

**CORNERSTONE EARLY EDUCATION CENTER**

95-1080 Ukuwai Street Mililani, Hawaii 96789

Phone: (808) 626-8798

**2019 SUMMER SESSION**

1. **CEEC MISSION:** *Cornerstone Early Education Center's mission is to provide the community with a Christ-centered high quality Weekday Early Education Center as an outreach ministry of Cornerstone Fellowship Mililani Mauka (A Southern Baptist Church).*
2. **CEEC DAYS & HOURS:** *Cornerstone Early Education Center is open Mondays - Fridays during the hours of 6:30 a.m. - 5:30 p.m. It is closed on all Federal and/or State holidays, the Friday after Thanksgiving, Good Friday, any announced teacher in-service training days, a break in December, March & May and closed on days as specified by the CEEC School Calendar. CEEC Office Hours are from 8 a.m. - 4 p.m. One may leave messages on the center's answering machine since it is checked periodically during school hours.*
3. **REGISTRATION:** *If a vacancy is available, interested parents whose child meets the admission requirements will have two (2) working days to complete registration forms and submit the Registration Fee.*
4. **REGISTRATION FEE:** *The Summer Registration Fee is \$100. It must be paid at the time of registration. The Registration Fee is non-refundable, non-transferable, and not applicable towards tuition.*
5. **TIME SCHEDULES, TUITION RATES, & PAYMENTS SCHEDULES:** *The Entire Tuition is due either in its entirety on the child's first day of school or by monthly payments. Once the CEEC Director signs the Parent Agreement and accepts the Registration Fee, the child's tuition payment is due regardless of the number of days, holidays, number of days a child is absent, or days CEEC is opened or closed within a particular month of the registered session. Parents must:*

- Check the line below next to the corresponding **tuition rate** by which tuition payment will be made.
- Sign Agreement below and be fully responsible for any and all financial obligations incurred at CEEC.
- Make Checks Payable to: CORNERSTONE EARLY EDUCATION CENTER or CEEC

**2019 Summer Session TIME SCHEDULE & TUITION RATES:**

\_\_\_\_\_ 6:30 a.m. - 5:30 p.m. .... The Entire Tuition is \$1680.00 \_\_\_\_\_ or \$840 per month \_\_\_\_\_

Monthly Tuition is due by or on the **first (1<sup>st</sup>) school day of each month.**

**30-Day WRITTEN Notice is required prior to withdrawing child from CEEC, otherwise the child's parent(s) is/are responsible to pay the entire tuition for the session they checked above upon the CEEC Director's demand.**

6. **PARENTS HANDBOOK:** *CEEC Policies and Procedures are covered in the 2019-2020 Parents' Handbook which is given at the orientation. Parents of registered children are required to abide by its policies.*

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**PARENT AGREEMENT FORM**

**We/I have read all the above statements thoroughly, fully understand, and willingly agree to abide by all CEEC policies and procedures.**

**We/I hereby register our/my child, whose legal name is \_\_\_\_\_, Male \_\_\_/Female \_\_\_ and whose birthday is \_\_\_\_\_, in Cornerstone Early Education Center's 2019 SUMMER Session (June 3, 2019 - July 19, 2019) for the time schedule and the corresponding tuition rate we/I have checked above.**

**As registering parent(s), we/I understand and fully agree to be responsible for all personal, legal, and financial obligations and agree to obey all CEEC rules as covered and required of us/me by our/my signing this parent agreement.**

Father/Legal Guardian Signature	Date	Mother/Legal Guardian Signature	Date
Home Address		Home Phone	
Father's Work/Phone: _____ / _____		Mother's Work/Phone: _____ / _____	
Accepted By CEEC: _____		Title: _____	
Paid: \$ _____		Check # / Cash _____	
Date: _____		Receipt # _____	

*Note: Both parents, as listed on the child's birth certificate, must sign the Parent Agreement form. Otherwise, the registering parent(s) must provide CEEC the legal proof of guardianship, such as a copy of the legal court document that declares full/joint custody to the registering parent(s).*

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**2019-2020 SCHOOL YEAR SESSION**

