2 full days per week
 - Tues & Thursday Only

Approx. drop off time

Approx. Pick up Time

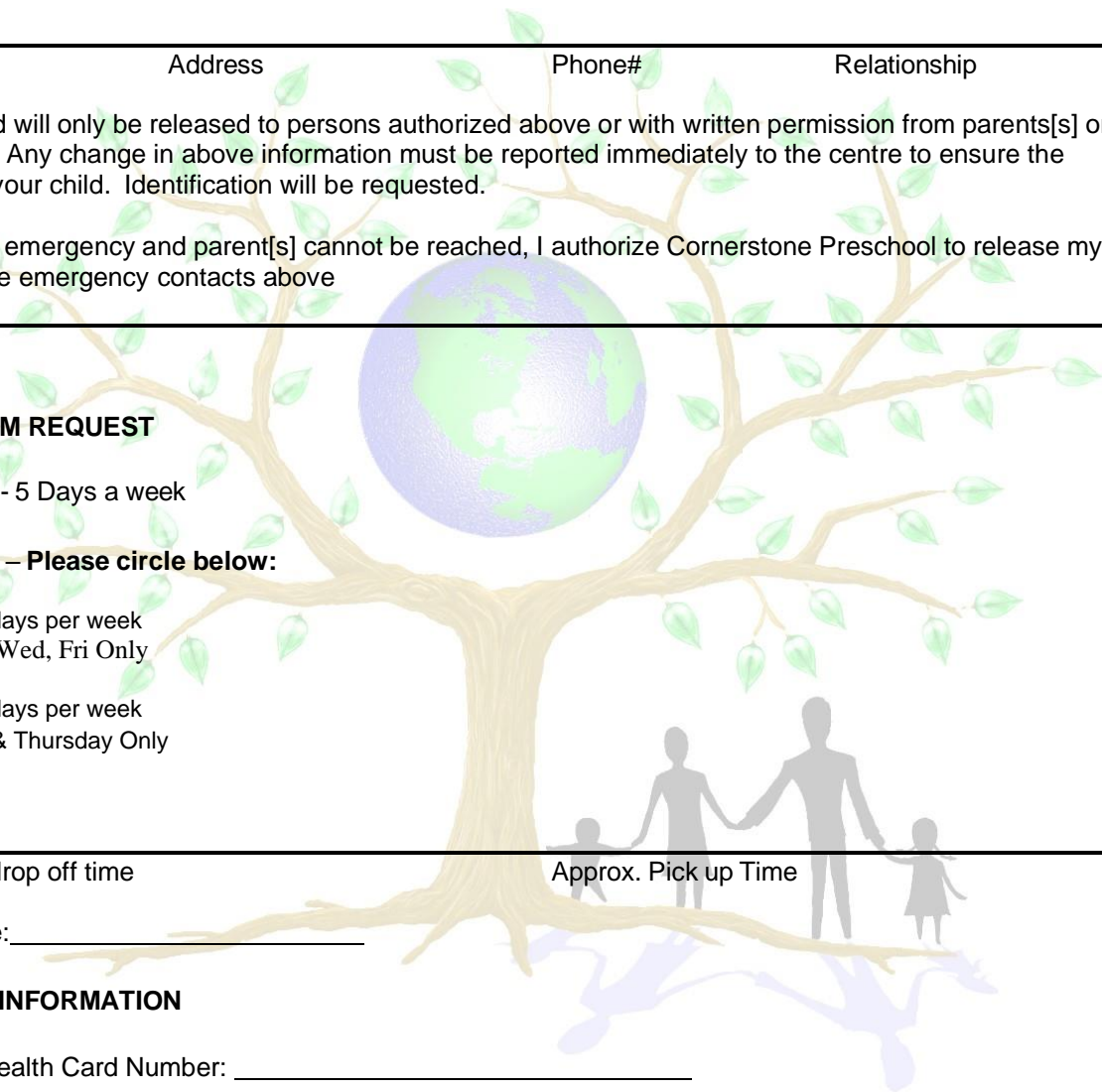
Start Date: _____

HEALTH INFORMATION

Ontario Health Card Number: _____

Pediatrician's Name: _____ Address: _____

Phone: _____



Allergies: _____

Restrictions: _____

Does your child require Epi-pen? _____

Any dietary restrictions (Other than allergies)? YES NO

If yes, indicate details:

Physical Impairments/Other: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name: _____ Relationship: _____

