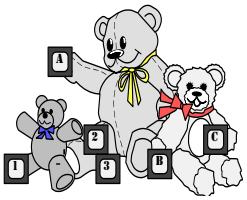

Building Blocks Learning Center

Enrollment Application

Student Information:

_____ _____ _____ Sex: ☐M ☐F
Child's First Name Last Name Age Birth Date

_____ _____ _____ Sex: ☐M ☐F
2nd Child's Name Age Birth Date

_____ _____ _____
Address City Email address Phone #

Classes Requested:

☐ Lil Cubs 0-18 Months ☐ Lil Bears 18-24 months ☐ Poohs 2 Years ☐ Teddies 3 Years ☐ Polars PreKindergarten 4 Years

School Age Programs: ☐ Kindergarten 5 Years by 9/30 ☐ Summer Camp ----- _____ S M L XL XXL
Grade School Students Grade T Shirt Size

Schedule: ___MON ___TUES ___WEDS ___THUR ___FRI ☐Full Day ☐Half Day

Parent Information:

_____ _____ _____ _____
Mother's Name Mother's Cell # Father's Name Father's Cell #

_____ _____ _____
Mother's Drivers License # Employer Work Phone #

_____ _____ _____
Father's Drivers License # Employer Work Phone #

Emergency Contacts:

_____ _____ _____
Name Relationship Phone #

_____ _____ _____
Name Relationship Phone #

Medical Information:

_____ _____ _____
Physician's Name Phone # If necessary, hospital preferred?

_____ _____ _____
Healthcare Provider Healthcare ID # Group # Subscriber's Name (Parent)

Allergy / Dietary / Special Needs? _____

Social Media: Please **do not** post my child's picture on: ☐BBLC Shutterfly ☐BBLC Facebook

I am the person responsible for tuition payments and I agree to give two weeks' notice prior to ending my enrollment. I also authorize BBLC to obtain medical assistance for my child in the event of an emergency *(BBLC will make every effort to contact you prior to seeking medical assistance)*

Parent's Signature: _____ Date: _____