1. **CEEC MISSION:** *Cornerstone Early Education Center's* mission is to provide the community with a Christ-centered high quality Weekday Early Education Center as an outreach ministry of *Cornerstone Fellowship Mililani Mauka (A Southern Baptist Church)*.
2. **CEEC DAYS & HOURS:** *Cornerstone Early Education Center* is open Mondays - Fridays during the hours of 6:30 a.m. - 5:30 p.m. It is closed on all Federal and/or State holidays, the Friday after Thanksgiving, Good Friday, any announced teacher in-service training days, a break in December, March & May, and closed on days as specified by the CEEC School Calendar. CEEC Office Hours are from 8 a.m. - 4 p.m. One may leave messages on the center's answering machine since it is checked periodically during school hours.
3. **REGISTRATION:** If a vacancy is available, interested parents whose child meets the admission requirements will have two (2) working days to complete registration forms and submit the Registration Fee.
4. **REGISTRATION FEE:** The School Year Registration Fee is **\$250**. It must be paid at the time of registration. The registration fee is non-refundable, non-transferable, and not applicable towards tuition.
5. **TIME SCHEDULES, TUITION RATES, & PAYMENTS SCHEDULES:** The Entire Tuition is due either in its entirety on the child's first day of school or by monthly payments. Once the CEEC Director signs the Parent Agreement and accepts the Registration Fee, the child's tuition payment is due regardless of the number of days, holidays, number of days a child is absent, or days CEEC is opened or closed within a particular month of the registered session. Parents must:

- Check the line below next to the corresponding tuition rate by which tuition payment will be made.
- Sign Agreement below and be fully responsible for any and all financial obligations incurred at CEEC.
- Make Checks Payable to: CORNERSTONE EARLY EDUCATION CENTER or CEEC

**SY 2019-2020 Session TIME SCHEDULE & TUITION RATE:**

\_\_\_\_\_ 6:30 a.m. - 5:30 p.m. .... The Entire Tuition is \$8400.00 \_\_\_\_\_ or (\$840 per month) \_\_\_\_\_

**Monthly Tuition is due by or on the first (1<sup>st</sup>) school day of each month.**

**30-Day WRITTEN Notice is required prior to withdrawing child from CEEC, otherwise the child's parent(s) is/are responsible to pay the entire tuition for the session they checked above upon the CEEC Director's demand.**

6. **PARENTS HANDBOOK:** CEEC Policies and Procedures are covered in the 2019-2020 Parents' Handbook which is given at the orientation. Parents of registered children are required to abide by its policies.

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**PARENT AGREEMENT FORM**

We/I have read all the above statements thoroughly, fully understand, and willingly agree to abide by all CEEC policies and procedures.

We/I hereby register our/my child, whose legal name is \_\_\_\_\_, Male \_\_\_/Female \_\_\_ and whose birthday is on \_\_\_\_\_, in Cornerstone Early Education Center's 2019-2020 School Year Session (July 29, 2019 - May 22, 2020) for the time schedule and the corresponding tuition rate we/I have checked above.

As registering parent(s), we/I understand and fully agree to be responsible for all personal, legal, and financial obligations and agree to obey all CEEC rules as covered and required of us/me by our/my signing this parent agreement.

\_\_\_\_\_ Father/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Mother/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Father's Work/Phone: \_\_\_\_\_ / \_\_\_\_\_ Mother's Work/Phone \_\_\_\_\_ / \_\_\_\_\_  
Accepted By CEEC: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Paid: \$ \_\_\_\_\_ Check #/Cash \_\_\_\_\_ Receipt #: \_\_\_\_\_

*Note: Both parents, as listed on the child's birth certificate, must sign the Parent Agreement form. Otherwise, the registering parent(s) must provide CEEC the legal proof of guardianship, such as a copy of the legal court document that declares full/joint custody to the registering parent(s).*

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**STUDENT CONFIDENTIAL INFORMATION FORM**

\_\_\_\_\_ 2019 Summer Session / \_\_\_\_\_ 2019-2020 School Year Session

**Child's Full Legal Name:** \_\_\_\_\_ Male \_\_\_/Female \_\_\_

Child's Nickname(s): \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Previous Preschool Experience: \_\_\_\_\_

**HOME LIFE INFORMATION**

**Child Lives With** (check all that apply):

\_\_\_ Father \_\_\_ Mother \_\_\_ Brother(s) \_\_\_ Sisters(s) \_\_\_ Grandparent(s)

Other(s): \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

Interests, Hobbies & Skills: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

Interests, Hobbies & Skills: \_\_\_\_\_

**Names and Ages of Other Children At Home:**

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**HEALTH INFORMATION**

Describe your child's....