Address: _____

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

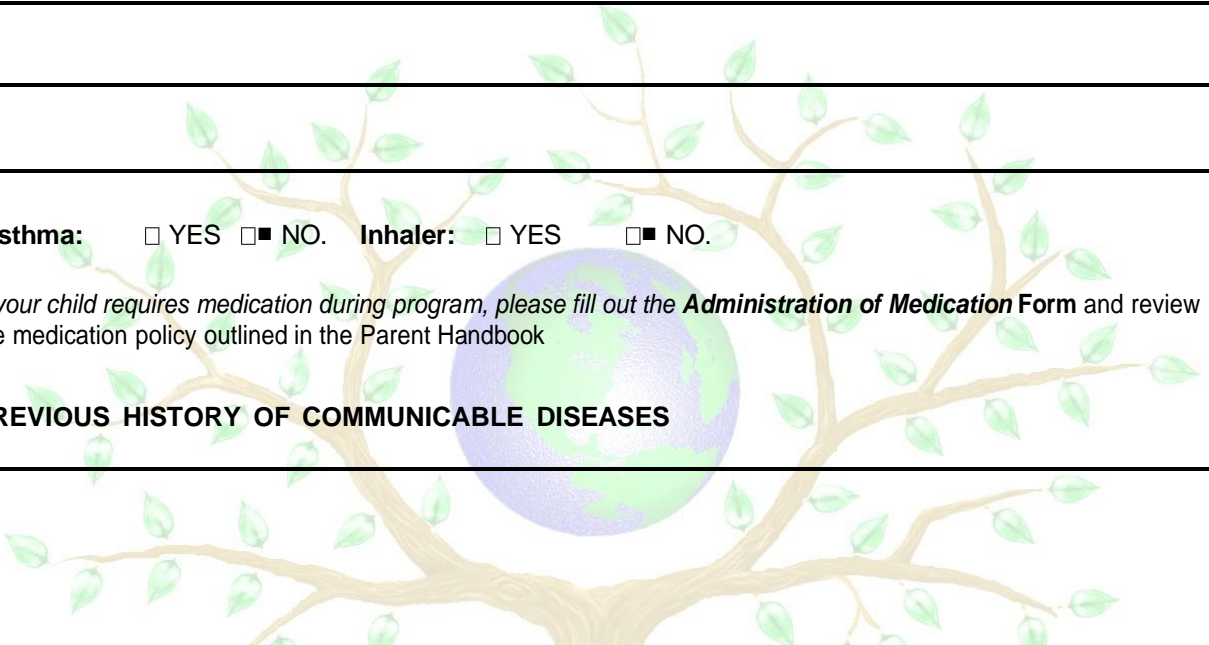
Developmental/Learning: (ie. ADD/ADHD/Autism/Delays) YES NO

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

Asthma: YES NO. **Inhaler:** YES NO.

*If your child requires medication during program, please fill out the **Administration of Medication Form** and review the medication policy outlined in the Parent Handbook*

PREVIOUS HISTORY OF COMMUNICABLE DISEASES



PICTURES

Throughout the year, Cornerstone Preschool may take and display pictures of my child within the school and in school advertising. I consent to allow Cornerstone Preschool to do so.

- Yes, I do so consent.
- No, I do not consent.

OUTINGS

Throughout the year, Cornerstone Preschool may take my child on nature walks, and short outings. I realize when leaving the school certain risks do occur being no fault of Cornerstone Preschool or its Staff. I consent to allow Cornerstone Preschool and/or its Staff to take my child out of / off the school premises for such outings.

* You will be notified in writing the day of any said outing. At any time when we are planning a Class Trip or Long Excursion you will be notified and a Permission Form will need to be signed.

- Yes, I do so consent.
- No, I do not consent.

EMAIL / Notifications

Throughout the year, Cornerstone Preschool will email parents directly or through an online interface called such as Lilio (previously HiMama) etc, regarding what's going on with the school such as the monthly newsletters, information on field trips and other important announcements. Please be assured that all the information provided will be kept private and confidential and will not be passed on to any other organizations.

