



Enrollment Application & Information

Admission Date: ___ / ___ / ___ Discharge Date ___ / ___ / ___

Father's Full Name _____ SS# _____

Address _____ City _____ State _____

Home Tel.#: _____ Cell Phone: _____

Alternate #: _____ Email: _____

Mother's Full Name _____ SS# _____

Address _____ City _____ State _____

Home Tel.#: _____ Cell-Phone: _____

Alternate #: _____ Email: _____

Father's Place of Employment: _____ Dept.: _____

Employer's City/State: _____ Phone: _____

Hours at work: _____ to _____ Days at work: _____

Mother's Place of Employment: _____ Dept.: _____

Employer's City/State: _____ Phone: _____

Hours at work: _____ to _____ Days at work: _____

Child #1

Name: _____ Age: _____ DOB ___ / ___ / ___ Sex () M () F

Child resides with: () Mother _____ () Father _____ () Guardian _____

Is child up to date on shots? Yes No Date of last checkup: _____

Is child on any type of medication? Yes No If yes, what? _____

Date of Last Tetanus _____ Known Allergies _____

Child #2

Name: _____ Age: _____ DOB ___ / ___ / ___ Sex () M () F

Child resides with: () Mother _____ () Father _____ () Guardian _____

Is child up to date on shots? Yes No Date of last checkup: _____

Is child on any type of medication? Yes No If yes, what? _____

Date of Last Tetanus: _____ Known Allergies: _____

Person responsible for paying for childcare: _____

Person responsible for picking up child/ren: _____

Information: Please make sure everything in this section is completed, including doctor and dentist phone number and address, health insurance information and policy holder ID number.

Child's Doctor Phone # Street Address City State

Family Dentist Phone # Street Address City State

Insurance Company Policy Holder's ID

Dental Insurance ID

Names of persons Center is authorized to call in case of emergency (in addition to parents) and who have blanket authority to bring or pick up my child from the center with parents written or verbal permission. (First name should be the first person you wish to call in case of emergency or illness).

1. Name _____ Relationship: _____ Phone: _____
2. Name _____ Relationship: _____ Phone: _____
3. Name _____ Relationship: _____ Phone: _____

Names of persons NOT authorized to pick up the child/ren. (Legal documentation is required in some cases.)

1. _____ 2. _____
3. _____ 4. _____

(Next section fill out only if applicable.)

Parent/Guardian with legal custody: _____

Decree on file? () Yes () No

Parents are: () Married () Divorced () Separated () Widowed () Single

By signing below, you agree that this is a legally binding form. Providing false information will result in termination of childcare services, and forfeiture of retainer.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Building Blocks Preschool & Child Care	Date



“An Early Learning Development Center”

Media Release

I, _____ (parent or guardian’s name) give permission for Building Blocks Preschool & Child Care to photograph my child/ren, for the following purposes:

Type of Use	(Please Check One)	
	Grant Permission	Decline Permission
Still Photographs:		
Give Photographs to current clients		
Display in scrapbook or bulletin boards, shown to current and prospective clients		
Use still photos in promotional materials		
Videos:		
Use videos in promotional materials		
Give video to current parents		
Other (Please list):		

- I understand that the television, radio stations, newspaper and other media resources may contact and visit Building Blocks Preschool & Child Care. The permission granted above also related to such media involvement and the Permission Granted above also provides permission for such media release. Agree _____ Disagree _____
- Only first names and possibly last initials (in the event of two or more children with the same first name) will be displayed on the facility website. I understand that the television, radio stations, newspaper and other media resources may contact and visit Building Blocks Preschool & Child Care.
- I understand that it is my responsibility to update this form in the event that I no longer wish to authorize one or more of the above uses. I agree that this form will remain in effect during the term of my child’s enrollment. By signing below, I also agree that this is a legally binding form, and providing false information could be grounds for termination of childcare services, forfeiture or retainer, or both.

Travel & Activity Authorization

I give permission for my child _____ to leave the Building Blocks Preschool & Child Care on the Center bus/van or on public transportation for field trips. I understand that I will be notified before each travel activity, with the exception of walks outside or around the Building Blocks building. **This section needs to be completed for every child, in the event we would have to transport them for emergency purposes.**

The following restrictions will apply:

1. All children will be secured in a seat belt or car seat (if under the age of three).
2. (Please Check One)

Event Type	Grant Permission	Grant Permission only with prior notification	Decline
Walk to local park			
Drive to local park			
Walk to local business			
Drive to local business			
School*			
Other			

By signing below, I hereby warrant that I have read the above and have answered each question either granting permission for media release and travel and activity authorization or have declined one or both of the above permission authorization.

Name of Child(ren)	Date
Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Building Blocks Preschool & Child Care	Date

* By law, when seven or more children three years of age and older are being transported, at least two adults must be in the vehicle. An exception to this rule applies: When children are being transported to and from school, only one adult is required.

