

# Building Blocks Christian Preschool

## REGISTRATION FORM (Registration fee, \$60.00, must accompany this form.)

For Office Use Only

\_\_\_\_\_ 3 Day AM  
\_\_\_\_\_ 2 Day  
\_\_\_\_\_ Date Received

Date \_\_\_\_\_

**NAME** \_\_\_\_\_

Nickname \_\_\_\_\_

Birthdate \_\_\_\_\_  
(month) (day) (year)

Male \_\_\_\_\_ Female \_\_\_\_\_

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_  
(street) (city) (zip)

Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Father's Occupation \_\_\_\_\_  
Working Hours \_\_\_\_\_

Place of Employment \_\_\_\_\_  
Business Phone \_\_\_\_\_

Mother's Occupation \_\_\_\_\_  
Working Hours \_\_\_\_\_

Place of Employment \_\_\_\_\_  
Business Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_

Phone \_\_\_\_\_

### PERSON TO BE CALLED IN CASE OF EMERGENCY IF PARENT CANNOT BE REACHED:

Name \_\_\_\_\_

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

#### Person(s) authorized to take child from school

Name \_\_\_\_\_

Phone \_\_\_\_\_

Name \_\_\_\_\_

Phone \_\_\_\_\_

#### Person(s) NOT AUTHORIZED to take child from school

Name \_\_\_\_\_

Name \_\_\_\_\_

#### Party responsible for tuition payment\*

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

\*Payment Preference (please circle one):    Monthly    Quarterly    Yearly

### PLEASE CHECK SESSION PREFERENCE (Registration fee is \$60.00) Class sessions will fill on a first come-first serve basis. Please indicate your session of choice.

\_\_\_\_\_ Three year olds, 9:00 – 12 Noon - Tuesday/Thursday (Children must be three years old by September 1<sup>st</sup>)

\_\_\_\_\_ Four year olds, 9:00 – 12 Noon - Monday/Wednesday/Friday (Children must be four years old by September 1<sup>st</sup>)

A postcard will be sent to confirm your registration.

The MEDICAL FORM must be completed and returned by the first day of school.

**(Complete both sides of this form)**

The Minnesota Department of Human Services requires Preschools to obtain written authorization to act and release personal data in an emergency situation when the parent(s) cannot be reached or are delayed in arriving.

## CONSENT TO ACT FORM

In case of emergency situation, we/I, the parent(s) of \_\_\_\_\_ hereby authorize the staff or Building Blocks Christian Preschool to act in our behalf until we/I or our/my designated adult arrives.

\_\_\_\_\_  
Signature

*The following information is not mandatory, however it is helpful.*

### SOCIAL DEVELOPMENT

Has your child had previous group experience? \_\_\_\_\_ Where? \_\_\_\_\_

Does your child have neighborhood playmates? \_\_\_\_\_ How many? \_\_\_\_\_

How well does your child get along with other children? \_\_\_\_\_

What do you expect for your child from Nursery School? \_\_\_\_\_

### HOME ENVIRONMENT

Status of Parents: Mother living \_\_\_\_\_ Father living \_\_\_\_\_

Is this a single parent family? \_\_\_\_\_ yes \_\_\_\_\_ no

Other \_\_\_\_\_

### CHILDREN IN FAMILY

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Any other adults, other than parents, in the home? \_\_\_\_\_

What are their roles in the child's life? \_\_\_\_\_

What are your child's special interests and play activities? \_\_\_\_\_

**REFERRED BY:** *(Please check one)*

\_\_\_\_ Building Blocks Family: \_\_\_\_\_

\_\_\_\_ Printed Ad

\_\_\_\_ Redeemer Family: \_\_\_\_\_

\_\_\_\_ Signage

\_\_\_\_ Other: \_\_\_\_\_