



### Registration Form

**Child's Name:** \_\_\_\_\_

Birth Date: \_\_\_\_\_

Gender: \_\_\_\_\_

Date Beginning School: \_\_\_\_\_

Address: \_\_\_\_\_

**Mother's Full Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Father's Full Name:** \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I have read and agree to the policies of Building Blocks Daycare Center

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



6810 20<sup>th</sup> Avenue, Brooklyn, N.Y. 11204 Phone: (718) 331-2595

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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Medical Consent Form (required):

As the parent or guardian, I hereby give consent to Building Blocks Daycare Center to provide all emergency medical or dental care prescribed by a duly licensed Physician (M.D.), Osteopath (D.O.) or Dentist (D.D.S.) for my child \_\_\_\_\_

X \_\_\_\_\_ (parent signature required)

This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the child named above. In an emergency situation, child/ren will be taken to the hospital.

Allergies:

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Parent or Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Child's Name: \_\_\_\_\_

Persons authorized to pick up your child:

Name	Relationship	Home #	Cell #

\*If a parent or any other person is prohibited by a restraining order or custody arrangement from picking up or having contact with a child enrolled in the childcare, a copy of these legal documents must be on file in the childcare.

\*\*Please make sure emergency contacts are aware that they need to bring Photo ID, because we will I.D. them before we release any child. There will be NO EXCEPTIONS!

Emergency Contacts:

Name	Relationship	Home #	Cell #

I have read and agree to the Building Blocks policies regarding who is allowed to pick up my child.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Permission Slip

I, \_\_\_\_\_, parent of \_\_\_\_\_  
give permission to Building Blocks Daycare Center to post photos/videos of  
my child on the school's Facebook page.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_





Policy Agreement

I, \_\_\_\_\_, have carefully read and understood each section of the parent handbook.

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Print Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_