



**CHILD'S INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M/F

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Enrollment Date \_\_\_\_\_ Start Date \_\_\_\_\_

Assigned Classroom \_\_\_\_\_

Allergies or other important information: \_\_\_\_\_

I give permission for my child's photo to be sent via the Procure system. Initials \_\_\_\_\_

**For security purposes, please provide both parent/guardian information**

**PARENT/LEGAL GUARDIAN 1 INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M/F

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**PARENT/LEGAL GUARDIAN 2 INFORMATION:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Gender: M/F

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Email Address \_\_\_\_\_

**CUSTODIAL ACKNOWLEDGEMENT:** I understand that providing both parents/legal guardians information gives both parties the right to visit/pick up the above mentioned child at any time. If custody circumstances change for any reason, Cornerstone Childcare Academy must be notified in writing and we may request documentation by the proper authority.

Parent 1 Signature: \_\_\_\_\_ Parent 2 Signature \_\_\_\_\_

**CUSTODIAL INFORMATION:** If a non-custodial parent is not among those persons authorized to pick up the child or if a court order pertains to your custodial agreement, a court order must be provided. Please check the appropriate box below.

\_\_\_\_ Yes, this situation applies. A court order is attached. \_\_\_\_ Not Applicable

**EMERGENCY CARE AUTHORIZATION:** In the event that a medical emergency occurs, I authorize Cornerstone Childcare Academy to seek emergency care for my child as deemed necessary by the Director and I authorize such medical provider to carry out required emergency treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MARKETING INFORMATION:**

How did you hear about Cornerstone Childcare Academy?

\_\_\_\_ Personal Referral (If so, who?) \_\_\_\_\_ Drive-By \_\_\_\_

Internet (what search engine?) \_\_\_\_\_ Advertisement (which one) \_\_\_\_\_

I understand and agree to all of the policies and requirements outlined in the Cornerstone Childcare Academy Parent Handbook and the Payment Agreement including the Expulsion Policy and the Parent Information Statement. I also understand that full tuition is due regardless of holidays, snow days, short-term illnesses, or vacations and that returned transactions will be assessed a fee.

Parent/Legal Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**EMERGENCY CONTACT INFORMATION FORM**  
(For Office & Classroom Emergency Binder)

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Birth date: \_\_\_\_\_ Days per Week \_\_\_\_\_ (M T W Th F)

**Parent 1 Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parent 2 Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Child's Allergy Information**

Please list all allergies and any important information we need to know about your child including food he/she is NOT ALLOWED to have.

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts/ Authorized Pick – Ups**

1. Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_

Address \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

In the event of a minor injury (cut, scrape, etc.) would you like to be notified? \_\_\_\_\_

Which parent should we contact first in case of an emergency? \_\_\_\_\_

Preferred Hospital? \_\_\_\_\_

Child's Name \_\_\_\_\_

Dietary preferences \_\_\_\_\_

If cakes, cookies, or other treats are given as a snack in the event of a Birthday or other special occasion, do you object to your child consuming them? \_\_\_\_\_

Is a language other than English spoken at home? \_\_\_\_\_ If so, what language? \_\_\_\_\_

What Holidays do you and your family celebrate?

\_\_\_\_ New year's \_\_\_\_ Valentine's day \_\_\_\_ St Patrick's Day \_\_\_\_ Easter \_\_\_\_ Cinco de Mayo  
\_\_\_\_ Independence Day \_\_\_\_ Rosh Hashanah \_\_\_\_ Ramadan \_\_\_\_ Halloween \_\_\_\_ Thanksgiving  
\_\_\_\_ Chanukah \_\_\_\_ Christmas \_\_\_\_ Kwanzaa \_\_\_\_ Diwali Other(s):

\_\_\_\_\_  
\_\_\_\_\_

**Emergency Care Authorization: In the event that a medical emergency occurs, I authorize Cornerstone Childcare Academy to seek emergency care for my child as deemed necessary by the director and I authorize such medical service provider to carry out required emergency treatment.**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please attach a copy (front and back) of insurance card information in case of emergency (we can make a copy for you at the center)*



**CORNERSTONE**  
CHILDCARE ACADEMY, LLC

## IDENTIFICATION FORM

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

Please bring in copies of identification (i.e. drivers license) on or before your child's first day at Cornerstone Childcare Academy

Please attach:

Parent / Guardian 1's License:

Parent / Guardian 2's License:



## Child Image Usage Consent Form

This parental consent form serves to both inform you and to request permission for your child's photo/image and personally identifiable information to be published online, including our public website, social media sites, other Internet sites and to be used for Lightbridge Academy publicity purposes.

If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the director of your child's center and such rescission will take effect upon receipt.

Check one of the following choices: \_\_\_\_\_ I/We GRANT or \_\_\_\_\_ DO NOT GRANT permission for my child's photo/image to be used.

Child's Name: \_\_\_\_\_

Classroom: \_\_\_\_\_

Parent Name (Print): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## PARENT RECEIPT OF INFORMATION

I have read, received a copy of and was able to ask questions on the information/policies listed below:

- Information to Parents Document
- Policy on the Release of Children
- Policy on Methods of Parental Notification  
(Applicable only if a method other than a phone call is used to notify parents of an injury to a child's head, a bite that breaks the skin, a fall from a height, or an injury requiring professional medical attention)
- Policy on Communicable Diseases
- Expulsion Policy
- Policy on Medication
- Policy on the Use of Technology and Social Media

Child 1 Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Child 2 Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Child 3 Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_

Parent/Guardian 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_

Parent/Guardian 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CONERSTONE CHILDCARE ACADEMY PAYMENT CONTRACT

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Enrollment Date: \_\_\_\_\_

Child Attends:

\_\_\_\_\_ M \_\_\_\_\_ T \_\_\_\_\_ W \_\_\_\_\_ TH \_\_\_\_\_ F

From:

\_\_\_\_\_ 8:30am-3:30pm (full-day)

\_\_\_\_\_ 6:30am-4:00pm (extended full-day)

\_\_\_\_\_ 8:30am-6:30pm (extended full-day)

\_\_\_\_\_ 6:30am-6:30pm (max full-day)

At the rate of \$\_\_\_\_\_/per week

## Preferred Method of Payment

\_\_\_ Check \_\_\_ Cash \_\_\_ Visa/Debit/Amex (in-person payment)

\_\_\_ Auto ETF:

CC # to keep on file: \_\_\_\_\_

Expiration \_\_\_\_\_ Security code \_\_\_\_\_

**Signature below will authorize Cornerstone Childcare academy to make automatic withdrawals from the credit card account listed above on the first Monday of each month.**  
*I agree to pay Cornerstone Childcare Academy the full amount listed above on Monday each week*

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**SIGNATURE**

**DATE**

### **Initial Registration Fee: \$50**

Tuition is due on Monday Morning, and payment which is not received by close of business day on Tuesday is subject to a late payment of \$20

Checks returned for insufficient funds will incur a service fee of \$30

Make up days, discounts or reimbursements will not be given for absences as a result of personal vacation, illness, or school closings due to inclement weather or for any reasons beyond the control of the school