



REGISTRATION FORM 2024-2025

**Cornerstone
Weekday Preschool**
8947 Albemarle Rd
Charlotte, NC 28227
704-537-1097 x 22
704-566-8306 Fax

STUDENT INFORMATION

1st Enrolling Child

Name: _____ Female Male
Date of Birth: _____ Age as of **8/31/2024**: _____ Lives with: _____
Please choose a schedule: Tue/Thr Mon/Wed/Fri Mon/Tue/Wed/Thr/Fri

2nd Enrolling Child

Name: _____ Female Male
Date of Birth: _____ Age as of **8/31/2024**: _____ Lives with: _____
Please choose a schedule: Tue/Thr Mon/Wed/Fri Mon/Tue/Wed/Thr/Fri

3rd Enrolling Child

Name: _____ Female Male
Date of Birth: _____ Age as of **8/31/2024**: _____ Lives with: _____
Please choose a schedule: Tue/Thr Mon/Wed/Fri Mon/Tue/Wed/Thr/Fri

FAMILY INFORMATION

Parent/Guardian Primary Contact: _____ Relationship to child: _____
Primary Phone Number: _____ Secondary Phone Number: _____
Email address: _____ Employer: _____
Parent/Guardian Secondary Contact: _____ Relationship to child: _____
Primary Phone Number: _____ Secondary Phone Number: _____
Email address: _____ Employer: _____
Child's Primary Address: _____ City/State/Zip: _____
Child's Secondary Address: _____ City/State/Zip: _____
Parents Together/Separated: _____ Who has legal custody? _____
Language spoken at home? _____ Church home? _____
Name & birth date of non enrolling siblings _____

EMERGENCY CONTACT AUTHORIZATIONS

Name: _____	Relationship to child: _____
Phone Number: _____	PICK UP (circle choice): YES NO
Address: _____	City/State/Zip: _____
Name: _____	Relationship to child: _____
Phone Number: _____	PICK UP (circle choice): YES NO
Address: _____	City/State/Zip: _____
Name: _____	Relationship to child: _____
Phone Number: _____	PICK UP (circle choice): YES NO
Address: _____	City/State/Zip: _____
Name: _____	Relationship to child: _____
Phone Number: _____	PICK UP (circle choice): YES NO
Address: _____	City/State/Zip: _____

HANDBOOK ACKNOWLEDGEMENT AND MEDICAL AUTHORIZATION

*I give the director and teachers permission to administer first aid,
give CPR and to obtain necessary medical services on my child or children's behalf.*

Signature of Parent or Legal Guardian

Date

*By signing this form, I acknowledge I have received and have read the
***2024-2025 Cornerstone Weekday Preschool Parent Handbook** and
agree to abide by the policies and guidelines in the handbook.*

***REQUIRED** Signature of Parent or Legal Guardian

Date

***Signature is required to register your child/children for our Weekday Preschool Program.**