Do you have any ideas/special interests or jobs/time to volunteer? Yes / No
If Yes, Please explain:

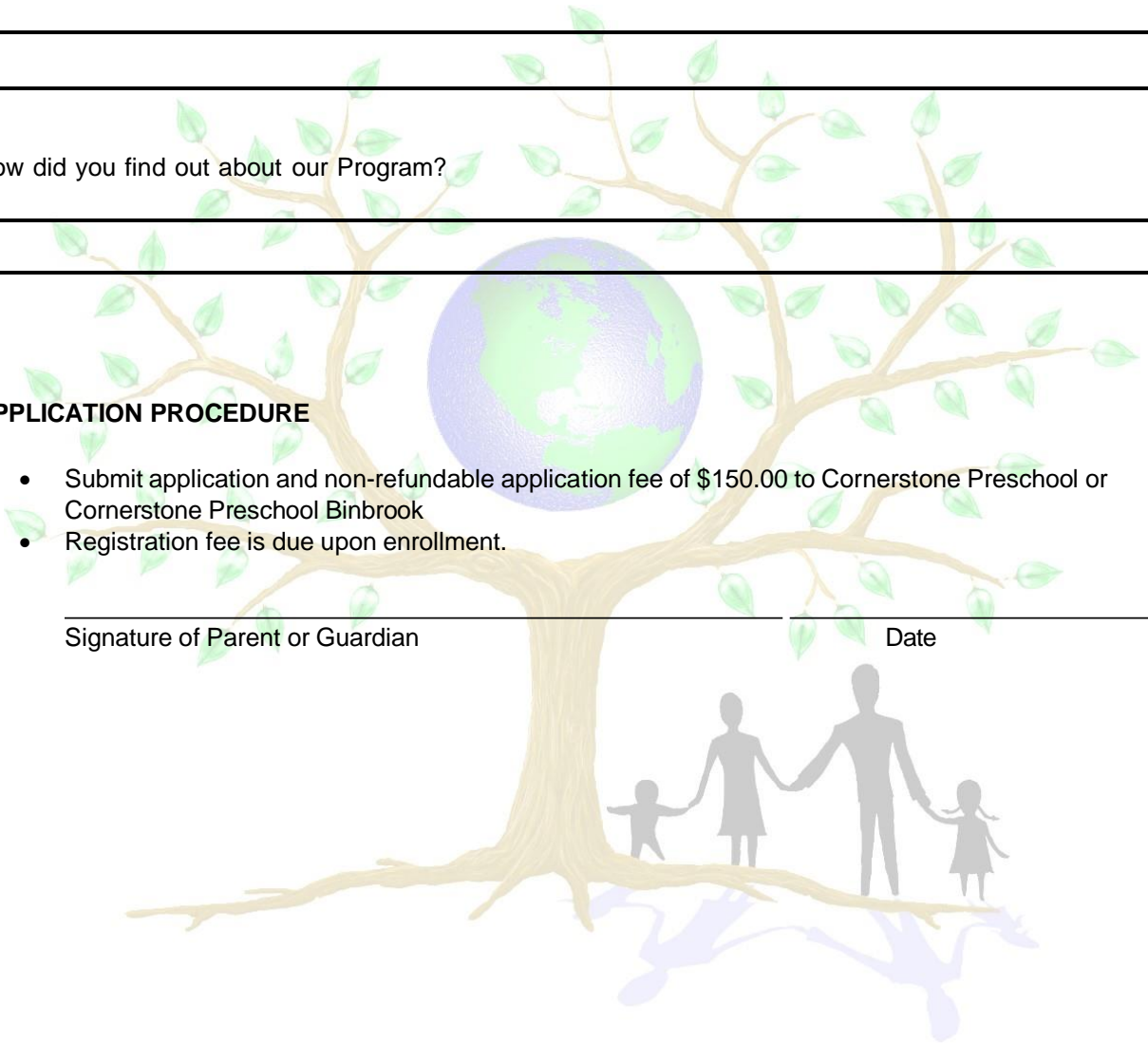
How did you find out about our Program?

APPLICATION PROCEDURE

- Submit application and non-refundable application fee of \$150.00 to Cornerstone Preschool or Cornerstone Preschool Binbrook
- Registration fee is due upon enrollment.

Signature of Parent or Guardian

Date



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 center 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. The **Non-refundable registration fee** of \$150.00 per child must be paid at the time of registration. If you have given a deposit to hold a spot for your child, written notice must be given four weeks in advance of start date should you choose not to take the spot. If notice of four weeks or more is given, only then will the deposit be refunded. If notice of four weeks is **not given** then the client is responsible for the remaining fees for the first month of start that had been confirmed for that family.
5. **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.
6. 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.
7. **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.
8. Annual Tax receipts will be issued on an annual basis by end of February. Lost, misplaced or duplicate tax receipts will be charged \$25.00 to be replaced. Tax receipts will be available for pickup only or by email.
9. 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.

I _____(Parent/Legal Guardian) have read and understand the Payment and Fees contract above, along with the Parent Handbook Payment and Fees Policies, and agree to follow all Policies outlined.

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.

