

Please print these forms and bring them in for review.
 This link is provided for your convenience only and is not intended to be completed online.
 Completing the forms does not guarantee enrollment.

Registration Form
CORNERSTONE CHILD DEVELOPMENT CENTER
 4201 Viking Dr. Bossier City, LA 71111



Child's Name _____

Last First Middle

Boy _____ Girl _____ DOB _____ Lives with Mother _____ Father _____ Both _____ Other _____

Address _____

Street City State Zip

1st Parent/Guardian: _____ Relationship to child: _____

Address _____

Street City State Zip Email

Employer _____ Ph _____ Ph _____ Ph _____

Work Cell Home

2nd Parent/Guardian: _____ Relationship to child: _____

Address _____

Street City State Zip Email

Employer _____ Ph _____ Ph _____ Ph _____

Work Cell Home

Physician's Name: _____ **Phone** _____

Emergency contact: _____ Relationship _____ Ph _____

(other than parent)

Start Date: ____/____/____ (start date indicated and registration fee paid to secure space)

Signature of responsible party for payments _____

Annual Registration Fee, Annual T-shirt Fees, Workbook and Supply Fees Required (Non-Refundable)

**NO CASH ACCEPTED **

_____ Infant (6 weeks – Approximately 6 months)	_____ Before & After School	_____ WTLewis
_____ Infants (Approximately 6 – 12 months)	_____ Before School Only	_____ Legacy
_____ Toddlers (Approximately 12 – 24 months)	_____ After School Only	_____ Stockwell
_____ Two Year Old (by Sept 30)	_____ Summer Program Only	_____ Apollo
_____ Three Year Old (by Sept 30)	GRADE	
_____ Four Year Old (by Sept 30)		

4 year old preschool and school age circle t-shirt size: XSmall Small Medium Large X-large

EMERGENCY NOTIFICATION CARD

Name _____
Please list all emergency contact numbers that are available

Mother _____
Name home# daytime# cell#

Father _____
Name home# daytime# cell#

Doctor _____
Name address phone#

Memo _____

If my child becomes ill or injured while attending Cornerstone Child Development Center and requires immediate medical attention, I authorize Cornerstone Child Development Center to obtain or administer emergency medical treatment.

Signature of Parent/Guardian Date

AUTHORIZATION FORM

Child's Name _____

Class _____ Date of Birth _____

The following persons have permission to pick up my child and may be called in case of emergency.

Name	Relationship	Phone#
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I understand that _____ will not be released to anyone except the persons named above. Any change must be given in writing to the Director.

Signature of Parent/Guardian _____	Date _____
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STUDENT INFORMATION

TO THE PARENTS: In order to help our teachers serve your child better, please furnish the following information:

Medical History of _____
Name of Child

Allergies: food, insects, etc. _____

Regular Medication: _____

Hospitalizations: _____

Other Illnesses: _____

Please indicate any learning disabilities, medical, or physical concerns: _____

Social and Physical Growth

Is your child:

- | | |
|---------------------|--------------------|
| 1. Impulsive? _____ | 2. Shy? _____ |
| 3. Excitable? _____ | 4. Restless? _____ |
| 5. Happy? _____ | |

Unusual fears we may need to know of? _____

What problems does your child have that concern you? _____

Experiences with others:
What are some of the ways your child plays at home? _____

Favorite toys? _____

What frustrates your child? _____

How does your child act out that frustration? _____

How does your child like to be comforted? _____

Cornerstone Child Development Center

Enrollment Policies/Evacuation Procedures/Agreement

Name of Child: _____

1. I agree to pay my child's tuition in advance
 - a. Tuition is due on Monday of each current week. A late fee of \$10.00 is charged if you have not paid by Tuesday morning.
2. No child is dropped off at the door, they must be checked in through our security clock and accompanied by a parent to the class and remain until a teacher is present.
3. I will notify the office about anyone who does not normally pick up my child or is not on the authorization card in written form.
4. I give permission for photographs, videos, and internet viewing to be taken of my child while enrolled at Cornerstone Child Development Center.
5. I understand that there will be a fee of \$1.00 for every minute I am late picking up my child. This fee is due upon pick up of my child(ren).
6. I give permission for my child to be evacuated from the Center as set forth in the Evacuation Plan in place for Cornerstone Child Development Center.
7. I give permission for the above listed child to participate in all Cornerstone Child Development Center sponsored field trips to include leaving the Center and being transported in the assigned vehicle.

I have read and agree to follow the guidelines set forth in the Parent handbook and the policies and procedures described above for Cornerstone Child Development Center.

Parent's Name/Signature

Date

Emergency Plan Training

I, _____, the parent/guardian of
_____ have been informed of the procedures in case of an
emergency that Cornerstone Child Development Center has set in place.

In addition, I authorize the following people to pick up or reunite with my child:

Name and Phone Number

Name and Phone Number

Name and Phone Number

Name and Phone Number

Parent Signature

Parent Signature

Date