

Cornerstone Community School
90 W. Overdale Drive
Tallmadge, Ohio 44278

CORNER CARE ENROLLMENT FORM 2020-2021

Student's Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Grade Level: _____

Parent's Name(s): _____

Parent Email for billing: _____

List of people authorized to pick up student (ID will be required): _____

Security Password for pick up: _____

(will be needed if name is not listed above)

Emergency Contact Name: _____ Phone: _____

BEFORE School Hours:

Emergency Contact Name: _____ Phone: _____

AFTER School Hours:

Student allergies/medical needs: _____

We plan to use Corner Care on the following days/sessions.

Please list approximate drop off/pick up times:

Monday _____ a.m. _____ p.m.

Tuesday _____ a.m. _____ p.m.

Wednesday _____ a.m. _____ p.m.

Thursday _____ a.m. _____ p.m.

Friday _____ a.m. _____ p.m.

Parent's Signature: _____ Date: _____

Corner Care
Coordinator: _____ Date: _____

CORNER CARE FEE SCHEDULE

Registration Fee:	\$25 (per family)
Before School Session*: 7:00 – 8:15	\$7 per hour, billed in 15 minute increments
After School Session**: 3:30 – 6:00	

\$1/minute assessed for late pick-up in the afternoon beyond 6:00.

* Families are welcome to pack breakfast for students to eat during Corner Care.

** We highly recommend students pack a healthy snack for after school sessions.

Please contact the Corner Care Coordinator if you plan to use Corner Care at different times from your regular schedule.

Contact Jill Bottger, Corner Care Coordinator, with any questions (jill.bottger@cornerstonecs.org, 330.686.8900)