

Building Blocks Early Learning Center
Preschool for Ages 3-5

2009-2010 Registration and Authorization Form

Child's Name _____ Likes to be called _____
Birth date _____ Age when starting _____ Student lives with _____

Father's name _____ Phone (home) _____ (cell) _____
Address _____ City/State _____ Zip _____
Occupation _____ E-mail _____
Employer _____ Work phone _____

Mother's name _____ Phone (home) _____ (cell) _____
Address _____ City/State _____ Zip _____
Occupation _____ E-mail _____
Employer _____ Work phone _____

Emergency Information

Parents or Guardian will be called first unless emergency assistance is needed. Others will be called in order of preference

1. Name _____ Phone _____ Relationship to Child _____
2. Name _____ Phone _____ Relationship to Child _____

Child's Doctor _____ Phone _____
Hospital Preference _____

• Are there any special physical conditions we should be aware of (allergies, etc.) _____

Statement: In case parents cannot be reached, my signature is authorization for our physician named above, the physician of the school's choice, the fire department, or the emergency room at the hospital to provide whatever emergency care is necessary in the event of injury or accident.

Signature of parent or guardian (optional) _____ Date _____

Tuitions: *Please check the box of the class and payment schedule you are enrolling for.*

Preschool Tuition Schedule: TTH AM Class MWF AM Class M-Th PM Class

TTh AM Class: \$120.00/mo. MWF AM Class: \$150.00/mo. Mon-Th PM Class: \$200.00/mo.
(These fees's are for families who *are* volunteering in the classroom.)

TTh AM Class: \$160.00/mo. MWF AM Class: \$195.00/mo. Mon-TH PM Class: \$255.00/mo.
(These fees's are for families *not able* to volunteer in the classroom.)

Lunch-Link / Extended Care:

2 days a week: \$40.00/mo. 3 days: \$60.00.mo. 4 days a week: \$80.00/mo
(These rates are in addition to Preschool Tuition)

The **Last month's tuition is due August 1,** (Non-refundable, without 30 day written notice.) Subsequent tuition is due the first day of each month. **Make checks payable to Building Blocks Early Learning Center and mail to 31599 SW French Prairie Dr., Wilsonville OR 97070, (phone) 503-694-1191, www.buildingblockselc.com.**

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HOUSEHOLD INFORMATION

General Information:

Special concerns or information that would help us in meeting the needs of your child. (I.e. fears, physical needs, dislikes etc.) _____

Is your child allergic to foods? Which ones? Describe reaction. _____

Is your child on a special diet? _____

Is your child regularly receiving medication? _____

Siblings:

Child's position born in the family (circle one): 1 2 3 4 5 6 7 8 9 10

Siblings: Name _____ Age _____ Sex _____
Name _____ Age _____ Sex _____
Name _____ Age _____ Sex _____

Other Children in Household:

Name _____ Age _____ Sex _____ Relationship _____
Name _____ Age _____ Sex _____ Relationship _____

Other Adults in Household:

Name _____ Relationship to child _____
Name _____ Relationship to child _____

Class Room Permission and Authorization:

- Does Building Blocks ELC have your permission to take and use photos of your child for class room activities, and on rare occasions advertising in community news papers/flyers? Yes____ No____
- Does Building Blocks ELC have your permission to put your child's name, address, and phone number on a membership list that will be given out to families who have children enrolled in our program? Yes__ No__
- At Building Blocks ELC we sometimes take walking field trips through the Charbonneau community along the walking paths. Sometimes these field trips occur spontaneously depending upon the weather, the theme we are studying and the children's interest. We always make parents aware of field trips out side of the community or out of age appropriate walking distance. Do we have your permission to take your child on walking field trips without prior notice? Yes _____ No _____

Persons Authorized to pick up child

(Please give phone number-Children will only be released to parents or authorized persons to pick up child)