**Appetite:** \_\_\_\_\_

**Sleeping Habits:** \_\_\_\_\_

**Physical Aspects** (IMPORTANT: please list all allergies and/or any medical restrictions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Social /Mental Aspects** (interactions with others, fears, etc.): \_\_\_\_\_

**PARENTS' VIEWS:**

**...ON DISCIPLINE:** \_\_\_\_\_

**...ON RELIGION:** \_\_\_\_\_

**REASONS FOR SELECTING CORNERSTONE EARLY EDUCATION CENTER for your child** (please check all that apply):

\_\_\_ Recommended By Family or Friend \_\_\_ Facility \_\_\_ Days Offered  
\_\_\_ Hours Offered \_\_\_ Staff \_\_\_ Program & Activities

Other Reasons: \_\_\_\_\_

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**OVERALL PARENTAL PERMISSIONS**

\_\_\_\_\_ 2019 Summer / \_\_\_\_\_ 2019-2020 School Year

**1. STUDENT PARTICIPATION:**

As registering parent(s), we/I hereby grant our/my permission for our/my child, (legal name) \_\_\_\_\_ to participate in all field trips and school activities scheduled by CEEC. We/I also understand that a prior notice (through a class newsletter, Parent Bulletin, and/or School Calendar) will be placed in our/my child's take-home file folder and/or posted on the school's bulletin board to keep us/me informed of any scheduled field trip and/or school activities.

We/I understand that if we/I decide not to let our child go on any particular field trip or participate in any particular school event that we understand that we will be responsible for finding alternate care for our child at our own expense. We/I understand that our decision will not decrease nor increase our child's registration fee and/or tuition in any manner.

We/I also hereby grant our/my permission to *Cornerstone Early Education Center (CEEC)* staff to take our/my child on occasional walks near *Cornerstone Early Education Center (CEEC)*. We/I understand that these walks may occur without prior notice.

**2. USE OF VIDEO/PHOTO/USE OF CHILD'S ART WORK PERMISSION:**

We/I understand that photos, videos, and/or art work of CEEC children will be used periodically within the center and its events and that usually these items will be used for art projects, promotional, and/or news and/or educational purposes for *Cornerstone Early Education Center (CEEC)* and/or *Cornerstone Fellowship Mililani Mauka (A Southern Baptist Church)*. Whenever possible, we/I understand that we will be notified of such use. However, we/I understand that in some cases in which pictures or videos contain groups of children or the items are used after the school session ends, it may be difficult or impossible to be informed of such use. Therefore, we/I hereby grant our/my permission for *Cornerstone Early Education Center (CEEC)* and/or *Cornerstone Fellowship Mililani Mauka Church* to use any picture or art item of our/my child and/or ourselves/ myself for publication use, promotional use, educational use, and/or for news articles at anytime.

**3. MEDICAL ACTION PERMISSION:**

As parent(s)/legal guardian(s), we/I give consent for our/my child to receive immediate first aid by CEEC staff in the event of an incident in which my child may require medical attention.

In the event of a medical emergency (illness and/or injury) involving our/my child and we/I and/or none of our/my authorized emergency student release person(s) cannot be contacted, we/I hereby agree and authorize a CEEC staff member and/or an EMS personnel have our/my child taken to the nearest medical emergency facility for treatment.

We/I understand and assume full responsibility and all financial obligations for such medical decision(s) made by a CEEC staff member and/or the EMS personnel.

We/I give consent for any of our/my listed authorized person(s) we/I have listed on our/my child's CEEC Emergency Student Release Authorization form and/or a CEEC staff member to act on our/my behalf until we/I are/am available.

In the event of incidents involving injuries and/or loss of property involving my child anywhere on or off the CEEC campus, we/I agree that *Cornerstone Early Education Center*, its staff, its WEE Team, *Cornerstone Fellowship Mililani Mauka Church*, and its affiliates will not be held responsible.

\_\_\_\_\_  
Father/Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother/Legal Guardian's Signature

\_\_\_\_\_  
Date



**4. PARENTAL PERMISSION TO ADMINISTER MEDICATION:**

As stated in *Cornerstone Early Education Center (CEEC) Parents' Handbook [2019 - 2020]*, we/I understand that if we/I want to grant permission and to instruct CEEC staff to give our/my child,

\_\_\_\_\_ , medication at any particular time during the **2019 Summer Session and/or 2019-2020 School Year**, we/I must complete this Overall Parental Permission Form and especially this section regarding Permission to Administer Medication and submit it to the CEEC Director for this form to be placed in our/my child's CEEC office file for future reference.

