

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

Asthma:
Seasonal Exercise Induced Chronic Needs inhaler? Yes No

Is your child on any medication? _____

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 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: _____

Learning Information

Do they require any assistive devices? (glasses, hearing aid, 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, 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:

Monday	Tuesday	Wednesday	Thursday	Friday
Before: Y N	Before: Y N	Before: Y N	Before: Y N	Before: Y N
After: Y N	After: Y N	After: Y N *early release*	After: Y N	After: Y N

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