



REGISTRATION FORM 2020-2021

**Cornerstone
Weekday Preschool**
8947 Albemarle Rd
Charlotte, NC 28227
704-537-1097 x 22
704-566-8306 Fax

FAMILY INFORMATION

Parent/Guardian who will be primary contact: _____ Relationship to child: _____

Preferred phone number _____ Second phone number _____
cell-work-other (circle one) cell-work-other (circle one)

Email address: _____ Employer: _____

Parent/Guardian who will be secondary contact: _____ Relationship to child: _____

Preferred phone number _____ Second phone number _____
cell-work-other (circle one) cell-work-other (circle one)

Email address: _____ Employer: _____

Child's Primary Address _____ City _____ State _____ Zip _____

Child's Secondary Address _____ City _____ State _____ Zip _____

Who has legal custody of the child/children? _____

Parents Together or Separated? _____ Church Home? _____

Name and Date of Birth of any non-enrolling siblings: _____

STUDENT'S INFORMATION

First Enrolling Child's Name: _____ Lives With: _____

Date of Birth: _____ Age as of August 31, 2020: _____ Male _____ Female _____

Please mark the desired schedule: ☐ Tues/Thurs ☐ Mon/Wed/Fri ☐ Mon/Tue/Wed/Thu/Fri

Second Enrolling Child's Name: _____ Lives With: _____

Date of Birth: _____ Age as of August 31, 2020: _____ Male _____ Female _____

Please mark the desired schedule: ☐ Tues/Thurs ☐ Mon/Wed/Fri ☐ Mon/Tue/Wed/Thu/Fri

Third Enrolling Child's Name: _____ Lives With: _____

Date of Birth: _____ Age as of August 31, 2020: _____ Male _____ Female _____

Please mark the desired schedule: ☐ Tues/Thurs ☐ Mon/Wed/Fri ☐ Mon/Tue/Wed/Thu/Fri

EMERGENCY CONTACTS/AUTHORIZED TO PICK UP:

Name: _____ Relationship to Child: _____ Authorized for
Primary Phone #: _____ Secondary Phone #: _____ Pick-up? Yes / No
Address: _____ City _____ State _____ Zip Code _____

Name: _____ Relationship to Child: _____ Authorized for
Primary Phone #: _____ Secondary Phone #: _____ Pick-up? Yes / No
Address: _____ City _____ State _____ Zip Code _____

Name: _____ Relationship to Child: _____ Authorized for
Primary Phone #: _____ Secondary Phone #: _____ Pick-up? Yes / No
Address: _____ City _____ State _____ Zip Code _____

Name: _____ Relationship to Child: _____ Authorized for
Primary Phone #: _____ Secondary Phone #: _____ Pick-up? Yes / No
Address: _____ City _____ State _____ Zip Code _____

HANDBOOK ACKNOWLEDGEMENT AND MEDICAL AUTHORIZATION

*I give the director and teachers permission to administer first aid,
give CPR and to obtain necessary medical services on my child or children's behalf.*

Signature of Parent or Legal Guardian

Date

*By signing this form, I acknowledge I have received and have read the
2020-2021 Parent Handbook and agree to abide by the policies and guidelines in the handbook.

***REQUIRED** Signature of Parent or Legal Guardian

Date

***Signature is required to register your child/children for our Weekday Preschool Program.**