



CornerstoneKids Preschool Registration Form

Child's Name	Name child is called
Circle one M / F	Birthday(m/d/y)
Names and ages of siblings:	

Parent/Guardian Information

1. Name	2. Name
Address	Address
City and Zip	City and Zip
Home Phone	Home Phone
Work Phone	Work Phone
Cell Phone	Cell Phone
Email	Email
Member of a local church? Circle one Y / N	Name of Church

Emergency Contact Other Than Parent

Full Name	Relationship to Child	
Address		
City and Zip		
Home Phone	Work Phone	Cell Phone

Authorization for Pickup

Your child will only be released to an authorized person listed on this form (parent/guardian and/or emergency contact). In case of an emergency or unforeseen circumstance, and we cannot contact the above people, please indicate the name, address, and phone number of any other person(s) that you authorize to pick up your child.

1. Full Name	Relationship to Child	
Address		
Home Phone	Work Phone	Cell Phone
2. Full Name	Relationship to Child	
Address		
Home Phone	Work Phone	Cell Phone
3. Full Name	Relationship to Child	
Address		
Home Phone	Work Phone	Cell Phone

Child's Physician	Phone
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Allergies or Special Needs

For Office Use Only

Class _____

Reg. Fee _____