Cornerstone Christian Learning Center
7502 N. Garland Avenue
Garland, TX 75044
972-414-4212

REGISTRATION FORM

Child's Name (Last) _____

(First) _____ M.I. _____

(Preferred Name) _____

☐ Male ☐ Female Date of Birth (MM/DD/YR): _____

Phone Number(s) to call during preschool hours _____

Home Address _____ City _____ Zip _____

Mother's Name _____ Her Cell Phone _____

Mother's Employer _____ Her Work Phone _____

Mother's Email _____

Father's Name _____ His Cell Phone _____

Father's Employer _____ His Work Phone _____

Father's Email _____

Emergency Contacts (will be contacted in the event that a parent cannot be reached):

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

Adults authorized to pick up your child:

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

Name _____ Relationship _____ Phone _____

Address _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT AND FOOD ALLERGY EMERGENCY PLAN

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

In the event you cannot be reached and your child becomes ill or requires emergency medical treatment, I authorize the person in charge to contact/take my child to:

Physician's Name _____ Address _____ Phone _____

Name of Emergency Medical Care Facility: _____ Phone _____

Address _____ City _____ Zip _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

_____
Signature of Parent or Legal Guardian

SPECIAL CARE NEEDS AND FOOD ALLERGIES:

List any special care needs that your child may have, such as ALLERGIES**, existing illnesses, previous serious illnesses, injuries and hospitalizations within the last 12 months, any medications prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

_____

_____

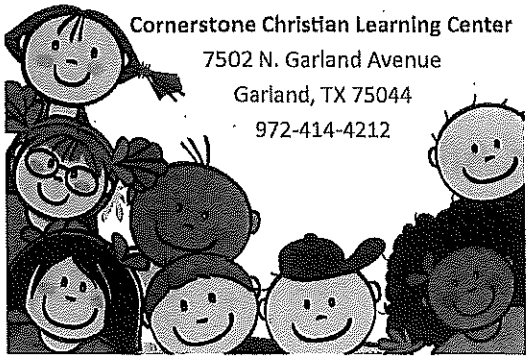
_____

**PLEASE NOTE:
If your child has a diagnosed food allergy we must have a Food Allergy Emergency Plan on file. This document is an individualized plan prepared by the child's health care professional. The plan must be signed by the health care professional and the parent. The form must contain the following information:

(1) a list of each food your child is allergic to;
(2) possible symptoms if exposed to a food on the list; and
(3) the steps to take if the child has an allergic reaction.

We have a form in the office (FARE Form) that we can provide to be completed by the health care professional and parent.

This requirement was established by the Minimum Standards for Child-Care Centers in subchapter 746.3817 and 746.3819.



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PARENT ENROLLMENT AGREEMENT & FINANCIAL POLICIES

Please read each statement below then sign and date in the space provided.

I have reviewed a copy of CCLC's Parent Handbook. I have read, understood and agree to abide by the policies/ procedures as stated, which includes the following:

- CCLC operates from 7:00 a.m. to 6:00 p.m. on school days.
- My child will be released only to persons I have officially authorized.
- CCLC cannot provide care for sick children, and I agree to comply with the program's written policies concerning illness.
- Medications must be in the original container (prescription or over-the-counter) and parents must complete an Authorization for Medication Form.
- CCLC cannot be responsible for personal belongings, including jewelry, money, electronics, and special items brought to school.
- A copy of the State of Texas Minimum Standard Rules for Child Care Centers is available for review along with the center's most recent Licensing Inspection Report.
- CCLC staff is obligated to report any suspicion of child abuse.
- A child may be dismissed if CCLC is unable to meet the physical, mental, or emotional needs of the child, or the parents do not comply with CCLC's policies.
- Two weeks' notice is required for withdrawal from the program. Without notice, the family is responsible for full tuition payment.
- Tuition is due on the first day of your child's class each month.
- Tuition is considered late after the 10th of the month.
- There will be a $25.00 late fee assessed if the payment is made after the 10th of the month.
- There will be a $35.00 fee assessed for returned checks.
- You may pay by cash, check or credit/debit card (3% fee added to credit/debit cards).
- Drop-In fees are due in the month the charges occur.
- Tuition is charged by the month regardless of the number of days in the month. Tuition will not be adjusted for absences, vacations, holidays, inclement weather or any unforeseen circumstances. There is no substituting of days if your child misses their scheduled day(s).
- Parents should notify the office in writing of their intention to decrease/increase the number of days the student attends school before the beginning of the month that the days are changing.
- Registration fees are non-refundable and are due at the time of enrollment each school year and/or summer session. The registration fee for the school year is $75.00 per child.
- The annual supply fee ($50.00) is due with your September tuition.
- A $1.00 early drop off fee will be assessed for every minute BEFORE 8:55 am unless you are registered for extended care. You will be asked to sign a form indicating you were early. The fee is due at the time of drop-off.
- A $1.00 late fee will be assessed for every minute AFTER 2:05 pm and/or after 6:05. You will be asked to sign a form indicating you were late. The fee is due at time of pick-up.

Parent Signature: _____ **Date:** _____

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HEALTH CARE ADMISSION REQUIREMENT

Child's Name: _____ Date of Birth: _____

DOCTOR'S SIGNATURE AND STATEMENT OF HEALTH

_____has been examined within the last year and he/she is able to take part in the preschool program.

_____ _____

Physician's Signature Date

_____ _____

Physician's Address Phone Number

Please attach a copy of the immunization record and Vision & Hearing Screening (required for 4-year olds), if applicable.

My child has been examined within the past year by a health care professional and is able to participate in the preschool program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the preschool office.

Name and address of the health care professional:

_____

_____

Parent Signature: _____ **Date:** _____