



Building Blocks Learning Center

Child Enrollment Form

Entrance Date _____ Withdrawal Date _____

Child's Name _____ Age _____ Sex _____ DOB: _____

Home Address _____

Telephone # _____

Father's Name _____

Telephone # _____

Home Address (if different from child) _____

Father's place of employment: _____ Work Phone # _____

Address of place of employment: _____

Mother's Name _____

Telephone # _____

Home Address (if different from child) _____

Mother's place of employment: _____ Work Phone # _____

Address of place of employment: _____

Father's email: _____ Mother's email: _____

Child's Living Arrangements: Both Parents Mother Father Other

Child's Legal Guardian(s): Both Parents Mother Father Other

The child may be released to the person(s) signing this agreement or to the following:

Name & Relation	Address	Telephone #
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Persons to contact in the case of an emergency when parents cannot be reached:

Name & Relation	Address	Telephone #
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Name of public or private school child attends, if any: _____

Child's Physician or Clinic's Name (Child's Primary Health Source) _____

_____ Telephone# _____

My child has the following special need(s): _____

The following special accommodation(s) may be required to most effectively meet my child's needs while at this center:_____

My child is currently on medication(s) prescribed for long-term, continuous use and/or has the following pre-existing illness, allergies, or health concerns:_____

Signature (Parent/Guardian) & Date

Signature (Parent/Guardian)& Date



Building Blocks Learning Center

MEDICAL CARE AND EMERGENCY CONTACT INFORMATION

Child's Name: _____ Birth Date: _____

Address: _____

Mother's Name: _____ H. Phone #: _____ W. Phone #: _____

Father's Name: _____ H. Phone #: _____ W. Phone #: _____

Alternate Emergency Contact 1) _____ Phone #: _____

Alternate Emergency Contact 2) _____ Phone #: _____

Child's Physician: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Known Allergies of Child (medicine, food, etc.): _____

Describe past serious illnesses or hospitalization, with dates: _____

Medicines taken by child: _____

Date of last Tetanus Injection: _____

Describe all physical conditions or illnesses, which could affect the child's participation in the programs or proper medical treatment (diabetes, epilepsy, poor blood clotting, etc.): _____

Health Insurance: Company _____ Policy Number _____

Building Blocks Learning Center
EMERGENCY MEDICAL TREATMENT CONSENT

Should _____ Date of Birth _____

(Child's Name)

suffer an injury or illness while in the care of **Building Blocks Learning Center** and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for my child as may be necessary. If need be, the child will be transported to Effingham County Hospital, (459 Ga Hwy 119, Springfield, Ga, 31329), via ambulance. I (We) shall assume responsibility for payment for services.

Parent/Guardian _____ **Signature** _____ **Date:** _____

Facility Administrator/Director _____ **Signature** _____ **Date:** _____

PARENTAL AGREEMENT

- 1) **Building Blocks Learning Center** agrees to provide day care for _____
from _____, a.m. to _____ p.m. _____ days of week From June _____ to June _____. My child will participate in the following meal plan: ___ **Breakfast** ___ **Lunch** ___ **Afternoon Snack**
- 2) **Building Blocks Learning Center will not be responsible for dispensing medication to children. Any medications must be given to the child by the parent or guardian.**
- 3) My child will not be allowed to enter or leave the facility without being escorted by the parent(s); person authorized by parent(s), or facility personnel.
- 4) I acknowledge it is **my responsibility to keep my child's records current** to reflect any significant changes as they occur, i.e. telephone numbers, work location, emergency contacts, child's physician, child's health status, infant feeding plans, and immunization records, etc.
- 5) The facility agrees to keep me informed of any incidents, including illnesses, injuries, adverse reactions to medications, exposure to communicable diseases, which include my child.
- 6) **Building Blocks Learning Center** agrees to obtain written authorization from me before my child participates in routine transportation, field trips, special activities away from the facility, and water-related activities occurring in water that is more than two (2) feet deep.
- 7) **I understand that I am responsible to pay tuition in full on Monday of that week of care that is given. If payment has not been made by close of business Tuesday (6:30 P.M.) of that week of care that is given a late fee will be charged to my account as stated in the Parent Handbook.**
- 8) **I UNDERSTAND THAT I AM REQUIRED TO GIVE A TWO WEEK WRITTEN NOTICE BEFORE WITHDRAWING MY CHILD FROM THIS FACILITY. I ALSO UNDERSTAND THAT IF NO NOTICE IS GIVEN, I WILL STILL BE REQUIRED TO PAY TWO WEEKS TUITION.**
- 9) **If your account becomes 2 weeks past due, child care WILL be suspended until balance is payed.**
- 10) I have received a copy and agree to abide by the Policies and Procedures for **Building Blocks Learning Center**.
- 11) I authorize **Building Blocks Learning Center** to obtain emergency medical care for my child when I am not available.

Signature (Parent/Guardian) _____ Date _____

Signature (Administrator/Director) _____ Date _____

Receipt for Acknowledgment of Building Blocks Learning Center

Parent Handbook

Complete and Return to Building Blocks Learning Center

I have received a copy of the Building Blocks Learning Center Parent Handbook. If I have any questions regarding center policies or our expectations of parent's I should ask the Owner/Directors for clarification.

Name (Printed) _____

Signature _____

Date _____

Receipt for Acknowledgment of Building Blocks Learning Center

Liability Insurance Not Provided

Complete and Return to Building Blocks Learning Center

I acknowledge that Building Blocks Learning Center does not provide Liability Insurance. If I have any questions regarding center policies I should ask the Owner/Directors for clarification.

Name (Printed) _____

Signature _____

Date _____