

Cornerstone Learning Center

8180 T & B Boulevard

Memphis, TN 38125

Office: 901.748.2228 Fax: 901.748.2250

Email: Cornerstonelearningcenter1@gmail.com

School-Age Application:

This application must be completed including notarization for medical consent, signed on the last page, and returned to the office with the \$50.00 Non-Refundable enrollment fee.

Date of Application: _____

School Year: _____

Before Care () After Care () Before & After Care () Summer Camp ()

Student Application:

For Office Use Only:

Date Received: _____

Fee Paid: _____

Full Name: _____

Date of Birth: _____ Sex: () M () F

Preferred Name: _____

Student's SSN: _____

Address: _____

Home Phone: _____

Present School: _____

Church Attending: _____

Current Grade: _____

Is your health form on file with the above named school? () Yes () No, Explain: _____

Is your applicant a sibling of a current CLC student? () Yes () No; If yes, Name: _____

Family Information:

Father's Name: _____

Mother's Name: _____

Address: () Same as above: _____

Address: () Same as above: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email Address: _____

Email Address: _____

Employer Name and Address: _____

Employer Name and Address: _____

Work Phone: _____

Work Phone: _____

Church Attending: _____

Church Attending: _____

Father's Marital Status: Check One

() Married () Divorced () Separated () Single

Mother's Marital Status: Check One

() Married () Divorced () Separated () Single

Child Lives with whom: _____

Siblings: _____

Release of All Claims:

In consideration of my child being allowed to participate in activities sponsored by Cornerstone Learning Center, I/We hereby release, discharge, indemnify, and agree, to hold harmless, Cornerstone Learning Center, its directors, employees, and volunteers from any and all liability for personal injuries and/or damage(s), or illness that may be suffered by (Child's name: _____). I/We further agree to indemnify, and hold harmless, Cornerstone Learning Center, its directors, employees, and volunteers for any claim and/or damage(s) it is required to pay as a result of any injury or damage(s), including reasonable attorney fees, litigation expenses, and court costs.

Medical Treatment Consent:

When there is a medical emergency, or when a child needs immediate medical treatment, an employee of Cornerstone Learning Center will take all reasonable steps to see that the child(ren) in our care receive adequate medical attention. If the parent(s) cannot be reached in an emergency, an employee of Cornerstone Learning Center will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child. If the child must be taken to the hospital, 911 will be called and the child will be taken to the hospital identified. If circumstances dictate is more reasonable to bring a child to another hospital, Cornerstone Learning Center will authorize this. In the situation where the parent(s) or person(s) authorized cannot be reached, the parent(s) authorize(s) the child's doctor to provide appropriate medical treatment. Cornerstone Learning Center is released of all claims or liability due to sickness or injury.

Person(s) authorized to give permission for medical treatment:

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name: _____ Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Notarization for Medical Treatment Consent and Release of All Claims:

Notarization must be done by all legal guardians. If there is only one legal guardian, please indicate.

Father/Guardian: _____ Mother/Guardian: _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Notary Signature: _____ Notary Signature: _____

** Please fax all immunization records to 901.748.2250

Permission to pick up child from CLC:

The following people have permission to pick my child up from Cornerstone Learning Center:

Name: _____ Relationship to Student: _____

Cell Phone: _____

Name: _____ Relationship to Student: _____

Cell Phone: _____

Name: _____ Relationship to Student: _____

Cell Phone: _____

Student Information:

Pediatrician's Name: _____ Phone Number: _____

Medical Insurance Company: _____

Policy Number: _____ Phone Number: _____

Preferred Emergency Hospital: _____

Does applicant have allergies? () No () Yes; Explain in detail: _____

Has applicant ever been diagnosed with any learning disabilities or learning disorders? () No () Yes

Explain: _____

Will applicant take any daily prescription medications which may affect his/her day () No () Yes

Explain: _____

List any health problems or special needs your child may have: _____

What practices do you follow that provide spiritual strength for your family? _____

Tuition Contract:

Contract will be issued to the child's legal guardian.

Who is the child's legal guardian? _____

If tuition payments are to be handled by another source, please note and indicate the relationship to the applicant.

Name: _____ Relationship to Applicant _____

Address: _____ Phone Number: _____

Tennessee Licensing Requirements:

Attached to this application is the summary of the Tennessee Licensing Requirements.

I, _____ have received and read the summary of the licensing requirements for child care centers that was provided to me by Cornerstone Learning Center.

Parent/Guardian Signature: _____ Date: _____

Official Signatures:

I/we submit this application with an understanding and acceptance of all the rules, conditions, and requirements on this application and in the handbook of Cornerstone Learning Center. I/we further agree to abide by such policies and procedures while my child(ren) is/are enrolled at Cornerstone Learning Center. I/we understand that withholding or misrepresenting information requested on this application may jeopardize my child(ren)'s enrollment at Cornerstone Learning Center. A tuition contract, once issued, signed, and returned with all appropriate monies will constitute an agreement to enroll. No reductions will be made for withdrawal, dismissal, or absence. I/we understand that the \$50.00 enrollment fee is non-refundable.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Information for your Child's Teacher

Child's Name: _____ Child's Date of Birth: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Work Phone: _____ Work Phone: _____

Cell Phone: _____ Cell Phone: _____

Email Address: _____ Email Address: _____

Child's Siblings: _____

People that may pick up your child from CLC:

Name: _____ Name: _____

Relationship: _____ Relationship: _____

Cell Phone: _____ Cell Phone: _____

What does your child call his/her grandparents?

Maternal Side: _____ Paternal Side: _____

Do you have any pets? Please include their names: _____

Does your child have any special fears? _____

Does your child have any allergies or food restrictions? _____

Child's Favorites:

Food: _____ Color: _____ Toy: _____

Activity: _____ Bible Story: _____

Is your child potty trained? () Yes () No Habits and/or challenges: _____

What would you like your child to learn while attending CLC? _____

****Please use the back of this form to tell us any other information that you would like us to know about your child.**

Infants only:

Please attach feeding and nap schedule to this form, or email it to cornerstonelearningcenter1@gmail.com

Burping (check all that apply): () Shoulder () Sitting up () Across Lap () Other: _____

Pacifier: () Yes () No

Security Item: _____