



Admission Application



CHILD'S INFORMATION

LAST NAME: FIRST NAME(S):

BIRTHDATE: GENDER:

PARENT(S):

STREET ADDRESS:

CITY: STATE: ZIP CODE:

E-MAIL ADDRESS:

PHONE NUMBER(S):



CLASS INFORMATION

WE ARE INTERESTED IN: T/TH PDO
 M/W/F 2's and 3's
 Pre-K



TELL US ABOUT YOUR FAMILY...

We want you to feel confident in sharing with us as little or as much information as you see fit. Please feel free to elaborate on an additional piece of paper if necessary.

Has your child had any previous group experiences? (i.e. play-dates, mommy-and-me classes, story-time, daycare, etc.)

What brings your family to Cornerstone?

Ideally what top three things would you like your child to come away with from their time at Cornerstone?

Please tell us about some of your child's favorite things.

We encourage our parents to share their talents and interests with their child's class. Please tell us about the ways you'd imagine yourself enriching your child's education. (i.e. a language lesson, musical event, crafting, etc.)

Does your child have any unique developmental, educational, or medical need you would like us to know about?

ANY QUESTIONS?

If you have any further questions please do not hesitate to contact Melissa Nelson, Membership Coordinator at timoluvstrains@yahoo.com or visit our school web-site at www.cornerstonecooperative.org where you may find more detailed information on tuition fees, staff and teacher profiles, and our cooperative culture.

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For office use only

Tour Date: Guided by: Date Application Received:

Brought to us by: Word of Mouth Publicity Alumna Web-site Other: _____

Application fee (\$25) paid by: Credit Card Check No. _____ Cash Received by _____

Given the 411: yes