



Cornerstone Christian Preschool & Kindergarten

40333 Acacia Ave. Hemet, CA 92544

Phone: (951) 929-5007

Email: cornerstoneplay@gmail.com

www.cornerstoneplay.com

For Office Use Only

Date _____

Time _____

Initials _____

Reg. Fee _____

Tuition _____

PRESCHOOL APPLICATION FOR ADMISSION August 2024—May 2025

I. STUDENT SECTION

Student's Name: _____ Goes by: _____
(Last) (First) (Middle)

Address: _____
(Mailing Address and Street Address-if different)

Telephone: _____ Date of Birth _____ Gender _____

Which weekly program would you prefer:

- 3 days 4 days 5 days
 Monday Tuesday Wednesday Thursday Friday
 Preschool only 8:00am—12:00pm School Day 8:00am—3:00pm Extended Day 7:00am—6:00pm

Name of previous Preschool/Daycare attended: _____ Dates attended _____

Place of Birth: _____ Citizenship: _____

Student's Native Language: English Other If other, please specify: _____

II. HEALTH BACKGROUND

Child's overall health is: Excellent Good Fair Poor

Does your child have a disability or health condition that requires special treatment? Yes No

If yes, please explain _____

Is your child taking prescription medications on a regular basis? Yes No

If yes, please explain _____

MEDICAL INFORMATION

Allergies or Medical Alerts: _____

Doctor: _____ Phone: _____

Our Purpose at Cornerstone Christian Preschool & Kindergarten

It is our purpose to help each one of our children to know that God loves them and has a purpose for their life. God made the world and the things in it. We attempt to provide a happy experience for the children so they may express their love and thankfulness to God through conversation, singing, praying and helping care for the things in His world.

III. PRIMARY CUSTODIAL PARENT SECTION

Father: _____

Mother: _____

Address: _____

Address: _____

City and Zip: _____

City and Zip: _____

Home Phone #: _____

Home Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

E-mail address: _____

E-mail address: _____

Work phone: _____

Work phone: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Church: _____

Church: _____

Member? Yes No Attend Regularly? Yes No

Member? Yes No Attend Regularly? Yes No

Have you accepted Jesus Christ as your personal Savior?
Yes No

Have you accepted Jesus Christ as your personal Savior?
Yes No

Status of Parents (please check all that apply): Married Separated Divorced Father Remarried
Father Deceased Mother Remarried Mother Deceased

ALTERNATE FAMILY INFORMATION (IF APPLICABLE)

Stepfather: _____

Stepmother: _____

Address: _____

Address: _____

City and Zip: _____

City and Zip: _____

Home Phone #: _____

Home Phone #: _____

Cell Phone #: _____

Cell Phone #: _____

Work Phone #: _____

Work Phone #: _____

Employer: _____

Employer: _____

Occupation: _____

Occupation: _____

Church: _____

Church: _____

Member? Yes No Attend Regularly? Yes No

Member? Yes No Attend Regularly? Yes No

Have you accepted Jesus Christ as your personal Savior?
Yes No

Have you accepted Jesus Christ as your personal Savior?
Yes No

With whom does your child live during the school year? _____

Explain custody arrangements: _____

Are there any restraining orders? _____

Please check to whom all school correspondence and notices are to be sent:
Father Mother Stepfather Stepmother Other _____

IV. EMERGENCY INFORMATION (Other people to contact during school hours, Not Parents)

Emergency Contact #1: _____

Relationship to Student: _____

Daytime Phone: _____

Cell Phone: _____

Emergency Contact #2: _____

Relationship to Student: _____

Daytime Phone: _____

Cell Phone: _____

V. FAMILY INFORMATION

Names and ages of siblings: _____

How did you first become aware of CCPK? _____

Why do you desire your child to attend CCPK? _____

Would you be interested in learning more about the ministries of Cornerstone Church? Yes No

Please list any unusual factors in the child's life. (i.e. absence of father or mother, invalidism of either parent, grandparents living in the home, unusual accident, serious illness, adoption, disabilities, etc.)

VI. FINANCIAL INFORMATION

All tuition payments for Cornerstone Christian Preschool will be handled through Procare.

Tuition agreement form must be completed upon registration.

Who will be responsible to pay tuition and fees? _____

Will you be able to settle accounts promptly? Yes No

Option 1 - Full Tuition Payment due directly to the school within 15 days of acceptance. This option entitles the responsible party to a 2.5% discount. .

Option 2 - Monthly Payments through Procare debited from the account on file.



CORNERSTONE
CHRISTIAN PRESCHOOL & KINDERGARTEN

PARENTS:

Please read the following statements carefully and sign below to indicate your agreement.

I hereby agree to pay my financial obligations to Cornerstone Christian Preschool & Kindergarten on the date due. I understand if my account becomes delinquent, I may be asked to withdraw my child from the school.

I understand that once my child is accepted for enrollment, I am obligated for the first month's tuition unless notification is given to the school no less than three working days before the opening of school.

I authorize the Cornerstone Christian Preschool & Kindergarten personnel to seek medical treatment for my child in the event of an emergency. I give permission for my child to be treated at the Hemet Valley Medical Center or the nearest emergency treatment center.

I understand that the standards of Cornerstone Christian Preschool & Kindergarten do not tolerate profanity, obscenity in word or action, dishonor to the Holy Trinity and the Word of God, disrespect to the personnel of the school, or continued disobedience to the established policies of the school.

I understand that falsification of information on any form could lead to the suspension or expulsion of my child.

Each day I will personally inform a staff member when removing my child from the preschool. I will inform all those that are authorized to remove my child from the school to do the same. I understand that state law requires that I use a **full legal signature** when signing my child into or out of school. I will inform all those that are authorized to remove my child from the school to do the same.

I hereby certify my consent and submission to all governing policies of the school, including disciplinary policies which are outlined in the Cornerstone Christian Preschool & Kindergarten handbook. It is understood that the services of the school are engaged by mutual consent, and that either the school or I reserve the right to terminate any or all services at any time.

Digital photos will be taken of my child in the classroom/playground/school setting. These pictures may be used in Cornerstone Christian Preschool & Kindergarten/Cornerstone Church publications, websites, etc... If I choose to NOT have my child's photos used in this way, I will place my initials & the date in the margin of this agreement.

Admission to Cornerstone Christian Preschool & Kindergarten is a privilege -- not a right. If I want to withdraw my child from school I must give a two week notice.

Signature of Father _____ Date _____

Signature of Mother _____ Date _____

(Signatures of both parents are required.)

Cornerstone Christian Preschool & Kindergarten is a ministry of Cornerstone Church
and exists to glorify God by making disciples of Jesus
out of a broken world (through evangelism and missions) and
encouraging Christ-likeness through relevant teaching
of God's Word corporately, in small groups and individually