



**The Cornerstone School
561 Springfield Avenue
Summit, NJ 07901**

www.CornerstoneKids.org

908-277-4400

Today's date _____

APPLICANT INFORMATION

Child's name _____ Gender _____

Child's Nickname _____

Date of birth _____ Place of birth _____

Home Address _____

City _____ State _____ Zip _____

Home phone _____ Home e-mail _____

PARENT INFORMATION

Parent (s) or Guardian (s) with whom the child is living:

Name _____ Name _____

Relationship _____ Relationship _____

Occupation _____ Occupation _____

Employer _____ Employer _____

Work address _____ Work address _____

Work phone _____ Work phone _____

e-Mail _____ e-Mail _____

PARENT SIGNATURE

DATE

A \$50 Registration Fee is due at the time of application. Checks may be made payable to Cornerstone School of Summit.

FEES: _____ CHECK # _____ DATE: _____

FAMILY INFORMATION

Parent/ Guardian not listed above:

Name _____

Relationship _____

Home address _____

Home phone _____ Other Phone _____

e-Mail _____

Siblings: List the names and ages of your child's siblings.

Please describe the family pattern if the child does not live with both parents in one household.

If your child has other caregiver(s), please list their name(s) and contact information.

Name _____

Relationship _____

Primary Phone _____ Other Phone _____

List the names and phone numbers of anyone who has permission to pick up your child from school.

- 1.)
- 2.)
- 3.)

EMERGENCY CONTACT INFORMATION (other than parent/guardian)

Name _____ Relationship _____

Primary Phone _____ Other Phone _____

Physician's Name _____

Address _____

Phone Number _____

Select the program you would prefer.

**We accept students on a first come - first served basis,
and the director determines placement in a class.**

We will make every effort to accommodate your first request.

Nursery, 2-1/2 to 3 years old

Option 1: three days per week
Monday, Tuesday, and Wednesday
9-11:30 / 9-1

Option 2: two days per week
Thursday and Friday
9 – 11:30

Pre-K, 3-4 years old

choose 3, 4 or 5 days
M T W Th F
9-1 / 9-3 / 9-5:30

Kindergarten, 5 years old

Monday to Friday
five days per week
9-3 / 9-5:30

Signature _____

Date _____

EDUCATIONAL PROFILE

Describe your child's previous group experience. Include previous schools as well as enrichment classes or play groups.

What do you enjoy most about your child? What would you like to see enhanced?

What are you hoping to find at this school?

What aspects of your own education would you like your child to experience or avoid experiencing?

Parents are essential members of the school community. What are you hoping to gain from the Cornerstone experience? Do you have any special interests or skills you would like to share with the Cornerstone community? How would you like to be involved in your child's preschool or Kindergarten experience?

Cornerstone is a place that welcomes families of all faiths, cultures, abilities, and configurations. Is there anything you would like us to know so that we can better meet your family's needs in this program?