

ENROLLMENT APPLICATION
CORNERSTONE CHILDREN'S CENTER
FIRST PRESBYTERIAN CHURCH
2407 DANA STREET, BERKELEY, CA 94704 (510) 848-6252 Ext. 226

NAME _____ BIRTHDATE _____

ADDRESS _____
Street Address City Zip Code

HOME PHONE _____ E-MAIL _____

FATHERS NAME _____

FATHERS ADDRESS _____

FATHERS WORK ADDRESS _____

FATHERS HOME PHONE _____ WORK PHONE _____

MOTHERS NAME _____

MOTHERS HOME ADDRESS _____

MOTHERS WORK ADDRESS _____

MOTHERS HOME PHONE _____ WORK PHONE _____

Mark the day(s) and hour(s) you are requesting in the box(es) below:

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30A-9:00A					
9:00A-3:00P					
3:00P-5:30P					

I would like to enroll beginning _____ (Month/Year).

I prefer the above days, but I could participate on the following day(s):

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
7:30A-9:00A					
9:00A-3:00P					
3:00P-5:30P					

RETURN THIS APPLICATION WITH YOUR \$100.00 NON-REFUNDABLE REGISTRATION FEE PAYABLE TO CORNERSTONE CHILDREN'S CENTER. You will be notified as soon as space is available. Cornerstone provides childcare to families of all kinds regardless of race, color, national or ethnic origin, sex, socioeconomic status or religion.

Please note: Effective 2016, families that are offered placement into the program are required to pay 1/2 months tuition as a deposit for their space. This deposit is non-refundable and will go towards the child's first month of tuition. Families that have been offered placement and confirmed their spot will forfeit the deposit if they choose not to enroll.

For office use only	Start date: _____	Date Received: _____
Reg. Fee rec'd. _____	Tuition: _____	Room _____
	Enrollment packet sent: _____	Computer _____