

CORNERSTONE PRESCHOOL

GUIDELINES FOR THE 2023/2024 SCHOOL YEAR

Cornerstone Preschool offers preschool classes to any child who meets the qualifications to attend. The cost is \$150 for the school year. We have two different classes.

The Dove Class is for children who are or will be 3 years old by August 1, and potty trained. These classes meet twice a week for 1½ hours each day on Tuesdays and Thursdays from 10:30 - Noon.

Cornerstone Preschool also has a Pre-Kindergarten class (Eagles). To qualify your child must be at least 4 years old by August 1, and potty trained. Five-year olds are also welcome. Presently, these classes meet three times a week for 2 hours each day. The Eagles meet on Tuesday, Wednesday, & Thursday from 8 - 10 a.m..

A registration form must be completed and a non-refundable \$50 fee must accompany it to hold a spot for your child in the school. This is part of the \$150 school fee. The remaining \$100 is due by the Open House in August. Two other options are...

1. A check of \$150 with a registration will hold your child's spot and pay all the school year's fees.
2. Contact Raquel Zoglman, 812-630-5643, to work out a payment plan.

In addition, all families must sign a letter of commitment (also attached) to be a part of our program.

Thank you for considering Cornerstone Preschool for your child. If you have any questions, please call Raquel Zoglman, 812-630-5643.

7/2023

LETTER OF COMMITMENT

Cornerstone Preschool commits to each family...

- **To provide a loving and safe environment for your preschooler.**
- **To teach your preschooler the wonderful love of Jesus.**
- **To teach your preschooler to share, care, and respect each other and authority.**
- **To prepare your preschooler socially and academically for kindergarten.**

As a family participating in the program, we commit to Cornerstone Preschool...

- **To participate in the fundraiser events and encourage family and friends to participate.**
- **To attend Preschool Sunday during one of Cornerstone's regular worship services. (This is generally a Sunday in March or April.) The children perform during the service.**
- **To have our preschoolers participate in the Christmas, Preschool Sunday, and Spring programs as the teacher determines.**

We, the family of _____,

are committed to these efforts as long as our child is enrolled at Cornerstone Preschool.

Parent/guardian signature

Date

CORNERSTONE PRESCHOOL
A GREAT BEGINNING
REGISTRATION

Select one:

Nursery School (Ages 3-4) _____ (T & Th: 10:30 - Noon)

PreKindergarten (Ages 4-5) _____ (T, W, & Th: 8-10 a.m.)

STUDENT'S INFORMATION Elementary School your child plans to attend: _____

Child's name: _____ Date of Birth: _____

Gender : _____ M _____ F Age of child: _____

Child's Primary Home Address _____

Home Phone Number _____ Email: _____ Contact Number: _____

Who will be the primary person to pick-up your child? Parent _____ Other _____

Name: _____ Phone Number _____

Address: _____

Spell the name of your child you want them to learn _____

PARENT OR GUARDIAN INFORMATION (Please list both parents' info.)

1. Last Name: _____ First Name: _____

Address _____

Employer _____ Position: _____ Phone #: _____

Cell # _____ Relationship to child: _____

2. Last Name: _____ First Name: _____

Address _____

Employer _____ Position: _____ Phone # _____

Cell # _____ Relationship to child: _____

Special Instructions or custody orders to be filed: _____

Make checks: CORNERSTONE PRESCHOOL & mail with registration to: Raquel Zoglman, 8388 N CR 600E, Evanston, IN 47531. Check one of the methods below.

- ___ Method #1 \$150 for Reg. & Yr. Fee
___ Method #2 \$50 Reg. & \$100 due in Aug.
___ Method #3 Pay Plan (You will be contacted)

Office use Only		
Amount _____	Ck/Cash _____	Date _____
Amount _____	Ck/Cash _____	Date _____

MEDICAL INFORMATION

Family Physician _____ Phone # _____

Address _____

Dentist _____ Phone # _____

Address _____

Hospital of choice _____

Please list any allergies (i.e., Penicillin, Poison Ivy, Bee Sting) _____

Instruction for allergic reaction _____

Date of last Tetanus Shot: _____ Is any medication taken regularly? Please list with instructions

Any medical limitations, special needs, or information that would be beneficial for us to know:

EMERGENCY CONTACT INFORMATION

List any persons to be contacted in the event of an emergency if none of the parents are able to be reached.

NOTE: Please only use local contacts for pick-ups.

Last Name: _____ First Name: _____ Phone: _____

Last Name: _____ First Name: _____ Phone: _____

Last Name: _____ First Name: _____ Phone: _____

Special Instructions that we may need to know _____

PARENTAL PERMISSION (Attach copy of Insurance card)

I (we) hereby give our permission and written consent to the hospital/physician selected by the Cornerstone Preschool staff and/or church staff to provide any medical and/or surgical treatment to our child named above as deemed necessary for the care of injury or illness.

We also give permission for our child named above to have pictures shared on the Cornerstone Church Chrisney & Preschool Facebook page.

X _____
signature of guardian printed guardian name

Medical Insurance Carrier _____ Policy # _____