



**Building a Strong Educational Foundation for Every Child**

Registration Form  
Please print

Child's Name \_\_\_\_\_ Child's Birthday \_\_\_\_\_

Check one:

3-year-old class

4-year-old class

Parents' Names \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell Mom) \_\_\_\_\_ (Cell Dad) \_\_\_\_\_

Can we send text messages to these numbers? Yes No

Email \_\_\_\_\_

Emergency contact not living with you:

Name/ Phone Number \_\_\_\_\_

Other people authorized to pick up your child:

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

- I release the preschool from any liability associated with activities that my child will be involved in while attending.
- I have read and understand the policies and procedures document for Building Blocks Academy.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_