

Building Blocks Christian Childcare & Preschool

Enrollment Form

Name of Child		Date Child Entered Care
Birth Date	Nickname	Child's Age At Entry
Parent or Guardian Information		
Name		E-Mail Address
Home Address		Home Phone
City	Zip Code	Cell Phone
Employer		Work Phone Number
		Extension
Work Address		Hours
City	Zip Code	
Name		E-Mail Address
Home Address		Home Phone
City	Zip Code	Cell Phone
Employer		Work Phone Number
		Extension
Work Address		Hours
City	Zip Code	
Contact Person (If Parent or Guardian cannot be reached during childcare hours)		
Name		Relationship
Address		Phone
City	Zip Code	
Name		Relationship
Address		Phone
City	Zip Code	
Permission Is Given For The Following:		
<p>By signing this form, you are stating that you have read, understand and agree with our parent handbook and you also give permission to Building Blocks Christian Childcare & Preschool to take your child on walking field trips and to act in an emergency. You understand that we may call an ambulance or take your child to any available physician or hospital at your expense and to obtain medical treatment for your child.</p> <p>Furthermore by signing this form, you understand that your child may be photographed from time to time. Uses of those photographs may include, but are not limited to, our monthly newsletter and website. You also give us permission to give your child prescription and non-prescription medication at your request. A separate purple form will also need to be filled out and signed by you before we are able to give your child any prescription medications. You are also fully aware that absolutely no medications may be left in your child's bag or cubby and that they all must be locked in our childproof medication box. If you have school aged children, you also acknowledge that we are not responsible for your children once they leave our presence (i.e. bus transportation) and do not regain responsibility for them until they are returned back to us.</p>		
Signature of Parent or Guardian		Date

Continued On Other Side

General Information

Has your child had previous experience in childcare?	Type of care	How long?
Reason for Requesting Care		
What is your child's eating habits & schedule		
What is your child's sleeping habits & schedule		
What is your child's fears? What is his/her likes and dislikes?		
Special words & their meanings:		
Is your child's immunizations up to date?	Has your child had the chickenpox?	
Does your child have any allergies? If so, what type?		
Are allergies or other health problems serious enough to restrict your child's activities		
Special Arrangements (such as school bus picking up/dropping off child or school age child who arrives/leaves without parent, etc.)		
Child's Doctor	Address	City
		Zip
		Phone
Child's Dentist	Address	City
		Zip
		Phone
Child's School (if attending)	Phone	What Hospital Do You Prefer?
		Phone
Who is authorized to pick up child besides yourself?		
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Name	Relationship	Phone
Other children in household:		
Name of child	Nickname	Age
		Sex
Name of child	Nickname	Age
		Sex
Name of child	Nickname	Age
		Sex
Name of child	Nickname	Age
		Sex