

Welcome,

Thank you for your interest in Cornerstone. We believe children are a gift from God and we are honored that you would consider trusting us with yours. Before getting started with the enrollment process, we would like to tell you a little bit about who we are.

Cornerstone is a non-profit organization that was founded in 2005. The original aim of Cornerstone was to provide a Bible-based educational environment to the Bastrop community. For over a decade, Cornerstone High School did just that. However, after seeing a bigger need for Christian education at younger grades, we restructured our organization. In August of 2019, Cornerstone started offering programs exclusively for toddlers and kindergarteners, and Cornerstone High School became Cornerstone Christian Academy.

Although our organization's heart had not changed, our new plan was to adapt to the needs of our community and then grow with our families. Cornerstone still aims to provide a Bible-based educational environment to the Bastrop community. We have just reimagined the way we are accomplishing that goal.

We were truly blessed in our first year after restructuring and wanted to continue seeking the needs of our families. For this reason, in addition to the other programs we had started, we decided to launch a first through third grade program in August of 2020. Cornerstone now offers a Christian educational environment for toddlers through third grade.

Below is a brief summary of why we exist, what's important to us, and what we want to accomplish together. We hope this information will help you make the best decision for your child.

**Mission:** To help parents lay a foundation for their children to build meaningful lives upon.

**Values:** Christianity, personal responsibility, collaboration, curiosity, and character.

**Vision:** Our goal is to foster a vibrant, faith-based toddler through twelfth grade community that helps parents teach and equip their children with the knowledge and resources they need to go live excellent and meaningful lives that positively impact Bastrop, its surrounding communities, and the world.

### How do I get my child enrolled?

1. Complete and return Form 2935.
2. Complete and return the Tuition and Fees form.
3. Pay the application fee.
4. Provide immunization records or affidavit.
5. Complete and return the FARE form, if applicable.
6. Complete and return the Authorization for Dispensing Medication form, if applicable.
7. Provide vision and hearing records, if applicable.
8. Attend orientation.
9. Pay the supply fee and first month of tuition.
10. That's it! We look forward to partnering with your family.



### Admission Information

Use this form to collect all required information about a child enrolling in day care.

**Directions:** The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

#### General Information

Operation's Name		Director's Name	
Child's Full Name	Child's Date of Birth	Child Lives With <input type="radio"/> Both parents <input type="radio"/> Mom <input type="radio"/> Dad <input type="radio"/> Guardian	
Child's Home Address		Date of Admission	Date of Withdrawal
Name of Parent or Guardian Completing Form	Address of Parent or Guardian (if different from the child's)		
List telephone numbers below where parents/guardian may be reached while child is in care.			
Parent 1 Telephone No.	Parent 2 Telephone No.	Guardian's Telephone No.	Custody Documents on File <input type="radio"/> Yes <input type="radio"/> No
Give the name, address, and phone number of the responsible individual to <b>call in case of an emergency</b> if parents/guardian cannot be reached			Relationship
I authorize the child care operation to <b>release</b> my child to leave the child care operation <b>ONLY</b> with the following persons. Please list name and telephone number for each. Children will only be released to a parent or guardian or to a person designated by the parent/guardian after verification of ID.			
Name		Phone Number	
Name		Phone Number	
Name		Phone Number	

#### Consent Information

Check All That Apply:	
<b>1. Transportation</b>	
I give consent for my child to be transported and supervised by the operation's employees:	
<input type="checkbox"/> for emergency care	<input type="checkbox"/> on field trips
<input type="checkbox"/> to and from home	<input type="checkbox"/> to and from school
<b>2. Field Trips</b>	
<input type="radio"/> I give consent for my child to participate in field trips.	
<input type="radio"/> I do not give consent for my child to participate in field trips.	
Comments	

### 3. Water Activities

I give consent for my child to participate in the following water activities:

- ☐ water table play    ☐ sprinkler play    ☐ splashing/wading pools    ☐ swimming pools    ☐ aquatic playgrounds

### 4. Receipt of Written Operational Policies (Check All that Apply)

I acknowledge receipt of the facility's operational policies, including those for:

