



A preschool for learning, laughing and loving

APPLICATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
First Last

Gender: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_  
Last (4) Four Digits of Child's Social Security#: \_\_\_\_\_ Language(s) spoken at home: \_\_\_\_\_

How did you learn about Cornerstone Children's Center? \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ Home phone: \_\_\_\_\_

Work/Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address (if different from above):

Home phone: \_\_\_\_\_

Work/Cell phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Other Children in Family:

Name(s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Notification (must be filled in)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Indicate medical or other condition(s) requiring special attention: \_\_\_\_\_  
(e.g. medical limitations on child's activities, allergies, medications, etc.) If None, state, None.

Doctor \_\_\_\_\_ Dentist \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

09/21/2017

90 Garth Road  
Scarsdale, NY 10583  
Tel: 914-472-6300 Fax: 914-472-6311  
Email: [info@cornerstonechildrenscenter.org](mailto:info@cornerstonechildrenscenter.org)  
[www.cornerstonechildrenscenter.org](http://www.cornerstonechildrenscenter.org)  
A Program of Management & Organization Support Services, LLC



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APPLICATION

Medical Form Required

Enrollment Information (Monthly Contract Duration)

- Fulltime - (5 Days: Monday - Friday Hours: 7:00am-6:30pm Drop-Off: Between 7:00am - 9:00am)

Start Date: \_\_\_\_\_

PARENT CONSENT FORM

I consent to the enrollment of \_\_\_\_\_ (child's name)

in the program offered by Cornerstone Children's Center and have been advised of the policies regarding fees, and services by Cornerstone Children's Center and the New York State Office of Children & Family Services regulations under which it operates.

I give permission to Cornerstone Children's Center for the following:

- 1. To seek emergency medical treatment for my child in the event I cannot be reached.
2. To have my child participate in field trips and outings under the supervision of the Cornerstone Children's Center staff.
3. To allow my child to be photographed and to allow any pictures in which my child appears to be released for publication in newspapers, brochures, for fund-raising or public relations.
4. To release my child to any of the following people if I am unable to pick him/her up providing I notify the teacher-in-charge (please include names and phone numbers) :

5a Name Telephone Cell Telephone Relationship

5b Name Telephone Cell Telephone Relationship

5c Name Telephone Cell Telephone Relationship

5d Name Telephone Cell Telephone Relationship

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FEE AGREEMENT & POLICY STATEMENT

Beginning on Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

I agree to pay for the care of my child in accordance to the following FEE SCHEDULE:

FAMILY REGISTRATION FEE: \$350

MONTHLY RATES

Table with 2 columns: Category (Infant, Toddlers, Preschool, Sibling discounts) and Amount (\$2250, \$2100, \$1925, 10%)

Cornerstone Children's Center does not discriminate on the basis of religion, race, color, national and ethnic origin in its admission policies or in the administration of its programs.

- 1. Enrollment is granted on a first-come, first-serve basis throughout the year. However, preference is given to children needing care 5 days a week. There is a one-time non-refundable registration fee of \$350. Each family must provide a \$500 security deposit. Your deposit will be applied to your last month's tuition only if a six week notice is given to the Business Manager. For admission, the parents must complete and sign the forms presented by Cornerstone Children's Center. These include: the Registration Form, the Parent Consent Form, the Policy Statement and the Health form which must be signed by a physician. No children can be admitted to the program unless all forms have been submitted, as required by law.
2. If your child will be absent from Cornerstone Children's Center, you must call 914-472-6300. Parents will be expected to arrange for their child to be picked up in the event the child shows signs of infectious disease or other illness while at Cornerstone Children's Center.
3. The Billing Procedures are as follows:
At the beginning of every month, parents are pre-billed for the coming month based on their requested schedule. No credit is applied for the bill if a child is absent for whatever reason. Bills are distributed at the beginning of the month. Payment is due by the 10th. Payment is late after the 20th. A \$20.00 late fee is applied after the 20th. Any bank charges we incur (e.g., for insufficient funds) are billed at \$20.00 per occurrence. No child can attend or continue to attend whose parents have not paid their monthly bill on time.
5. All children must be picked up by the parent/s who has registered the child or by an individual designated on the Consent Form. Cornerstone Children's Center closes at 6:30 PM daily, and all children must be picked up by 6:30 PM.
FIRST time late: \$15 each 1/2 hour
SECOND time late: \$20 each 1/2 hour
THIRD time late: \$25 each 1/2 hour
6. Parents must provide an emergency name and telephone number, a person who must be able to pick up the child when necessary, even in inclement weather.
7. Meals and Snacks are provided daily.
8. Cornerstone Children's Center reserves the right to refuse an application or dismiss a child at any time. Contractual fees will be refunded on a prorated basis. We agree to observe all rules of the program and to participate in activities at our own risk and in no way hold Cornerstone Children's Center, its officers, directors, and employees liable for accident or illness.

