CORNERSTONE COOPERATIVE PRESCHOOL

Enrollment Packet

Thank you for choosing Cornerstone Cooperative Preschool. Please complete all sections of this enrollment packet and submit the required documents listed at the end of the form.

Please submit all items to Chaney Greenwood, Director, either in person or via email at director@cornerstonecooperative.org.

CHILD INFORMATION

Child's Full Name: _____

Date of Birth: _____

Child Lives With (check one):

☐ **Both Parents** ☐ **Mother** ☐ **Father** ☐ **Guardian**

Are custody documents on file?

☐ **Yes** ☐ **No**

Child's Home Address

Street Address: _____

City: _____ State: _____ ZIP: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian 1

Name: _____

Relationship to Child: _____

Phone Number: _____

Address (if different from child's address):

_____

_____

Email Address: _____

_____

Parent/Guardian 2

Name: _____

Relationship to Child: _____

Phone Number: _____

Address (if different from child's address):

_____

_____

Email Address: _____

_____

EMERGENCY CONTACT

Please provide a contact person other than a parent/guardian.

Name: _____

Relationship to Child: _____

Phone Number: _____

Street Address: _____

City: _____ **State:** _____ **ZIP:** _____

AUTHORIZED PICK-UP PERSONS

I authorize Cornerstone Cooperative Preschool to release my child only to the individuals listed below. Children will only be released to a parent, guardian, or authorized individual after verification of identification.

Authorized Person #1

Name: _____

Phone Number: _____

Relationship to Child: _____

Authorized Person #2

Name: _____

Phone Number: _____

Relationship to Child: _____

HEALTH & MEDICAL INFORMATION

Special Care Needs

Does your child have any special care needs, including food intolerances, existing illnesses, environmental allergies, developmental concerns, or previous injuries?

☐ **Yes** ☐ **No**

If yes, please explain:

Food Allergies

Does your child have any diagnosed food allergies?

☐ **Yes** ☐ **No**

If yes, please list allergies:

Please submit an allergy action plan completed by your child's physician, along with any required emergency medication.

EMERGENCY MEDICAL AUTHORIZATION

In the event that I cannot be reached to arrange emergency medical care, I authorize the person in charge of Cornerstone Cooperative Preschool to obtain any necessary emergency medical treatment for my child.

Child's Physician

Physician Name: _____

Phone Number: _____

Address:

Preferred Emergency Care Facility

Facility Name: _____

Phone Number: _____

Address:

_____

_____

_____

Parent Authorization

I give consent for Cornerstone Cooperative Preschool to secure any necessary emergency medical care for my child should I be unavailable.

Parent/Guardian Signature: _____

Date: _____

_____

PARENT HANDBOOK

I acknowledge that I have reviewed the operational policies in the Parent Handbook. I understand that the Parent Handbook can be accessed at www.cornerstonecooperative.org/forms.

I have reviewed the following policies in the handbook:
-Discipline and Guidance
-Suspension and Expulsion
-Emergency Plans
-Procedures for Conducting Health Checks
-Safe Sleep
-Procedures for Parents to Discuss Concerns with the Director
-Procedures for Parents to Participate in Operation Activities
-Procedures for Release of Children
-Illness and Exclusion Criteria
-Procedures for Dispensing Medications
-Immunization Requirements for Children
-Meals and Food Service Practices

-Procedures to Visit the Center without Securing Prior Approval
-Procedures for Parents to Contact Child Care Licensing, DFPS, Child Abuse Hotline, and CCL website.
-Parent Rights

- ☐ **By checking this box, I indicate that I have read, understood, and agree to the Operational Policies of Cornerstone Cooperative Preschool.**

FIELD TRIPS

We take a few field trips a year. On a field trip each family is in charge of transporting themselves to and from. Parents are required to stay with their child for the duration of the field trip. Teachers and staff may NOT transport children to or from the field trip. Everyone will meet at the location. Field Trips are not mandatory. Please wear a CCP shirt (if possible) when attending a Cornerstone field trip.

I understand that I will transport my own child to and from the field trip. I also understand that I will stay with them for the duration of the trip.

YES NO

WATER ACTIVITIES

I give consent for my child to participate in water play activities such as the mud kitchen, water tables and sprinklers.

YES NO

PHOTOS AND VIDEOS

I give consent for photos and/or videos that include my child to be published and/or shared for educational and promotional purposes. (social media posts, advertisements, flyers, our website)

YES NO

SNACK

Snack will be served daily in each classroom. Toddlers: snack is provided by each child's parent. 2s3s & Pre-k: snack is provided by the day's parent helper.

I understand my child will be served a parent-provided morning snack while at school.

YES NO

PARENT ACKNOWLEDGMENT

I certify that the information provided in this enrollment packet is complete and accurate to the best of my knowledge.

Parent/Guardian Signature: _____

Date: _____

OFFICE USE ONLY

Date of Enrollment: _____

Date of Withdrawal: _____

Director Signature: _____

Date: _____