



# Registration Form

## Building Blocks Christian Preschool

### 2020-2021

Student's Full Name: \_\_\_\_\_  
First Middle Last

Name you want your child to be called: \_\_\_\_\_

Student's Address: \_\_\_\_\_  
Street Address City State Zip

Please circle: Male / Female Birth Date: \_\_\_\_\_

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: \_\_\_\_\_

# Emergency Information

Student's Name: \_\_\_\_\_  
  First  Middle  Last

Allergies, medical history, or medication to which Building Blocks Preschool should be alerted to?

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

Doctor to be called in case of an emergency \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Preferred Local Hospital \_\_\_\_\_

## Parental Consent

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor or in the event the designated preferred practitioner is not available by another licensed physician; and (2) the transfer of the child to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

## Pick-Up Information

Please do not include yourself or your spouse

Person(s) whom I authorize to pick my child up in order of frequency:

1. \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

2. \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

3. \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

4. \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

5. \_\_\_\_\_ Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

## Learning Disabilities

Please see the Information & Policy Handbook regarding students with learning disabilities. By initialing, you agree that you have read and understand Building Blocks Preschool and Kindergarten's policy regarding learning disabled and/or ADD/ADHD students. If your child has such disabilities, you will need to make an appointment with the Director to discuss the details before enrollment.

Parent Initials: \_\_\_\_\_

# 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