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PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### TO COMPLETE THIS APPLICATION

#### Application Checklist

1. Enclose a check for a \$350 non-refundable registration fee and the \$500 security deposit (applied to last month's tuition), payable to Cornerstone Children's Center which enrolls your child/ren in the program for the current year. (Refund is made if a child cannot be admitted for a lack of space.) *You will be billed for your first month tuition according to our billing policies.*
2. Complete and return the Application for Registration, the signed Parent Consent form and the signed Policy Statement.
3. Complete and return the medical form.
4. Mail the check, full application, signed Consent & Policy forms, and medical form to:

Cornerstone Children's Center  
90 Garth Road  
Scarsdale, NY 10583

#### IMPORTANT NOTICE

New York State Office of Children & Family Services, with whom we are registered, permits Cornerstone Children's Center *to accommodate a child only when all the documentation* is completely filled out, signed and received by us, i.e., the full application, signed policy & consent forms, and medical forms. Students whose records are incomplete are placed on a waiting list, unable to use the program.

If enrolling more than one child, kindly use separate forms. Please make a copy of the completed application(s) for your files.

Enrollment is on a first come, first serve, space available basis. For further information, contact Cornerstone Children's Center at:

**914-472-6300**

Thank you for your confidence in our program.

*ANY FREE TIME? PLEASE CALL! VOLUNTEERS KEEP COSTS DOWN!*

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*Dear Parent(s):*

*Please complete this form about your child. This information will be shared with appropriate staff of the Center when your child enters his/her new class. Thank you.*

Please describe one or two things that your child enjoys (ie. Favorite toys, games, etc):

---

Have there been any major changes in your child's life in the last six months? If yes, please explain:

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How does your child react to adults he/she does not know? \_\_\_\_\_

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Does your child have any specific fears, or are there any specific things that upset your child? If yes, please describe:

---

What does your child do when he/she gets upset? \_\_\_\_\_

How do you calm your child when he/she is upset? \_\_\_\_\_

Does your child have a diagnosed special need? Who made this diagnosis? At what age?

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Does your child have any allergies? If yes, please list allergies and symptoms: \_\_\_\_\_

Is your child currently on medication? If yes, please specify medication and purpose.

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Are there any other health issues we should be aware of?

---

Therapy services received: \_\_\_\_\_

Describe your child's communication skills (e.g., understanding, speech, reading and writing, ability to make needs known)

---

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Describe your child's social skills (e.g., relationships with peers and adults, play routines, ability to make transitions)

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Describe your child's daily living skills (e.g., caring for self, toileting)

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Describe your child's gross motor skills (e.g., hold head up, roll over, walking, running, jumping, keeping balance, and coordination)

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Describe your child's fine motor skills (e.g., manipulating objects, drawing, hold bottle)

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Describe your child's capabilities, interests, and special characteristics:

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Describe any emotional or behavioral issues: \_\_\_\_\_

Describe any sensory issues: \_\_\_\_\_

What would you like your child to achieve this year in the Center?

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Any other comments? \_\_\_\_\_

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