



Admission Process

ADMISSION CRITERIA

Infant through Two-Years-Old: No criteria

Three-Year-Old through Kindergarten: Each State has a required birthday cut-off. In the State of _____ the cut off date is _____.

Your child must turn:

- Three by the date above to enter the Three-Year-Old program.
- Four by the date above to enter the Pre-K program.
- Five by the date above to enter the Kindergarten program.

ADMISSION PROCEDURES

- **Complete scheduled visit of the school.**
- **Submit a student application, additional forms below, and non-refundable registration fee.**
*Forms must be fully completed, signed, and received by Wednesday before the child's projected start date
 1. Preschool Students:
 - A. Updated Certificate of Immunization
 - B. Student Photo Release
 - C. Enrollment Agreement
 2. Before & After Care/Summer Camp Students:
 - A. Denote on student application the school at which your child's immunizations are on file
 - B. Student Photo Release
 - C. Enrollment Agreement
 3. Kindergarten Students (where available):
 - A. Copy of Birth Certificate
 - B. Physical within the last 12 months.
 - C. Updated Certificate of Immunization
 - D. Student Photo Release
 - E. Enrollment Agreement
- **Schedule a Parent Orientation meeting with the Director and your child's teacher and classroom**
 1. Your child may visit the classroom while Director and parents are meeting.
 2. Review and complete any missing forms.
 3. Pay remainder of fees; activity/book, and 1st week of tuition.

ADMINISTRATIVE EMAIL: Cornerstonelearningcenter1@gmail.com



8180 Sedgwick Way
Memphis, Tennessee 38125
Office: 901.672.8787
Cornerstonelearningcenter1@gmail.com

Application: *This application must be completed, including current Immunization Records, and returned to the office with the \$50.00 Non-Refundable enrollment fee.*

Date of Application: _____ School Year: _____
Preschool () Elementary () Before Care () After Care () Camp ()

For Office Use Only:

Classroom: _____ Fee Paid: _____
Date Received: _____ FT/PT: _____
Start Date: _____

Student Application:

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

Preferred Name: _____ Student's SSN: _____

Address: _____ Present School: _____

_____ City State Zip Code Home Phone: _____

Current Grade: _____ Church Attending: _____

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

School Age: Is your child's health form on file at the school listed above? () Yes () No

Family Information:

Father's Name: _____ Mother's Name: _____

Address: () Same as above: _____ Address: () Same as above: _____

_____ City State Zip Code _____ City State Zip Code

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

*****If divorced or separated, a copy of custody arrangement/parenting plan must be provided for admittance.***

Child Lives with whom: _____ Siblings: _____

Permission to pick up child from Cornerstone Learning Center:

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; If "yes", explain in detail the allergy and necessary steps if your child ingests or comes into contact with his/her allergy: _____

Does your child have any food restrictions? () No () Yes; If "yes," explain in detail the restriction and necessary steps if your child ingests the restricted food: _____

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? _____

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 is authorized by the parent to give permission for the medical treatment of the child. If the child must be taken to the hospital, 9-1-1 will be called and the child will be taken to the hospital identified. If circumstances dictate it 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: _____

Medical Treatment Consent and Release of All Claims:

Father/Guardian: _____ Mother/Guardian: _____

Print Name: _____ Print Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Tuition Contract:

The 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: _____

State Licensing Requirements:

Attached to this application is the summary of the _____ 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: _____

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. By signing below, I/we also testify that we have received a pre-enrollment visit.

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 allergies? () No () Yes; If "yes", explain in detail the allergy and necessary steps if your child ingests or comes into contact with his/her allergy: _____

Does your child have any food restrictions? () No () Yes; If "yes," explain in detail the restriction and necessary steps if your child ingests the restricted food: _____

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: _____

****Note: Blankets and other loose items are not allowed in cribs due to potential SIDS risk. Only sleep sacks allowed.**