- |  |   |
|--|---|
| <input type="checkbox"/> Discipline and guidance                                       | <input type="checkbox"/> Procedures for release of children   |
| <input type="checkbox"/> Suspension and expulsion                                      | <input type="checkbox"/> Illness and exclusion criteria   |
| <input type="checkbox"/> Emergency plans   | <input type="checkbox"/> Procedures for dispensing medications  |
| <input type="checkbox"/> Procedures for conducting health checks                       | <input type="checkbox"/> Immunization requirements for children   |
| <input type="checkbox"/> Safe sleep  | <input type="checkbox"/> Meals and food service practices   |
| <input type="checkbox"/> Procedures for parents to discuss concerns with the director  | <input type="checkbox"/> Procedures to visit the center without securing prior approval   |
| <input type="checkbox"/> Procedures for parents to participate in operation activities | <input type="checkbox"/> Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website |

### 5. Meals

I understand that the following meals will be served to my child while in care:

- ☐ None    ☐ Breakfast    ☐ Morning snack    ☐ Lunch    ☐ Afternoon snack    ☐ Supper    ☐ Evening snack

### 6. Days and Times in Care

My child is normally in care on the following days and times:

Day of the Week	A.M.	P.M.
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

### Authorization For Emergency Medical Attention

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician	Address	Phone Number
Name of Emergency Care Facility	Address	Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
Signature — Parent or Legal Guardian



### Child's Additional Information Section

List any special needs that your child may have, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? ☐ Yes ☐ No Plan Submitted on \_\_\_\_\_

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY).

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### School Age Children

My child attends the following school

School Phone Number

My child has permission to (check all that apply):

☐ walk to or from school or home ☐ ride a bus ☐ be released to the care of his/her sibling under 18 years old

Authorized pick up/drop off locations other than the child's address

☐ Child's required immunizations, vision and hearing screening, and TB screening are current and on file at their school.

### Admission Requirement

If your child does not attend pre-kindergarten or school away from the child care operation, one of the following must be presented when your child is admitted to the child care operation or within one week of admission.

Check **only one** option:

1. ☐ Health Care Professional's Statement: I have examined the above named child within the past year and find that he or she is able to take part in the day care program.

\_\_\_\_\_  
Signature — Health Care Professional

\_\_\_\_\_  
Date Signed

2. ☐ A signed and dated copy of a health care professional's statement is attached.
3. ☐ Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.
4. ☐ My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to the child care operation.

Name

Address of Health Care Professional

\_\_\_\_\_  
Signature — Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

### Requirements for Exclusion

- ☐ I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.
- ☐ I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of.

### Vision Exam Results

Right Eye 20/      Left Eye 20/      ☐ Pass      ☐ Fail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### Hearing Exam Results

Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail	
Right				<input type="radio"/> Pass	<input type="radio"/> Fail
Left				<input type="radio"/> Pass	<input type="radio"/> Fail

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

### Vaccine Information

The following vaccines require multiple doses over time. Please provide the date your child received each dose.

Vaccine	Vaccine Schedule	Dates Child Received Vaccine
Hepatitis B	Birth (first dose)	
	1–2 months (second dose)	
	6–18 months (third dose)	
Rotavirus	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
Diphtheria, Tetanus, Pertussis	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	15–18 months (fourth dose)	
	4–6 years (fifth dose)	
Haemophilus Influenza Type B	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	
	12–15 months (fourth dose)	
Pneumococcal	2 months (first dose)	
	4 months (second dose)	
	6 months (third dose)	



Vaccine	Vaccine Schedule	Dates Child Received Vaccine
	12–15 months (fourth dose)	
Inactivated Poliovirus	2 months (first dose)	
	4 months (second dose)	
	6–18 months (third dose)	
	4–6 years (fourth dose)	
Influenza	Yearly, starting at 6 months. Two doses given at least four weeks apart are recommended for children who are getting the vaccine for the first time and for some other children in this age group.	
Measles, Mumps, Rubella	12–15 months (first dose)	
	4–6 years (second dose)	
Varicella	12–15 months (first dose)	
	4–6 years (second dose)	
Hepatitis A	12–23 months (first dose)	
	The second dose should be given 6 to 18 months after the first dose.	

