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 CELL PHONE_____WORK PHONE_____

MOTHERS NAME_____

MOTHERS HOME ADDRESS_____

MOTHERS WORK ADDRESS_____

MOTHERS CELL PHONE_____WORK PHONE_____

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

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30am-3:00pm					
8:30am-5:30pm					

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

RETURN THIS APPLICATION WITH YOUR **$150.00 NON-REFUNDABLE REGISTRATION FEE** PAYABLE TO: **First Pres. of Berkeley.** 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: 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 _____