

2017 Registration Form

Child's Name (last, first)	Date of Birth	Boy or Girl	Admission Date Fall 2017
Street Address	City	Zip	Home Phone
Mom's Name or Legal Guardian	Cell Phone	Can we text you?	Work Phone
Mom's Email or Legal Guardian	Date of Birth	Employer	
Dad's Name or Legal Guardian	Cell Phone	Can we text you?	Work Phone
Dad's Email or Legal Guardian	Date of Birth	Employer	
Who is the Primary Contact (mom, dad, or other)?			
<input type="checkbox"/> I have reviewed the above information for accuracy. Any incorrect or missing information has been noted.			
_____ Signature – Parent or Legal Guardian			_____ Date

Enrollment:

Number of days per week your child will attend: <input type="checkbox"/> 2 Days: T/Th <input type="checkbox"/> 3 Days: M/W/F <input type="checkbox"/> 4 Days: M-Th <input type="checkbox"/> 5 Days: M-F	Special Request: (based on availability only):
How did you hear about us? <input type="checkbox"/> Drive By <input type="checkbox"/> Internet Search <input type="checkbox"/> Friend, who can we thank: _____ <input type="checkbox"/> Other _____	

Emergency Contact and Authorizations:

I hereby authorize Cornerstone MDO <i>to contact</i> the following person in case of an emergency, <i>only when</i> the parents cannot be reached:		
Name	Address	Phone
I hereby authorize Cornerstone MDO to allow my child <i>to leave</i> the childcare facilities ONLY with the following persons after verification of valid I.D. If no one is listed AND CornerstoneMDO is unable to reach parents, TX DFPS will be called.		
Name	Phone	
Name		
Name		

Authorization for Emergency Medical Attention:

In the event I cannot be reached to make arrangements for emergency medical care, I authorize Cornerstone Mother's Day Out's designated employee to transport my child to:		
Physician's Name	Address	Phone Number
Emergency Medical Care Facility Dell Children's Hospital or Nearest Hospital	4900 Mueller Blvd, Austin TX 78723 Location to be chosen by EMS	512-324-0000
I give Cornerstone Mother's Day Out permission to secure any and all necessary emergency medical, hospital, or dental treatment for my child in the event of injury or illness while the child is in the care of the above named provider. <i>Note: I understand and agree that I would be financially responsible for any medical treatments necessary. I have full understanding that every attempt will be made to contact the parent or guardian in the event medical treatment is necessary. I understand that certain medical emergencies may not allow much time for contact of parent/guardian and that if a life-threatening situation arises, the provider will seek immediate medical attention.</i>		
_____ Signature – Parent or Legal Guardian		_____ Date

Special Health Considerations:

Student:

Does your child have any allergies? (food, animals, seasonal, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, have these allergies been diagnosed by a health care professional and determined to be potentially life threatening? <i>(If yes, the Food Allergy and Anaphylaxis Emergency Care Plan form must be completed by your child's physician).</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have and what are the triggers?		
How should we respond if he/she has an allergic reaction?		
Does your child have any dietary restrictions? Please any restrictions below <input type="checkbox"/> Red Meat (Beef/Pork) <input type="checkbox"/> Chicken <input type="checkbox"/> Gluten <input type="checkbox"/> Dairy <input type="checkbox"/> Nuts <input type="checkbox"/> Other (please list):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
My child is fully potty trained meaning they are able to communicate their need to use the restroom and has control until they reach the restroom.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, do you expect your child to be fully potty trained by the start of next school year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
List any special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, special needs, and any other information which caregivers may need to be aware of:		

Immunization Record:

Check all that apply

I have provided Cornerstone MDO with a copy of my child's most current immunization record.

I have provided a letter from my doctor stating the necessity for delaying immunizations.

I will provide Cornerstone MDO with a copy of my child's most current immunization record before starting school.

I have provided Cornerstone MDO with the Affidavit for Exemptions from Immunizations from the State of Texas.

Healthcare Statement

One of the following must be presented within one week of your child being admitted to Cornerstone MDO.
Please check only one option.

