



*Teaching Minds,
Reaching Hearts*

2020 – 2021 Registration Form
Cornerstone Kids
Preschool and Kindergarten

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

Email: ckpkdirector@gmail.com
Website: <http://kids.cornerstoneumc.com>

Recognized as

“A Program of Excellence”

by The United Methodist Preschool Association of the North Georgia Conference

Programs:(Check One)

_____ **2-day Ones - T/TH** _____ **2-day Threes – T/Th**
_____ **2-day Twos - T/TH** _____ **3-day Threes - M/W/F** _____ **4-day Fours - M-Th**
_____ **3-day Twos - M/W/F** _____ **3-day Threes - T/W/Th** _____ **5-day Fours - M-F**
_____ **4-day Threes - M-Th** _____ **Kindergarten - M-F**

Child's Name _____

First

Middle

Last

Name child goes by _____ Gender: Male Female Birth date ____/____/____

Address _____

City _____ State Georgia Zip _____

Parent/Guardian Information

Father's Name _____ Home Phone (____) _____

Cell Phone (____) _____ Business Phone (____) _____

Place of Employment _____ Occupation _____

Email Address _____

Mother's Name _____ Home Phone (____) _____

Cell Phone (____) _____ Business Phone (____) _____

Place of Employment _____ Occupation _____

Email Address _____

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, bulletin boards, newsletters. YES _____ NO _____
- Use outside Cornerstone Kids, including church publications and other media. YES _____ NO _____
- Use on Cornerstone Kids and church websites and social media. YES _____ NO _____

Emergency Authorization

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

Is this person authorized to transport your child: ____Yes ____No

Name _____ Relationship _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Medical Contact

Doctor _____ Phone (____) _____

Hospital Preference _____ Phone (____) _____

Medical Information

Does child have any allergies? ____Yes ____No Does your child need medication at school? ____Yes ____No

List Allergies and Symptoms _____

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

Does your child receive any of the following related services?

Speech Therapy ____Yes ____No Physical Therapy ____Yes ____No

Occupational Therapy ____Yes ____No Babies Can't Wait ____Yes ____No

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 _____

Are you a member of United Cornerstone Methodist Church?	YES _____ NO _____
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 read and initial each of the following.

- _____ There is a registration fee of **one month's tuition** for all classes due at registration. I understand that this fee is non-refundable, does not apply toward any monthly tuition, and is used to purchase supplies. There are no discounts given on registration fees. **Pre-K 4 has a curriculum fee of \$50.00 due May 15. Kindergarten has a curriculum fee of \$100.00 due May 15 and an enrichment fee of \$100.00 due June 15.** Fees may be subject to change with prior notification.
- _____ For your benefit, the yearly tuition is prorated over a nine-month period. The fees are due and payable on the 15th of each month beginning the first class day of August and ending April 15. Payments are late after the 20th day of the month, and a late fee of \$20.00 is charged after this date. Students with an unpaid balance after 30 days are subject to removal from the program.
- _____ Withdrawal of your child's enrollment in our school requires a 30 day written notice or one month's tuition payment.

Registration and Tuition fees are as follows:

<u>Classes</u>	<u>Registration Fee</u>	<u>Monthly Payment</u>	<u>Yearly Tuition</u>
1 and 2 Year Old class (2 day)	\$145	\$145 per month	\$1305
2 Year Old class (3 day)	\$165	\$165 per month	\$1485
3 Year Old class** (2 day)	\$145	\$145 per month	\$1305
3 Year Old class** (3 day)	\$165	\$165 per month	\$1485
3 Year Old class** (4 day)	\$185	\$185 per month	\$1665
4 Year Old Pre—K class** (4 day – 4 Hours)	\$205	\$205 per month	\$1845
4 Year Old Pre—K class** (5 day – 3 Hours)	\$205	\$205 per month	\$1845
Kindergarten** (5 day-M-Th-4 Hours, F-3 Hours)	\$235	\$235 per month	\$2115

* All fees are subject to change with prior notification. A \$10 discount on the tuition fee is allowed for each additional child when there is more than one child from the same family. A \$10 discount on the tuition fee is allowed for Cornerstone UMC members.

- _____ I acknowledge that children enrolled in the 3 year old, 4 year old and kindergarten classes must be **fully potty-trained** by the first day of school.
- _____ I acknowledge that my child must have a current immunization record (Form 3231) on file and cannot 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 a hospital emergency room at the discretion of the EMT.
- _____ 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.
- _____ I understand that Cornerstone Kids Preschool & Kindergarten is not licensed and is not required to be licensed by the state of Georgia.

Parent/Guardian Signature _____
Date

OFFICE USE ONLY		
Registration Fee Paid _____	Date _____	Check # _____