



## Application for Enrollment

### Child Information

Child's full name: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
 Class assigned: \_\_\_\_\_ Schedule: Full time Part time  
 How would you like your child to write their name? \_\_\_\_\_  
 Gender: Male Female Is this their first time in a structured preschool? Yes No  
 What are your child's strengths? \_\_\_\_\_  
 What goals do you have for your child? \_\_\_\_\_  
 Rate the following areas of growth importance (1 is the highest; all areas can be the same)  
 \_\_\_ Academic \_\_\_ Social-Emotional \_\_\_ Spiritual \_\_\_ Physical \_\_\_ Language

### Medical Information

Allergies (select all that apply):

Dairy Milk Peanut Strawberry Cinnamon Red Dye Fragrance Gluten  
 Other: \_\_\_\_\_ Life threatening? Yes No EpiPen? Yes No

\*Please note, we cannot not guarantee a completely allergen-free environment, but we will do our absolute best to prioritize your child's health and safety\*

Asthma:

Seasonal Exercise Induced Chronic Needs inhaler? Yes No

Please select all medical conditions that apply:

Febrile Seizures Epileptic Seizures Support Animal TBI PTSD FASD  
 Autism Sensory Processing Disorder ADHD ODD OCD D/HH  
 Intellectual Delay Developmental Delay Blindness Color Blindness  
 Speech Delay Cerebral Palsy Other: \_\_\_\_\_

Is your child on any medication? \_\_\_\_\_

Will it need to be administered at school? \_\_\_\_\_

Is your child considered underweight or overweight by a licensed professional? \_\_\_\_\_

### Family Information

Guardian 1's full name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Lives with full time? Yes No Address: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Guardian 2's full name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Lives with full time? Yes No Address: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Are there custody papers on file? Yes No Is there a visitation schedule on file? Yes No  
If so, please explain \_\_\_\_\_

Does your child live with both parents? Yes No If not, please explain living situation: \_\_\_\_\_

### Home Life & Cultural Information

Are there siblings at home? Yes No Names & ages: \_\_\_\_\_

Potty training level: No interest Some interest Partially Fully

Potty training garments: Diapers Pull-up's Underwear

Potty training notes: \_\_\_\_\_

\*Please note, the preschool and pre-k classes require the children be fully potty trained unless otherwise directed in an IEP\*

At home does your child use any of the following items:

Crib Toddler bed Bottle Pacifier High chair Open cup Fork/spoon

Does your child feed themselves? \_\_\_\_\_ Do they eat solid foods? \_\_\_\_\_

Eating notes: \_\_\_\_\_

\*\*You may choose to opt out of responding to the following optional questions. They are intended to help our school understand your culture, and as a result, understand your child\*\*

Is your child a first or second generation American? Yes No

If yes, from which country does your family originate? \_\_\_\_\_

How long has your family lived in the United States? \_\_\_\_\_

Does your family follow a specific diet? (Kosher, no pork, vegan, etc.) \_\_\_\_\_

Does your family have any particular cultural traditions or rules that may affect how the child responds to classroom expectations? (no shoes, no eye contact, etc.) \_\_\_\_\_

When your child is not behaving in the manner that you would like them to, how do you respond as a caregiver (discipline)? \_\_\_\_\_

What redirection strategies work well for your family and your child? \_\_\_\_\_

Are there any other cultural characteristics or traditions that you would like us to know?

### Learning Information

Does the child require any assistive devices? (glasses, hearing aid, etc.) \_\_\_\_\_

Does your child require alternative communication? (PECS, interpreter, etc.) \_\_\_\_\_

Describe your child's speech (select all that apply):

Non-verbal    1-2word sentences    3-5 word sentences    full sentences    stutter  
English as a second language    bi-lingual    sign language    Tourette's    babbles only

What is your child's first language? \_\_\_\_\_ Second language? \_\_\_\_\_

Describe your child's knowledge or understanding of the following:

Verbal directions \_\_\_\_\_

Responding to their name \_\_\_\_\_

Colors and shapes (ages 2 and up) \_\_\_\_\_

Letters and sounds (ages 3 and up) \_\_\_\_\_

Has your child been previously exposed to academic learning?    Yes    No

Has your child ever had an evaluation for services? \_\_\_\_\_ Did they receive a diagnosis? \_\_\_\_\_

Does your child have an IEP, IFSP, 504, or BIP? \_\_\_\_\_

If so, through which agency or school district? \_\_\_\_\_

Does your child attend a developmental preschool? \_\_\_\_\_

If so, will they be riding the bus? \_\_\_\_\_ When? \_\_\_\_\_

Does your child receive services? (speech therapy, occupational therapy, etc.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\*Please note, we are not a developmental preschool and we do not have any special education teachers or special education resources. We hold to a 25% capacity of children requiring extra support in each classroom. In order to stay within our ethical scope of practice, once that capacity is reached, we unfortunately cannot accept any more of these applications. We try to remain fair, equal, inclusive, and balanced for everyone involved in the education process. Please see our website for more information\*

**Other Information**

Is there anything we should know about your child? (ex. Sucks thumb, has tantrums, has unusual fears, shows severe anger, unique sleeping habits, pottying issues, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your family recently experienced any form of trauma or disruption? (ex. Divorce, move, loss of loved one or pet, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child ever been exposed to a large group setting? (ex. Church, daycare, dance group, etc.) \_\_\_\_\_

Has your child ever been asked to leave another center, struggled with the setting, or had difficulties with organized learning? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does your child have difficulties interacting with other children outside of age appropriate behaviors? \_\_\_\_\_  
 \_\_\_\_\_

Any other information you would like us to know about your child, your family, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_

**Preschool Drop Off/Pick Up Information**

Please see next section if you have a school age child

What will be your child's schedule? \*please note, we open at 6:30AM and curriculum starts at 8AM\*

Monday	Tuesday	Wednesday	Thursday	Friday
_____ A.M.	_____ A.M.	_____ A.M.	_____ A.M.	_____ A.M.
_____ P.M.	_____ P.M.	_____ P.M.	_____ P.M.	_____ P.M.

\*consistent routines and regularity are key for children to feel secure and content, and to limit behaviors.\*

Who will typically drop off? \_\_\_\_\_ Who will typically pick up? \_\_\_\_\_

**School Age Drop Off/Pick Up Information**

Please skip to next section if you do not have a school age child

What will be your child's schedule? \*please note, AM bus leaves at 7:40am and PM bus arrives around 3:30pm\*

Please circle what care you will need each day:

<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
Before: Y N	Before: Y N	Before: Y N	Before: Y N	Before: Y N
After: Y N	After: Y N	After: Y N	After: Y N	After: Y N

\*early release\*

Who will typically drop off? \_\_\_\_\_ Who will typically pick up? \_\_\_\_\_

School Name: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Special Instructions: \_\_\_\_\_

Child Notes: \_\_\_\_\_

Please initial the following statements

\_\_\_\_\_ I give permission for Cornerstone Kidz to transport my child to and/or from school on the bus each day

\_\_\_\_\_ I understand that my child is not to have food, drinks (except water), electronics, phones, or toys out on the bus, and must remain in their seatbelt at all times

\_\_\_\_\_ I agree to communicate any changes in my child's schedule with both the elementary school and Cornerstone Kidz ahead of time

**Acknowledgement**

I acknowledge that everything on this application is true to the best of my knowledge.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Deborah Ingersoll, Director

\_\_\_\_\_  
Date