



**ENROLLMENT APPLICATION**  
**PERSONAL RECORD**

1. Child's Name Nickname  
2. Date of Birth Age Sex:  Male  Female  
3. Home Address  
City Zip Phone  
4. Parents are:  Living Together  Divorced  Separated  Widowed  
If divorced, who has custody?

5. MOTHER'S NAME  
Home Address  
City Zip Phone  
Occupation Employer  
Work Phone Work Hours

6. FATHER'S NAME  
Home Address  
City Zip Phone  
Occupation Employer  
Work Phone Work Hours

7. Persons other than parents authorized to pick up your child at CORNERSTONE.  
I. Name Phone  
Address Relationship  
II. Name Phone  
Address Relationship

\*\* Arrangements must be made, in advance, with the Center Director if on a particular day you wish someone other than one of the above, authorized individuals to pick up your child.

The following information will be beneficial in working with your child and will enable us to be more effective in dealing with situations that may arise. All information is kept confidential.

Parental expectations of the Program:

CORNERSTONE Enrollment  
HEALTH HISTORY

Child's Name

Allergies:

Any sight or hearing problems:

Are there any restrictions on physical activities?

Medical Dietary Information:

Medication Required/Condition:

Child's Physician/Medical Care Provider

Name

Address

City

Zip

Phone

Health Insurance Coverage for Child/Medical Assistance benefits:

Policy #

Parent/Guardian Signature is required to indicate consent:

X \_\_\_\_\_  
Obtaining Emergency Medical Care

X \_\_\_\_\_  
Administration of Minor First-Aid Procedures