A signed and dated copy of a health care professional's statement is attached.

My child has been examined within the past year by a health care professional and is able to participate in a child day care program. Within 12 months of admission, I will obtain and submit to Cornerstone MDO a healthcare professional's signed statement. **(Note: Physician's name and address must be listed on the first page.)**

Signature – Parent or Legal Guardian _____
Date

Vision and Hearing (Required for 4 and 5 year olds only)

My child does not require a vision and hearing test because they are not 4 years old by September 1st of the current school year.

My child has had a vision and hearing and the results are attached.

My child will get a vision and hearing before the start of school, or I will participate in Cornerstone MDO screening in the fall

Signature – Parent or Legal Guardian _____
Date

Parent Contract

Student: _____

<input type="checkbox"/> Yes <input type="checkbox"/> No	I will pay the non-refundable registration fee and tuition deposit, due at registration, to secure my child's place in a class and to cover supply costs based upon the number of days my child is enrolled. <input type="checkbox"/> \$280 (2 Days) <input type="checkbox"/> \$385 (3 Days) <input type="checkbox"/> \$510 (4 Days) <input type="checkbox"/> \$590 5 Days \$100+180 \$125+\$260 \$150 + \$360 \$150 + \$440
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to pay the following annual tuition, payable in 9 equal payments , based upon the number of days my child is enrolled. <i>If enrolling after September 1st, annual tuition will be prorated based upon the remaining number of school days.</i> <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days <input type="checkbox"/> 4 days <input type="checkbox"/> 5 days \$1620/(\$180x9) \$2340/(\$260x9) \$3240/(\$360x9) \$3960/(\$440x9)
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that tuition is based upon the total number of school days per year and divided into 9 equal payments for convenience. It is not based on the number of school days per month. Even though some months have fewer school days than other months, I understand that tuition for these months is not prorated.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that 30 days advance written notice must be given if I decide to discontinue Cornerstone Mother's Day Out. In addition, I agree that by withdrawing before the end of the school year, my tuition will be recalculated at a daily rate of \$30 per day and I agree to pay the outstanding balance.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that if I withdraw from the program after March 31 st , I am still responsible for tuition for the remainder of the school year since spaces cannot be filled this late in the school year.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that if the tuition payment is not received by Cornerstone Mother's Day Out, by the agreed upon due day, a late fee of \$5.00 will be charged for each school day payment is not received.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that my child will be placed in the extended day program if I am more than 5 minutes late picking up my child. In addition, I also agree that I will pay the \$5.00 fee for my child being placed in extended day plus \$1.00 per minute past extended day pick-up time of 2:30.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that my child can be dropped off no earlier than 9:30 and picked up no later than 1:30 (2:30 if staying for extended day).
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that I must pay a \$25.00 fee should Cornerstone Mother's Day Out receive a check back due to insufficient funds.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give my child permission to eat a special snack provided by another parent during special event days or birthdays. I understand that Cornerstone Mother's Day Out is not responsible for it's nutritional value or for meeting the child's daily food needs.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I understand that withdrawals are not allowed for extended vacations.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I have received and read the Cornerstone Mother's Day Out Parent Handbook containing the written operational policies of the program including policies for discipline and guidance.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I agree to follow the Cornerstone Mother's Day Out policies and procedures.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give my child permission to participate in the Cornerstone Mother's Day Out program.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give Cornerstone Mother's Day Out permission to give my family's name, address, phone number and email to the parents of my child's classmates.
<input type="checkbox"/> Yes <input type="checkbox"/> No	I give Cornerstone Mother's Day Out permission to take photographs of my child during school. <i>Note: I understand the photographs will only be used for school related activities and will be shared with the parents of other children enrolled in Cornerstone Mother's Day Out via email or cd/dvd only. I will not share any photographs that I receive with anyone else except for my immediate family members, nor will I post them on any social media site unless the photograph is of my child only.</i>

By signing below, I agree that I have read and answered all of the above statements.

 Signature – Parent or Legal Guardian

 Date