This following section is for OFFICE USE ONLY

Notes/Payments

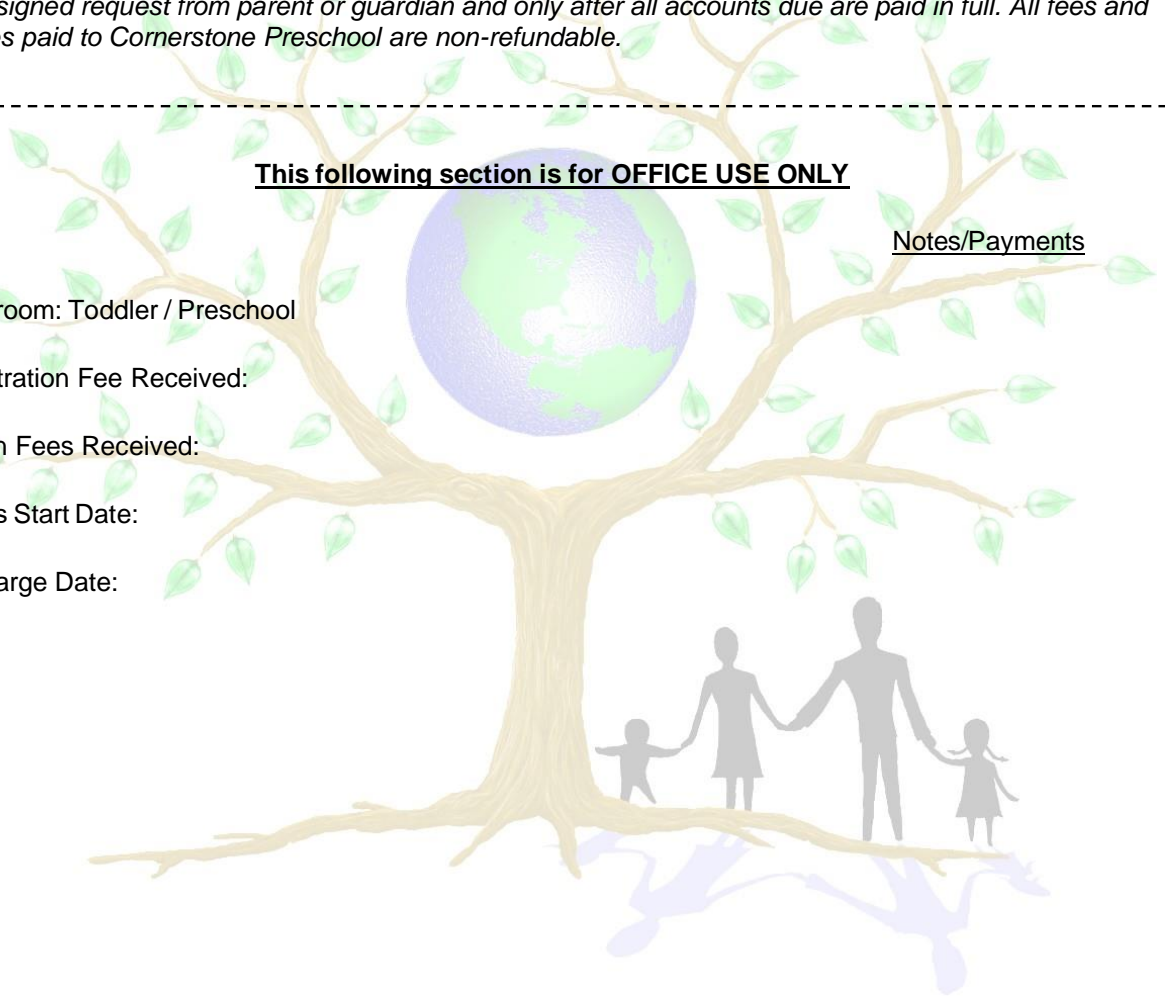
Classroom: Toddler / Preschool

Registration Fee Received:

Tuition Fees Received:

Child's Start Date:

Discharge Date:



Facebook Photo consent form

Welcome to Cornerstone Preschool's Facebook Page! Here you can see pictures, video's, announcements etc. all in one place. Not sure if its a snow day? That will be posted on this page before 7am. Want to see what your children are up to on a weekly basis.

With your permission we will post photos! Please like our new page, share & leave a review to stay up to date with all the exciting things happening around Cornerstone!

Simply search for **Cornerstone Preschool** on facebook !



