



Registration Form Building Blocks Christian Preschool 2023-2024

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: _____

3-year olds must be 3 by September first. 4-year-olds must be 4 by September first.

Is child fully potty trained? ____ Yes ____ No *(if it is no, the child will need to be fully potty trained before school starts in September)*

Racial Background: Hispanic ____ Asian ____ Caucasian ____ Black or African American ____

Native Hawaiian or Pacific Island ____ American Indian or Alaskan Native ____ 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(if available) 4's AM 4's PM
(The administrator decides which teacher your child will be placed with, based on many factors)

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

Home Church: _____ None _____

Legal Custody: _____ Mother _____ Father _____ Both _____ Other _____

Other Parents/Guardians/Grandparents with Custody:

Print Name

Street Address

Relationship

City, State, Zip

Cell Phone Number

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'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 Administrator to discuss the details before enrollment.

Parent Initials: _____

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 _____

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 / Social Media?

If yes, please sign and date

Child's Name

Child's Age

Print Name

Sign Name

Date