



Enrollment Application

Today's Date: ____/____/____

Start Date: ____/____/____

Child's Name: _____
(First) (MI) (Last)

Date of Birth: ____/____/____

Street Address: _____ City _____ Zip _____

Nick Name: _____ Primary Language: _____ Sex _____

Child's Schedule: MON: _____ TUE: _____ WED: _____ THURS: _____ FRI: _____

Parent/Guardian Information

Name: _____ Employer Name: _____

Relationship: _____ Work Address: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

Email: _____ Drivers License #: _____

Parent/Guardian Location When Child's in Care (Employer, School, etc.) _____

Hours of Employment, School, etc. _____

Parent/Guardian Information

Name: _____ Employer Name: _____

Relationship: _____ Work Address: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Business Phone: _____

Email: _____ Drivers License #: _____

Parent/Guardian Location When Child's in Care (Employer, School, etc.) _____

Hours of Employment, School, etc. _____

Parents/Guardian: Married _____ Divorced _____ Separated _____ Single _____

If parent/guardian is not together who does the child primarily live with? _____

Other Household Members:

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Name _____ Age _____ Relationship _____

Emergency Care Information: Insurance Carrier _____ Policy # _____

Eye Color: _____ Hair Color: _____ Sex: _____

Height: _____ Weight: _____ Race: _____

Identifying Marks: _____

Doctor Diagnosed Allergies, if any _____

Special Needs or concerns, please include speech, seizures, etc. : _____

Name of Physician/Clinic: _____ Office Phone _____

Address: _____

Name of Dentist: _____ Office Phone _____

Address: _____

Hospital Preference: (Circle One) RRMC 704-210-5000 or NEMC 704-783-3000



Child Release & Emergency Consent Information

(Application Continued)

One contact must be someone other than a household member

Name: _____ Relationship: _____
 Address: _____ Work Phone #: _____
 City/Town & Zip: _____ Evening Phone #: _____
 Drivers License #: _____ Cell Phone #: _____

Name: _____ Relationship: _____
 Address: _____ Work Phone #: _____
 City/Town & Zip: _____ Evening Phone #: _____
 Drivers License #: _____ Cell Phone #: _____

Name: _____ Relationship: _____
 Address: _____ Work Phone #: _____
 City/Town & Zip: _____ Evening Phone #: _____
 Drivers License #: _____ Cell Phone #: _____

Please give the names of additional persons who your child may be released to:

Name: _____ D.L. #: _____ Name: _____ D.L. #: _____
 Name: _____ D.L. #: _____ Name: _____ D.L. #: _____
 Name: _____ D.L. #: _____ Name: _____ D.L. #: _____

Parent Permission

Please circle one

INT.

Photograph	(yes) (no)	_____
Observation Permission	(yes) (no)	_____
Travel	(yes) (no)	_____
Walks	(yes) (no)	_____
Observation Permission	(yes) (no)	_____

Have you received the North Carolina Child Day Care Laws and Rules? (yes) (no) _____
 Have you received the Cornerstone Child Development Center Discipline Policy? (yes) (no) _____
 Have you read & understand the Cornerstone Child Development Center Parent Hand Book? (yes) (no) _____

I understand that every effort will be made to contact me in the event of an emergency requiring medical care for my child. If I cannot be reached, I understand the individuals below will be called. I hereby authorize Cornerstone Child Development Center to call an ambulance or provide appropriate faculty transportation to a hospital or medical facility to secure the necessary medical treatment. I understand Cornerstone Child Development Center faculty is trained in the basics of first aid/CPR. I hereby authorize them to give my child first aid/CPR. To ensure your child's safety, Cornerstone Child Development Center will release your child only to the parent(s), legal guardian(s) and those individual listed below. All individuals listed must be at least 16 years of age **AND** have legal photo identification. I understand that Cornerstone Child Development Center will **NOT** release my child to any individual picking up that is not listed on this form, unless I notify the Center in writing.

Parent/Guardian Signature Date

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

Administration Signature Date