



APPLICATION FOR ENROLLMENT

CLASS PREFERRED:

MORNING (Mon-Thur) 8:30 am-11:00 am _____ (Tue-Fri) 8:45 am-11:15 am _____

AFTERNOON (Mon-Thur) 12:30 pm-3:00 pm _____ (Tue-Fri) 12:45 pm – 3:15 pm _____

STUDENTS FULL NAME: _____ GENDER: _____

NAME COMONLY USED: _____ BIRTHDAY: _____

ADDRESS: _____ CITY: _____

ZIP: _____ HOME PHONE: _____

☐ CHECK HERE IF PARENTS LIVE IN SEPARATE HOUSEHOLDS. PLEASE PROVIDE ADDITIONAL ADDRESS AND HOME PHONE ON BACK.

MOTHERS NAME: _____

NAME OF WORK: _____ WORK PHONE: _____

CELL PHONE: _____ TEXT? YES/NO OKTO SEND PHOTOS? YES/NO

FATHERS NAME: _____

NAME OF WORK: _____ WORK PHONE: _____

CELL PHONE: _____ TEXT? YES/NO OKTO SEND PHOTOS? YES/NO

EMAIL ADDRESS (WILL ONLY BE USED FOR NEWSLETTERS AND COMMUNICATION WITH CORNERSTONE MONTESSORI)

GENERAL HEALTH STATUS OF STUDENT (HANDICAPS/ALLERGIES/SPECIAL PROBLEMS):

Allergy: _____ Reaction: _____

SIBLINGS: NAME & AGE

Family/Friend Whom have permission to pick up your child:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Has your child had prior education? If so, Where? _____

Amount of time enrolled? _____

DO WE HAVE PERMISSION TO USE PHOTOS OF YOUR CHILD ON OUR WEBSITE? YES/NO IF YES, PLEASE INITIAL HERE:

DO WE HAVE PERMISSION TO POST PICTURES OF YOUR CHILD ON OUR PUBLIC FACEBOOK PAGE?

YES/NO IF YES, PLEASE INITIAL HERE: _____

Cornerstone Montessori uses an App called Bloomz to Communicate with parents. We post pictures, events, volunteer information, sign up sheets and newsletters within this app. Please ask the teacher for an access code.

www.bloomz.com

PLEASE REMIT THIS FORM WITH AN
ANNUAL NON-REFUNDABLE APPLICATION FEE OF \$100
Fee Waived for Active -Duty Military – Please show ID

OFFICE USE ONLY
DATE RECEIVED: _____
DEPOSIT PAID: _____
START DATE: _____

PARENT IN SEPARATE HOUSEHOLD: _____

ADDRESS: _____ CITY: _____

ZIP: _____ HOME PHONE: _____



EMERGENCY INFORMATION AND RELEASE FORM

CHILD'S NAME _____ TELEPHONE _____

ADDRESS _____ BIRTH DATE _____

FATHER'S NAME _____ CELL PHONE _____

MOTHER'S NAME _____ CELL PHONE _____

Additional persons who may be called in an emergency:

NAME _____ TELEPHONE _____

NAME _____ TELEPHONE _____

Physician to be called in an emergency:

NAME _____ TELEPHONE _____

Unless otherwise requested, the school's first action in an emergency will be to call the paramedics to administer emergency first aid. The school will then contact the parent. If the paramedics judge that hospitalization is necessary, they will transport the child to the nearest available emergency room. Parents must be present or have this consent form on file before treatment may be given.

IS THIS PROCEDURE ACCEPTABLE TO YOU? YES _____ NO _____ IF NOT, WHAT ACTION SHOULD BE TAKEN?

PLEASE LIST ALLERGIES, INCLUDING DRUG REACTIONS: _____

CHRONIC ILLNESSES: _____

REGULAR MEDICATIONS: _____

DATE OF MMR VACCINE: 1 _____ 2 _____

DATE OF LAST TETANUS IMMUNIZATION: _____

I, _____, the natural parent/legal guardian of _____
authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health when I cannot be contacted. I waive my right of informed consent of such treatment.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____



Student Expectations While Enrolled at Cornerstone Montessori School

All students at Cornerstone Montessori must be self-sufficient in the bathroom.

Your child must be 3yrs old to enroll, if they are 2 ½ years and fully potty trained I will accept them on a trial basis, if I have space. If they are mature enough for the materials and our classroom, they will be invited to stay.

Safety is our number one policy. We have a zero tolerance for unsafe behavior. If your child injures another student or teacher or volunteer in the classroom, it is grounds for termination of enrollment.

If your child's behavior is affecting our entire school community, it is grounds for termination of enrollment.

Sick Policy: Deciding when to keep your child home from school can be difficult. When a child is sick and needs to stay at home, parents should contact the school and describe the illness and symptoms. If a medical provider makes a specific diagnosis (such as strep throat, pink eye or chicken pox), let school staff know. If your child has a fever or is vomiting, they may return to school once they have been "fever/vomit free" for 24hrs. If they just don't seem their self, they may just need a day at home resting on the couch.

☐ I have read and agree to the following Student Expectations of Cornerstone Montessori School.

Signature_____Date_____

Early Withdrawal Procedure/Policy: Written Notice of 30 days and withdrawal form completed, if moving prior to the end of the academic school year. You will be responsible for paying your final Month's tuition. When a child withdraws early it interrupts the consistency and dynamic of the classroom. There is a **fee** associated with an early withdrawal.

I _____ have read and understand the Early Withdrawal policy at Cornerstone Montessori.

Signature_____date_____