

Cornerstone Christian Preschool Enrollment Questionnaire

For more information please visit our website! <http://www.cornerstonechristian.org/pre-school/>
Preschool Director Email: preschool@cornerstonechristian.org

Parent Name(s) _____

Child's Name _____

Child's Date of Birth _____

Is your child completely potty trained? Yes No *(This includes wiping for themselves)*
Is your child up to date on immunizations? Yes No (catching up) Medically Exempt

Address _____

Best phone number to be reached at (_____) _____

Email Address: _____

Which schedule are you considering?

_____ Preschool 8:15-12:15 (Half-day)

_____ Preschool & English Language Learning Extension 8:15-3:15 (Full-day)

How many days per week?

____ 5 ____ 4 ____ 3 ____ 2 Which days? Please circle: M Tu W Th F
We recommend MWF or TTh partial week schedules if possible.

When are you interested in beginning? _____ (month) 20____

Last Daycare(s) or Preschool(s) your child last attended _____

For office use only

Date received _____

Reply _____

Tour/App _____

First Day _____

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All children whose parents or guardians demonstrate by word and practice that they are Christians, hold a belief in the Bible as the infallible Word of God, and are members of a Trinitarian church which proclaims Jesus Christ as Lord and Savior are eligible for enrollment into Cornerstone Christian Preschool.

***If another child in your family is already enrolled at CCS we do not need this page filled out.*

What church does your family attend? _____

Church Attendance

_____ Every Sunday

_____ Occasionally (Indicate percentage such as 75%, 50%, etc.)

_____ Seldom

_____ Never

Please give a statement of your personal Christian faith (May use a separate paper)

In what ways, is your home a Christian home?

List three priorities regarding the education of your child.
