



2012 – 2013

Cornerstone Kids
Preschool and Kindergarten

Jennifer Doonan, Director

2956 Highway 154
Newnan, GA 30265
(770) 683-9780
Fax (770) 304-0444
Church (770) 304-9397

Email: cstonekids@numail.org
Website: <http://kids.cornerstoneumc.com>

Programs:(circle one) **2 day 1s** **2 day 2s** **3 day 2s** **3 day 3s** **PreK4** **Kindergarten**
T TH **T TH** **M W F** **M W F** **M-TH** **M- F**
or
T W TH

Child's Name _____
 _____ First _____ Middle _____ Last _____
 Name child goes by _____ Gender: Male Female Birth date ____/____/____
 Address _____
 City _____ State Georgia Zip _____
 Email Address _____ Home Phone _____

Parent/Guardian Information

Father's Name _____ Place of Employment _____
 Occupation _____ Business Phone (_____) _____
 Cell Phone (_____) _____
 Mother's Name _____ Place of Employment _____
 Occupation _____ Business Phone (_____) _____
 Cell Phone (_____) _____

Information about Your Child

Names and Ages of Siblings _____
 Child lives with _____
 Child's favorite activities _____
 Is child potty trained? _____
 Is Child Left- or Right-Handed? Please circle. Left Right Unknown

Photograph Authorization

Pictures of my child may be taken for:
 Use within Cornerstone Kids, including class projects and bulletin boards. YES _____ NO _____
 Use outside Cornerstone Kids, including church publications and other media. YES _____ NO _____
 Use on Cornerstone Kids and church websites. YES _____ NO _____

Emergency Authorization

In case of an emergency, whom should we contact if we cannot reach parents/guardians?

Name _____ Relationship: _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Medical Contact

Doctor _____ Phone (_____) _____

Hospital Preference _____ Phone (_____) _____

Medical Information

Does child have any allergies to foods and/or medications? ____ Yes ____ No

List _____

Are there any medical/mental/emotional problems or any special procedures required for the care of your child? If so, please explain.

Release Authorizations — Other than parents/guardians, who is authorized to transport your child?

1. Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

3. Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

4. Name _____ Relationship to child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Church Affiliation

Religious Affiliation _____ Church you attend _____

Would you like more information about Cornerstone UMC? Yes No

Agreement

Cornerstone Kids Preschool and Kindergarten agrees to provide care from August—May and will follow the Coweta County School System calendar for holidays, with the exception of any extra days taken by Cornerstone Kids. (Please check our school calendar.)

Please initial each of the following.

_____ There is a registration fee of **one month's tuition** for all classes. I understand that this fee is non-refundable and does not apply toward any monthly tuition. There are no discounts given on registration fees. **Kindergarten has a book fee of \$100.00 and an enrichment fee of \$100.00.** Fees may be subject to change with prior notification.

_____ For your benefit, the yearly tuition is prorated over a ten-month period. The fees are due and payable on the first of each month beginning August 13th and ending May 1. Payments are late after the 10th day of the month, and a late fee of \$10.00 is charged after this date.

Tuition fees are as follows.

<u>Classes</u>	<u>Monthly Payment</u>	<u>Yearly Tuition</u>
1 and 2 Year Old class (2 day)	\$105 per month	\$1050
2 Year Old class (3 day)	\$125 per month	\$1250
3 Year Old class (3 day)	\$125 per month	\$1250
Pre—K class (4 day)	\$140 per month	\$1400
Kindergarten (5 day)	\$165 per month	\$1650

All fees are subject to change with prior notification. A \$10.00 discount on the tuition fee is allowed for each additional child when there is more than one child from the same family. A \$10.00 discount on the tuition fee is allowed for Cornerstone UMC members.

_____ I acknowledge that my child must have a current immunization record on file and can not be admitted in August without this form.

_____ I hereby authorize Cornerstone Kids to have my child transported to the listed physician or facility or any licensed physician or medical treatment center to treat my child in case of an emergency. I understand that in case of emergency requiring a trip to the emergency room, my child will be transported to either Piedmont Fayette or Piedmont Newnan Hospitals.

_____ I represent that I am the legal guardian of the child enrolled and acknowledge that it is my responsibility to keep all information and authorizations pertaining to my child current and up to date.

Parent/Guardian Signature

Date

OFFICE USE ONLY

Registration Fee Paid _____ Book Fee Paid _____

Enrichment Fee Paid _____

Enrollment Date _____ Withdrawal Date _____

Check # _____