

TODAY'S DATE

Cornerstone Preschool

2026 - 2027 Registration Form

Child's Name _____ **BIRTHDAY** _____ (Name to use in Class) _____
Address _____
Primary Phone _____ E-mail address _____

ALLERGIES

Mother's Name _____ Cell Phone _____
Employer _____ Work Phone _____
Father's Name _____ Cell Phone _____
Employer _____ Work Phone _____

IN CASE OF EMERGENCY, PARENTS WILL BE NOTIFIED FIRST; HOWEVER, TWO ALTERNATES ARE NEEDED IF FOR ANY REASON PARENTS CANNOT BE REACHED.

Emergency Contact _____
Phone _____ Relationship to child _____
Emergency Contact _____
Phone _____ Relationship to child _____

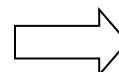
Other Children in the family:

Name _____ Age _____
Name _____ Age _____

Place of Worship _____

***(If applicable)** Are you planning to send your child to kindergarten 2027-2028 school year?
____ **YES (definitely)** ____ **NO(definitely)** ____ **MAYBE??** Where _____

*****CLASS OPTIONS ARE LISTED ON THE BACK OF THIS FORM**



REGISTRATION FEE \$50.00

Each additional registration \$30.00

****Due at the time of registration and non-refundable****

(Signature of Parent or Guardian)

(OFFICE USE ONLY)

Date of Payment _____ Check/Credit/Cash _____ Amount Paid _____

CLASS ASSIGNMENT _____ DAY(S) _____