

Send Correspondence to:
 Cornerstone Homeschool Enrichment
 25320 W 247th Street
 Paola, Kansas 66071

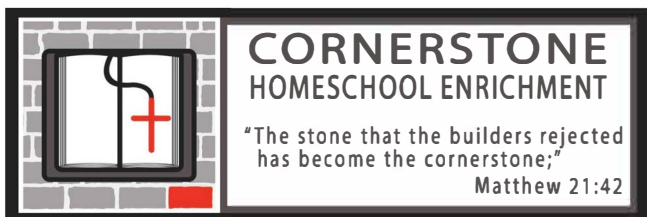
CORNERSTONE HOMESCHOOL ENRICHMENT ENROLLMENT PAPERWORK

MISSION: To support parents in educating their children to know God and live lives worthy of His calling by providing high quality, developmentally appropriate and engaging lessons based on God's word and the best research for each subject. Our goal is to support and nurture each child's own natural desire to be life-long learners. We are committed to the families we serve, providing support and encouragement.

NONDISCRIMINATORY POLICY: Cornerstone Homeschool Enrichment (CHE) welcomes children and families of all races, colors, religions, national and ethnic origins, sexes, and those children with disabilities that fall within CHE's resources and capabilities to serve effectively.

PLEASE PRINT CLEARLY and use BLUE or BLACK INK.

STUDENT INFORMATION			
First Name:		Last Name:	
Date of Birth:		Gender: Male Female	
Address:		City:	Zip Code:
PARENT/GUARDIAN INFORMATION			
Parent 1 Name:		Parent 2 Name:	
Parent 1 Phone:		Parent 2 Phone:	
Parent 1 Email:		Parent 2 Email:	
Parent/Guardian has an active custody arrangement for this child. <input type="radio"/> YES <input type="radio"/> NO			
Child lives with:	<input type="radio"/> Mother <input type="radio"/> Father	<input type="radio"/> Step-Mother <input type="radio"/> Step-Father	<input type="radio"/> Foster Parent <input type="radio"/> Grandparent <input type="radio"/> Relative <input type="radio"/> Other
<p>Read the following and sign where indicated.</p> <p>I/We have completed all sections on my/our Child and certify the information is correct.</p> <p>I/We understand that deliberate misrepresentation of my/our information may subject me/us to prosecution under applicable laws and that, if enrolled, my/our child's participation in the homeschool program may end.</p> <p>I/We further understand that, if necessary, additional documents may be requested and I/we will comply with this request.</p> <p>I/We understand that my/our child's complete Homeschool Application is confidential and will be held in strict confidence within The Cornerstone Homeschool Enrichment staff.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;"> <p>_____ Signature of Primary Parent</p> <p>_____ Signature of Secondary Parent</p> </div> <div style="width: 35%;"> <p>_____ Date</p> <p>_____ Date</p> </div> </div>			



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CHILD'S MEDICAL CONCERNS

Child's Name:

Date of Birth:

MEDICAL:

Please check one below and explain if necessary - use additional paper if needed.

- ☐ At this time, my child **does not** have a medical condition.
- ☐ My child has the following diagnosis/medical condition(s):

ALLERGY:

Please tell us about any known allergies (food or environmental) your child currently has. If your child has a food allergy which requires administration of an **EPI-PEN, Benadryl, or other medication**, please let us know immediately so that we can begin the process required to train the staff.

Please check one below and explain if necessary - use additional paper if needed.

- ☐ At this time, my child **does not** have any allergies
- ☐ My child has the following allergies:

DIETARY RESTRICTIONS:

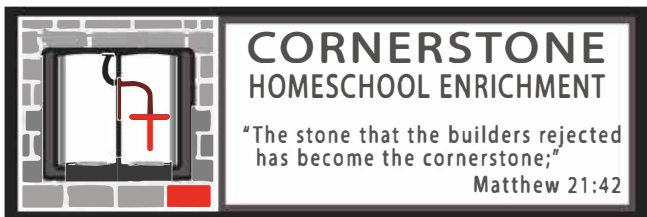
Please check one below and explain if necessary - use additional paper if needed.

- ☐ At this time, my child **does not** have a dietary or food restriction.
- ☐ My child has the following dietary or food restriction(s):

The information above is true to the best of my knowledge. I understand that it is my responsibility to immediately inform Cornerstone Homeschool Enrichment in writing if there is a change to the information indicated above. I understand CHE staff may contact me if additional information is required regarding my child's medical/allergies/dietary restrictions.

