



**Cornerstone Christian Infant Care**

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For Office Use Only

Date \_\_\_\_\_

Time \_\_\_\_\_

Initials \_\_\_\_\_

Reg. Fee \_\_\_\_\_

Tuition \_\_\_\_\_

**INFANT APPLICATION FOR ADMISSION**

**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:

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- 4 days
- 5 days
- 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 drugs on a regular basis?  Yes  No

If yes, please explain \_\_\_\_\_

**MEDICAL INFORMATION**

Allergies or Medical Alerts: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

*Our Purpose at Cornerstone Christian Infant Center*

*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 Infant Center will be handled through Procure.

**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 no later than July 26, 2024 (or within 15 days of acceptance). This option entitles the responsible party to a 2.5% discount. Discounts will be voided if full payment is not received by July 26.
- Option 2 - Monthly Payments through Procure debited from the account on file beginning in August 2024.



**CORNERSTONE**  
**INFANT CENTER**

# 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 Infant Center 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 Infant Center 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 Infant Center 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 termination of care.

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 Infant Center 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 Infant Center / 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 Infant Center is a privilege -- not a right. If I want to withdraw my child from school I must give a four week notice.

Signature of Father \_\_\_\_\_ Date \_\_\_\_\_

Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

*(Signatures of both parents are required.)*

Cornerstone Christian Infant Center 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