#### Physician or Public Health Personnel Verification

Signature or stamp of a physician or public health personnel verifying immunization information above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

#### Varicella (Chickenpox)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement: My child had varicella disease (chickenpox) on or about (date) \_\_\_\_\_ and does not need varicella vaccine.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

#### Additional Information Regarding Immunizations

For additional information regarding immunizations, visit the Texas Department of State Health Services website at [www.dshs.state.tx.us/immunize/public.shtm](http://www.dshs.state.tx.us/immunize/public.shtm).

#### TB Test (If Required)

☐ Positive ☐ Negative Date: \_\_\_\_\_

### Gang Free Zone

Under the Texas Penal Code, any area within 1,000 feet of a child care center is a gang-free zone, where criminal offenses related to organized criminal activity are subject to harsher penalties.

### Privacy Statement

HHSC values your privacy. For more information, read our privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>

### Signatures

\_\_\_\_\_  
Child's Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Center Designee

\_\_\_\_\_  
Date Signed



Cornerstone Christian Academy  
Tuition and Fees  
2020-2021 School Year

Program	Days	Hours	Age	Annual	Monthly
Toddler Half Day	Tuesday – Thursday	7:30am – 12:30pm	18 months – 3 years	\$4,750	\$475
Toddler Full Day	Tuesday – Thursday	7:30am – 3:00pm	18 months – 3 years	\$5,250	\$525
Toddler Extended Day	Tuesday – Thursday	7:30am – 6:00pm	18 months – 3 years	\$5,750	\$575
Toddler Half Day	Monday – Friday	7:30am – 12:30pm	18 months – 3 years	\$5,300	\$530
Toddler Full Day	Monday – Friday	7:30am – 3:00pm	18 months – 3 years	\$6,300	\$630
Toddler Extended Day	Monday – Friday	7:30am – 6:00pm	18 months – 3 years	\$7,500	\$750
Early Childhood Half Day	Monday – Friday	7:30am – 12:30pm	3 years – 6 years	\$5,200	\$520
Early Childhood Full Day	Monday – Friday	7:30am – 3:00pm	3 years – 6 years	\$6,200	\$620
Early Childhood Ext. Day	Monday – Friday	7:30am – 6:00pm	3 years – 6 years	\$7,350	\$735
Lower Elementary Full Day	Monday – Friday	7:30am – 3:00pm	6 years – 9 years	\$6,200	\$620
Lower Elementary Ext. Day	Monday – Friday	7:30am – 6:00pm	6 years – 9 years	\$7,900	\$790

- Please check the program that you are applying for.
- The first of 10 monthly payments will be a **non-refundable** deposit and is due on May 1<sup>st</sup>.
- The second of 10 installments is due on August 1<sup>st</sup> and then on the first of each month during the school year (except May).
- There is a 5 percent discount off annual tuition if paid before August 1<sup>st</sup>.
- There is a 5 percent discount off the tuition of each **additional** sibling that is enrolled.
- Tuition will not be prorated.

Fee Description	Amount
Application Fee (non-refundable)	\$75
Current Student Re-Enrollment Fee (non-refundable) (due at enrollment)	\$50
New Student Enrollment Fee (non-refundable) (due at enrollment)	\$100
Toddler and EC Supply Fee (non-refundable) (due twice a year on August 1 <sup>st</sup> and January 1 <sup>st</sup> )	\$100
Lower Elementary Supply Fee (non-refundable) (due twice a year on August 1 <sup>st</sup> and January 1 <sup>st</sup> )	\$150
<ul style="list-style-type: none"> <li>• Pickup and drop-off times are firm and fees will begin to accumulate 5 minutes before/after each student's regular program hours start/end.</li> <li>• If payment is not received by the first of the month late fees will be assessed and the students may be excluded from care until unpaid tuition is reconciled in full.</li> <li>• There will be a \$35 fee for all returned checks.</li> </ul>	

**IMPORTANT:** Enrollment assumes that the student will be enrolled for the full school year. If a reason arises for the student to withdraw early from school, the parent or legal guardian must provide 30 days' written notice to the Headmaster. This includes changes made over the summer that result in the student withdrawing before the school year begins. **If the student's space cannot be filled immediately from the waiting pool, the parent or legal guardian will be responsible for the tuition for 30 days following the date of withdrawal.**

Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Allergy to: \_\_\_\_\_

 Weight: \_\_\_\_\_ lbs. Asthma: ☐ **Yes (higher risk for a severe reaction)** ☐ **No**

**PLACE  
PICTURE  
HERE**

**NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.**

**Extremely reactive to the following allergens:** \_\_\_\_\_

**THEREFORE:**

- ☐ If checked, give epinephrine immediately if the allergen was **LIKELY** eaten, for **ANY** symptoms.
- ☐ If checked, give epinephrine immediately if the allergen was **DEFINITELY** eaten, even if no symptoms are apparent.

FOR **ANY** OF THE FOLLOWING:  
**SEVERE SYMPTOMS**



**LUNG**

Shortness of breath, wheezing, repetitive cough



**HEART**

Pale or bluish skin, faintness, weak pulse, dizziness



**THROAT**

Tight or hoarse throat, trouble breathing or swallowing



**MOUTH**

Significant swelling of the tongue or lips



**SKIN**

Many hives over body, widespread redness



**GUT**

Repetitive vomiting, severe diarrhea



**OTHER**

Feeling something bad is about to happen, anxiety, confusion

**OR A  
COMBINATION**  
of symptoms  
from different  
body areas.



- 1. INJECT EPINEPHRINE IMMEDIATELY.**
- 2. Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
  - Consider giving additional medications following epinephrine:
    - » Antihistamine
    - » Inhaler (bronchodilator) if wheezing
  - Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
  - If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
  - Alert emergency contacts.
  - Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

## MILD SYMPTOMS



**NOSE**

Itchy or runny nose, sneezing



**MOUTH**

Itchy mouth



**SKIN**

A few hives, mild itch



**GUT**

Mild nausea or discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE  
SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM  
AREA, FOLLOW THE DIRECTIONS BELOW:**

1. Antihistamines may be given, if ordered by a healthcare provider.
2. Stay with the person; alert emergency contacts.
3. Watch closely for changes. If symptoms worsen, give epinephrine.

## MEDICATIONS/DOSES

Epinephrine Brand or Generic: \_\_\_\_\_

Epinephrine Dose: ☐ 0.1 mg IM ☐ 0.15 mg IM ☐ 0.3 mg IM

Antihistamine Brand or Generic: \_\_\_\_\_

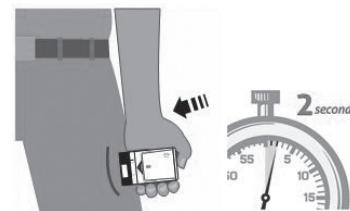
Antihistamine Dose: \_\_\_\_\_

Other (e.g., inhaler-bronchodilator if wheezing): \_\_\_\_\_

## HOW TO USE AUVI-Q® (EPINEPHRINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.

3



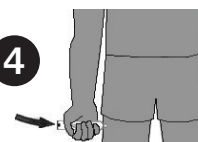
## HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.

3



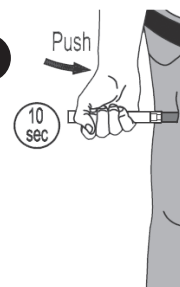
4



## HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENAClick®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.

5



## HOW TO USE TEVA'S GENERIC EPIPEN® (EPINEPHRINE INJECTION, USP) AUTO-INJECTOR, TEVA PHARMACEUTICAL INDUSTRIES

1. Quickly twist the yellow or green cap off of the auto-injector in the direction of the "twist arrow" to remove it.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, pull off the blue safety release.
4. Place the orange tip against the middle of the outer thigh (upper leg) at a right angle (perpendicular) to the thigh.
5. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
6. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
7. Remove and massage the injection area for 10 seconds.
8. Call 911 and get emergency medical help right away.

5



## ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

## EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

## OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_



Date: \_\_\_\_\_



Thank you for coming!

Like us on Facebook @cornerstonebastrof

Check out our website [www.cornerstonebastrof.com](http://www.cornerstonebastrof.com)

Contact us at [cornerstonebastrof@gmail.com](mailto:cornerstonebastrof@gmail.com)

