



Pre-Enrollment Registration

Fill out each item on this form for a complete application. Start by placing your cursor in the blank for Child's Name, type it in and then use the "TAB" key to advance to the next item to fill in. For items to be checked, click on the blank to put a check mark in it. At the end, click on the "SUBMIT" button to email a completed form to Cornerstone School Allen.

CHILD INFORMATION:

Child's Name: _____ Current Age: _____
Address: _____ Date of Birth: _____ (mm/dd/yyyy)
Sex: ___ Male ___ Female
Requested Start Date: _____ (mm/dd/yyyy)
Part Time: ___ 2 Days (T, Th) ___ 3 Days (M, W, F) or Full Time: ___ 5 Days (M-F)

PARENT INFORMATION:

Mother's Name: _____ Marital Status: _____
Address: _____ Home Phone: _____
Email: _____ Cell Phone: _____
Employer: _____
Employer's Address: _____ Work Phone: _____

Father's Name: _____ Marital Status: _____
Address: _____ Home Phone: _____
Email: _____ Cell Phone: _____
Employer: _____
Employer's Address: _____ Work Phone: _____

MEDICAL INFORMATION:

Child's Known Allergies: _____
List Other Medical Problems: _____
List Physical Limitations: _____
List Emotional/Psychological Issues: _____

How did you hear about us? _____

NOTE: Prior to enrollment, all information must be completed and all registration, supply & tuition fees must be paid.

*Parent Signature: _____ Date: _____ (mm/dd/yyyy)

NOTE: By filling in this digital certified signature, you are agreeing that all information provided on this form is true and correct. You are agreeing with all terms & conditions of Cornerstone School Allen for conditional acceptance of your child.

SUBMIT