 Signature of Primary Parent

 Date



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POLICIES and CONSENT for EMERGENCY MEDICAL CARE FORM

Child's Name:

Date of Birth:

EMERGENCY MEDICAL CARE POLICIES:

Parents, you are responsible for making arrangements for alternate care for your child if he/she is ill, needs close supervision or has a contagious condition and cannot attend Cornerstone Homeschool Enrichment. You are also responsible for transportation if your child has an illness or minor injury while at Cornerstone Homeschool Enrichment, not sufficiently severe to warrant emergency medical transportation.

In the event your child becomes seriously ill or injured and requires immediate medical attention, he/she will be accompanied by staff and taken to the nearest hospital emergency room in an emergency medical vehicle. We will attempt to notify you at once. It is essential that your child's teacher and the hospital is able to locate you as soon as possible, to give either written or monitored verbal permission for comprehensive treatment. Please be sure to keep Cornerstone Homeschool Enrichment informed about how to reach you at all times.

You are responsible for the costs of medical treatment if your child is injured.

EMERGENCY CONTACT:

Please provide contact information for an alternate responsible adult to act on your behalf regarding your child's medical care in the event CHE staff is unable to reach you in an emergency.

Name:

Relationship:

Phone:

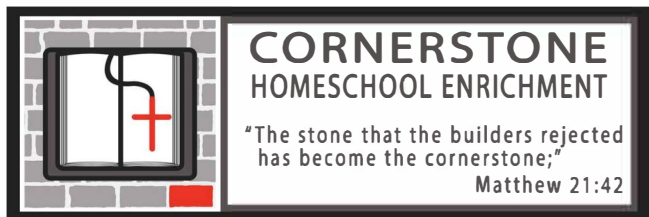
CONSENT for EMERGENCY MEDICAL CARE and OTHER HEALTH SERVICES:

My signature below indicates that I understand the Emergency Medical Care Policies and give consent for:

1. The administration of minor first aid to my child by CHE staff.
2. The emergency medical and/or dental care which may be necessary to preserve the life of my child or to prevent impairment of his/her health in the event that time does not permit obtaining my personal consent for such care. I understand that I will be contacted as soon as possible, and will assume responsibility for giving permission for ongoing care.

 Signature of Primary Parent

 Date



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MEDIA RELEASE

Child's Name(s):

Date of Birth:

Media Release:

CHE is requesting permission for your child(ren's) photo/image to be published on the CHE website and/or social media sites and printed marketing materials. These photos will only be used in official CHE materials. We will not include your child's name or any identifying information with the photos. If you decline permission we will not post any individual photos of your child and your child's image will be obscured or removed from group photos.

Initial Below:

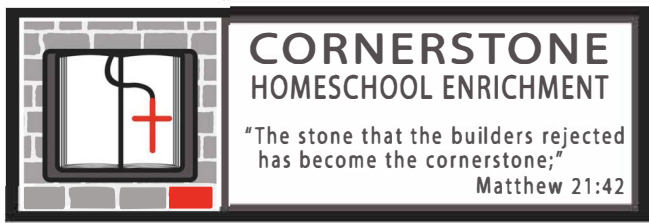
_____ I GRANT permission for photos/videos that include my child to be published on the CHE public web site, social media, and printed marketing materials.

_____ I GRANT permission for photos/videos to be published in PRINT ONLY, not on the website or on social media.

_____ I do NOT consent to the use of my child's image in any of CHE's materials. I understand that in the event a group photo is posted my child's face will be obscured.

Signature of Primary Parent

Date



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APPROVED FOR PICKUP

The following people have my permission to pick up _____ from Cornerstone Homeschool Enrichment.
(Child's Name)

Please include each individuals FULL NAME that matches their drivers license.

Full Name:	Full Name:
Relationship:	Relationship:
Phone:	Phone:
Full Name:	Full Name:
Relationship:	Relationship:
Phone:	Phone:
Full Name:	Full Name:
Relationship:	Relationship:
Phone:	Phone:
Full Name:	Full Name:
Relationship:	Relationship:
Phone:	Phone:
Full Name:	Full Name:
Relationship:	Relationship:
Phone:	Phone:

I understand that I am authorizing the above people to pick up my child from Cornerstone Homeschool Enrichment. I understand that I am responsible to communicate any changes to the above information to Cornerstone Homeschool Enrichment.

Child's Name

DOB

Signature of Primary Parent

Date

Signature of Secondary Parent

Date