



APPLICATION FOR SCHOOL ENROLLMENT/CHILDCARE

2021 – 2022

Child's Legal Name _____ Nickname _____

Birthday ___/___/___ Date of enrollment ___/___/___

Current Home Address _____

Email Address: _____

Home Phone _____ Cell _____

Full Name of Parent(s) or Guardian(s)

Mother-Home phone

Mother-Work phone

Mother-Cell phone

Father-Home phone

Father-Work phone

Father-Cell phone

Names of person(s) who can assume responsibility for your child/student in case of an emergency if the parent/guardian(s) cannot be reached. Include address and telephone numbers:

Name

Phone number

Address

Name

Phone number

Address

Parent or guardian enrolling the child/student must have legal guardianship as awarded by the court.

Do you have legal documentation establishing custody? YES _____ NO _____

As the enrolling parent/guardian, do you authorize the school to release student/child information to anyone else?

Name _____ Relationship _____

Address _____ City/State _____ Zip _____

Phone Number _____ Email _____

Names and addresses of person(s) who are authorized to take the child/student from the child care center/school. Our I.D. verification policy is as follows: No authorization will be given without parent/guardian(s) written permission for child/student pick up. Also, a photo ID will be required for anyone with written permission at time of arrival. No verbal approval will be accepted by parent/guardian(s) except under extreme emergencies. This is to protect your child/student as well as the school/center.

Name

Address

Name

Address

Name

Address

Name

Address

Family Code Word _____ (if applicable)

Medical

Student Name _____

Name of family doctor/physician or health resource

Telephone Number

Address

Name of family dentist or health resource

Telephone Number

Address

Hospital Preference (In case of a true emergency, EMS Policies makes the decision on which hospital they will transport).

Please give a complete detail of any previous illnesses, hospitalization and dates: (if more room is needed please use back of paper)

Please list any and all medications that your child may be taking:

Please list any allergies to medication or other allergies that your child may have:

In the past has your child received the following: (please circle yes or no)

Academic or therapeutic intervention for issues relating to academic achievement:

Yes _____ No _____

Psychological evaluation

Yes No

Individualized Education Plan (IEP)

Yes No

Diagnosis of Attention Deficit Disorder

Yes No

Diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)

Yes No

Medication for ADD or ADHD

Yes No

Has your child, to your knowledge, used any controlled substance?

Yes No

Has the student ever used tobacco or alcoholic beverages?

Yes No

PLEASE CHECK EACH BLOCK AND SIGN APPLICATION

(Must have completed and signed application before student/child is enrolled)

- I have read and understood the financial agreement page.
- I also understand that this application cannot be considered without the application fee and that, if my student is accepted, the registration fee will not be refunded.
- I understand that continued enrollment at CCS shall be conditional upon compliance by the student/child and parent/guardian(s) with the provisions of this agreement and that such compliance shall be determined in the sole judgment of the principal/day care director and the board of directors.
- I have read, understand and agree with ALL POLICIES and Discipline Policies found in the CCS/Day Care Handbook. I also understand that I may review all emergency and evacuation plans at my convenience in office of CCS.
- As the enrolling parent or legal guardian, I affirm that this information is accurate to the best of my knowledge. I will inform the school of any change in my child/student’s status.
- I agree to submit shot records and health records as requested and will annually keep updated along with any information that the school/day care may need in regards to my child/student’s health or physical need.
- I have read, understand and agree with all policies and procedures outlined in the CCS student/day care handbook.

Parent/Guardian Signature_____

Date _____

Parent/Guardian Signature_____

Date _____

CCS Director

Date _____

Cornerstone Christian School admits students of any race, color, nationality and ethnic origin to all the rights, privileges, programs and activities made available to students of the school. It does not discriminate on the basis of race, color, nationality and ethnic origin in the administration of its educational policies, admissions, tuition assistance, athletics, or any other school-administered program.

Cornerstone Christian School Picture Policy:

Parents, students or staff members who take photos on field trips or participate in any school activities of other student{s}, student' family or staff are NOT ALLOWED to share, post or upload photos of any sort/kind on face book, websites, emails, text, or any other public access.

Parents, students or staff members are not allowed to post any identifying information concerning CCS's students, families of students or staff members of any sort/kind on face book, websites, emails, text or any other public access. CCS has the right to video record students at school and on field trips.

I authorize Cornerstone Christian School to use various pictures from school events on their website, Facebook page, or as advertisement. We will use first and last names when necessary.

While we encourage participation and sharing, we also adhere to strict guidelines regarding photos to ensure the safety of our students, their families and staff members. We will only post appropriate content that is screened by the school staff. We will only post pictures of students, families or staff members when parents or staff who have given prior permission to do so.

CCS has cameras in all classrooms and hallways.

Please check following:

I have read and agree to Cornerstone Christian School Picture Policy.

I DO NOT AGREE to allow Cornerstone Christian School use of my student/family/staff photo.

Student Name

Print Parent/Guardian Name

Parent/Guardian Signature Date

Print Staff Name

Staff Signature Date

Print Director's Name

Director's Signature Date

Cornerstone Christian School Driving Policy

Student(s)/Staff Name _____

All teachers, parents/guardians, or family members while driving Cornerstone Christian School Students to and from field trips/activities have the following duty:

- All drivers have the duty to direct 100% of their attention to the safe operation of the vehicle and the safety of their passengers.
- Communicating by voice or text on a cellular phone or other personal portable electronic device, whether it is hands-on or hands-free, while driving Cornerstone Christian School students or supervising the loading and unloading of students distracts drivers from their duties.

Therefore, CCS adopts the following policy regarding cellular phone use by all CCS Drivers

Drivers may not use a cell phone or other personal portable electronic device while operating a school bus or any other vehicle transporting students, including while loading and unloading students, except in an emergency. For the purpose of this policy, an emergency exists if the driver requires immediate assistance to ensure the safety of his/her passengers or to report a dangerous or life-threatening situation.

I have read and understand the driving policy for Cornerstone Christian School and do agree to follow CCS Driving Policy when assisting CCS to and from all field trips/school activities.

Print - Parent/Guardian/Staff Name

Date

Signature - Parent/Guardian/Staff Name

Date

CCS Director

Date