*We/I hereby declare that we/I grant our/my permission to Cornerstone Early Education Center (CEEC) staff to give medication as we/I direct as the need arises to our/my child provided that administering such a medication will not cause undue hardship on staff or the operation of CEEC.*

When the need arises, we/I will complete and sign the CEEC's AUTHORIZATION TO ADMINISTER MEDICATION form in which we will provide the following information for the CEEC staff: **1) Name of Child; 2) Name of Medication; 3) Physician's Name; 4) Physician's Phone; 5) Amount of Dosage To Be Given; 6) Time(s) Dosage Is To Be Given; 7) and Date(s) the Medication is to be given.** We also understand that **all medication must be in its original container with the child's name and physician's name on it.** Also, we/I will provide all medical equipment/utensils needed to administer the medication.

*In any event, we/I do not and will not hold Cornerstone Early Education Center, it's staff, it's WEE Team, Cornerstone Fellowship Mililani Mauka Church, and/or any of their affiliates responsible for any side effects and/or for not administering the medication.*

**OVERALL PARENTAL PERMISSION FORM**

*We/I declare that we/I have full/joint legal custody and hereby willingly assume full personal and legal responsibility for granting all permissions listed on page 1 and page 2 of this Overall Parental Permission Form for our child whose legal name is: \_\_\_\_\_*

*birth date: \_\_\_\_\_ for the following registered (checked) sessions at CEEC:*

- 2019 Summer Session (Jun.- Jul.)
- 2019-2020 School Year Session (Aug.- May)

Father/Legal Guardian's Signature	Date	Mother/Legal Guardian's Signature	Date
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Child's Home Address	Home Phone
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Father's Work Place: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Mother's Work Place: \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

**Note:** *Both parents as stated on the child's birth certificate must sign all CEEC Parent Agreement, Student Emergency Release, and this Overall Parental Permission forms. Otherwise, the registering parent(s) must provide CEEC the legal proof of guardianship, such as a copy of the legal court document that declares full/joint custody to the registering parent(s).*

**PARENTS MUST INFORM CEEC OFFICE IMMEDIATELY IN WRITING OF ANY CHANGES TO THIS FORM.**

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**STUDENT EMERGENCY RELEASE AUTHORIZATION**

\_\_\_\_\_ 2019 Summer / \_\_\_\_\_ 2019-2020 School Year

*PARENTS MUST INFORM CEEC OFFICE IMMEDIATELY IN WRITING OF ANY CHANGES TO THIS FORM.*

Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Workplace: \_\_\_\_\_

Work Address: \_\_\_\_\_

Alternate Ways Can Be Contacted: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Workplace: \_\_\_\_\_

Work Address: \_\_\_\_\_

Alternate Ways Can Be Contacted: \_\_\_\_\_

Email Address: \_\_\_\_\_

**AUTHORIZED PERSONS:**

Name \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

**Parent(s)/Legal Guardian(s) Consent and Agreement for Emergency Student Release**

*We/I hereby give our/my permission for CEEC staff to contact and/or to release our/my child to any of the above persons we/I have listed in the Authorized Persons section of this form in the event of an emergency (pick-up, medical, and/or disaster) involving our/my child whose name is stated above when effort to contact us fails and/or to act on our/my behalf for the welfare of our/my child. We/I willingly assume full personal and financial obligations and responsibilities for this consent.*

\_\_\_\_\_  
Father's/Legal Guardian's Signature Date

\_\_\_\_\_  
Mother's/Legal Guardian's Signature Date

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**ADDITIONAL AUTHORIZED PERSONS**

**FOR**

**STUDENT EMERGENCY RELEASE AUTHORIZATION**

\_\_\_\_\_ 2019 Summer / \_\_\_\_\_ 2019-2020 School Year

*PARENTS MUST INFORM CEEC OFFICE IMMEDIATELY IN WRITING OF ANY CHANGES TO THIS FORM.*

Child: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_ Home Phone: \_\_\_\_\_

**ADDITIONAL AUTHORIZED PERSONS:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

**Parent(s)/Legal Guardian(s) Consent and Agreement for Emergency Student Release**

*We/I hereby give our/my permission for CEEC staff to contact and/or to release our/my child to any of the above persons we/I have listed in the Authorized Persons section of this form in the event of an emergency (pick-up, medical, and/or disaster) involving our/my child whose name is stated above when effort to contact us fails and/or to act on our/my behalf for the welfare of our/my child. We/I willingly assume full personal and financial obligations and responsibilities for this consent.*

\_\_\_\_\_  
Father's/Legal Guardian's Signature      Date

\_\_\_\_\_  
Mother's/Legal Guardian's Signature      Date