



Registration Form Building Blocks Christian Preschool 2019-2020

Student's Full Name: _____
First Middle Last

Name you want your child to be called: _____

Student's Address: _____
Street Address City State Zip

Birth Date: _____ Please circle Male or Female

Racial Background: Hispanic__ Asian__ Caucasian__ American Indian or Alaskan Native__
Black or African American__ Native Hawaiian or Pacific Island__ Other _____
Please write in the background

Best (Parent) Email Address: _____
First Name Email

Would you like tuition reminder emails at this address? ____ Yes ____ No

Best (Parent) Cell Phone #: _____
First Name Number

Do you receive texts? ____ yes ____ no

Registering for: **3's AM** **3's PM** **4's AM** **4's PM**

Father's Name: _____

Mother's Name: _____

Street Address

Street Address

City, State, Zip

City, State, Zip

Cell Phone Number

Cell Phone Number

Email Address

Email Address

Legal Custody: ____ Mother ____ Father ____ Both ____ Other

Other Parents/Guardians/Grandparents with Custody:

Print Name

Street Address

Relationship

City, State, Zip

Cell Phone Number

Home Church: _____

Permission to Use Child's Image

Parental Consent

Do you give permission for your child's picture / image / video to be used for Building Blocks Preschool and Sunnyside Foursquare Church's Website / Advertising / Marketing / Graphics / Social Media?

If yes, please sign and date

Child's Name

Child's Age

Print Name

Sign Name

Date