



Registration Form Building Blocks Christian Preschool 2025-2026

Student's full name: _____
Print legibly 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: _____

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

Best contact email address: _____
First Name Email

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

Best contact 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)

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)*

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

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

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 _____

Learning Disabilities Policy

Including ADD/ADHD, Emotional Disorders, and Learning Disorders

Building Blocks is not able to fund special programs or adequately care for children with special learning or behavioral needs. Therefore, all students entering the school must be able to meet both academic and personal requirements.

Building Blocks is willing to consider for enrollment, on a case-by-case basis, any student diagnosed with learning disabilities or disorders with the following requirements:

1. Commitment from the parents to work with the child's teacher to track the child's development and progress.
2. Ability of the child's teacher to handle the child's development without detriment to the other children in the class.
3. Willingness to seek outside help from other resources.

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: _____

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 _____

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