I _____ give Cornerstone Preschool permission to post
photos and/or
(Parent/guardian)

videos of my child _____ online.
(Child's full name)

OR

I _____ **DO NOT** give Cornerstone Preschool permission
to post
(Parent/Guardian name)

photos and/or videos of my child _____ online.
(Child's full name)

Cornerstone Preschool

Sunscreen Consent Form

I _____ Give permission for my
(parent/Guardian name)

child _____ to use the sunscreen provided
for

(child's name)
them called _____
(sunscreen name/brand)

That expires _____
(sunscreen expiry date)

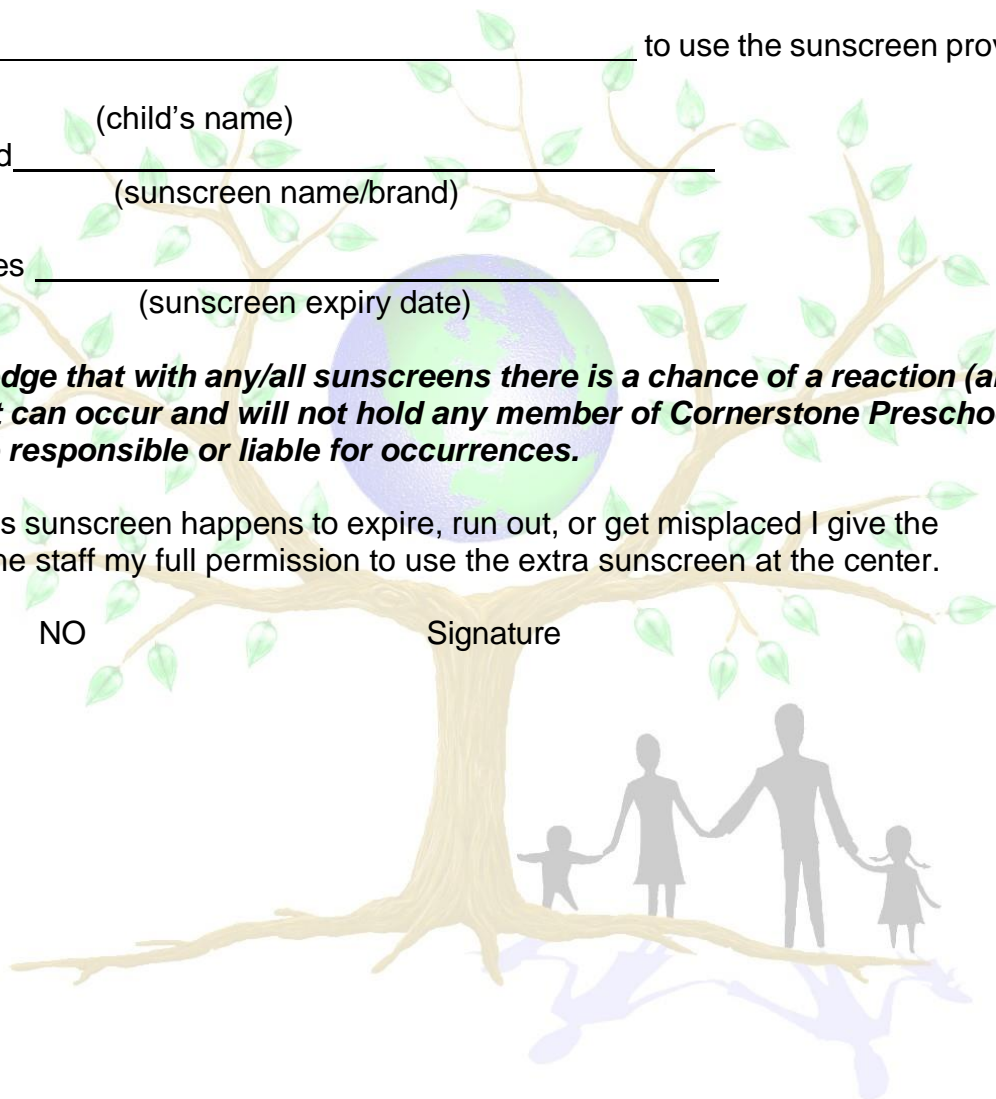
Acknowledge that with any/all sunscreens there is a chance of a reaction (allergy, etc..) That can occur and will not hold any member of Cornerstone Preschool & child care responsible or liable for occurrences.

If my child's sunscreen happens to expire, run out, or get misplaced I give the Cornerstone staff my full permission to use the extra sunscreen at the center.

YES

NO

Signature



Diaper Cream Authorization Form

I _____ parent/guardian of child _____

authorize the staff at Cornerstone Preschool to apply diaper cream when needed. I acknowledge that using any cream may result in a reaction and will not hold any member of Cornerstone Preschool responsible or liable for occurrences.

Parent's signature: _____

Date: _____

