



## Child Registration Form

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS#: \_\_\_\_\_

Child Nickname (if any): \_\_\_\_\_ Gender: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Mother's Home Address: \_\_\_\_\_

Mother Employment: Name: \_\_\_\_\_

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

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

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

Father's Name: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Father's Home Address: \_\_\_\_\_

Father Employment: Name: \_\_\_\_\_

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

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

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

DAYS WANTED FOR ENROLLMENT: (circle) M T W R F

Pick-up time: \_\_\_\_\_ My tuition will be: \_\_\_\_\_ / week \_\_\_\_\_ / month

Date Child will start enrollment at Building Blocks: \_\_\_\_\_

Sleeping Schedule (for children under 36 months): \_\_\_\_\_

Toilet Schedule (for children under 36 months): \_\_\_\_\_

Siblings (please list names and ages if applicable): \_\_\_\_\_

**PARTICIPATING PARENT / GUARDIAN AUTHORIZATION FOR RELEASE OF CHILD AND EMERGENCY MEDICAL INFORMATION**

**Connecticut State Law requires that there be additional persons other than the child’s parent or guardian authorized for release and authorized to make medical decisions in the event of an emergency.**

ALTERNATE PERSONS AUTHORIZED TO PICK YOUR CHILD UP IN THE EVENT OF EMERGENCY AND/OR LATE PICK UP OF CHILD BY PARENT (S) – THESE WILL BE USED BY STAFF OF BUILDING BLOCKS IN THE EVENT WE CANNOT CONTACT PARENTS OR GUARDIANS:

**Parent / Guardian Authorization for Release of Child:**

**I understand that Building Blocks staff is trained in first aid and CPR as required by Connecticut General State. I authorize Building Blocks Staff to administer first aid and CPR to my child for minor injuries or illnesses as appropriate and to notify me of any actions taken. For all conditions requiring emergency medical treatment, Building Blocks Staff will contact me. If I cannot be reached, I authorize Building Blocks to contact and/or release my child to the following representative(s) designated by me for this purpose**

Authorized Non-Parent/Guardian Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Authorized Non-Parent/Guardian Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

**If I or my representative(s) cannot be reached, I authorize Building Blocks to care for my child and transport my child to an appropriate medical facility and obtain any necessary medical treatment for my child at my expense.**

**Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

Child's Physician: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Child's Dentist: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Child's Health/Medical Insurance Carrier: \_\_\_\_\_ Policy#: \_\_\_\_\_

Name of Employer Providing Insurance: \_\_\_\_\_

Member Services Phone: \_\_\_\_\_

Affiliated / Preferred Hospital (if any): \_\_\_\_\_

Hospital Address: \_\_\_\_\_ Hospital Phone: \_\_\_\_\_

**PARTICIPATING PARENT / GUARDIAN NOTIFICATION OF CHILD ALLERGIES AND IMMUNIZATION**

**Connecticut Law requires each child be protected as age-appropriate by adequate immunization against diphtheria, pertussis, tetanus, poliomyelitis, measles, mumps, rubella, hemophilus influenzae type B and any other vaccine required by the schedule of active immunization, including appropriate exemptions for children for whom such immunization is medically contraindicated and for children whose parents object to such immunization on religious grounds.**

Has your child been vaccinated? \_\_\_\_\_

If so, what vaccinations has your child received? \_\_\_\_\_

Does your child have injectable equipment used to administer glucagon? \_\_\_\_\_

**Connecticut Law also requires parents to disclose any allergies and medical issues to your child has, along with any appropriate medication that is to be administered while in Building Blocks care.**

Please List **All** Allergies: \_\_\_\_\_

\_\_\_\_\_

Please list **Any and All** Medical issues: \_\_\_\_\_

\_\_\_\_\_

Please list **Any and All** Medications required: \_\_\_\_\_

\_\_\_\_\_

Does your child have a prescription prefilled cartridge injector or similar automatic injectable equipment to treat allergic reaction? \_\_\_\_\_

(If so, please provide the injector or injectable equipment and a copy of the prescription for such medication and injector or injectable equipment upon enrollment of such child).

## **PARENT / GUARDIAN REGISTRATION AGREEMENT**

1. This Registration Agreement must be fully completed prior to my child's enrollment in Building Blocks. I will notify Building Blocks and update all medical, family and other information previously provide as part of the registration. I will provide Building Blocks with any additional information required to comply with local and/or state licensing requirements as they become necessary. I understand it my responsibility to provide Building Blocks with any changes in the information provided herewith.
2. Payment of tuition is due the first day of each week my child is attending Building Blocks. I understand and agree that tuition must be paid in a timely manner. In the event that tuition is not paid, or a tuition balance is not fulfilled, I understand my child will not be permitted to maintain his or her enrollment. I also understand that registration and enrollment fees are nonrefundable. Tuition will be charged for all holidays and all of my child's absences.
3. If I am paying tuition on a monthly basis, payment is calculated by the number of Monday's in each month, and applicable tuition is due in full the first Monday of the subsequent month.
4. Tuition can be paid by personal check, credit/debit card, bank check or U.S. currency. If any check for tuition or any other service is returned, a \$25.00 (twenty five dollar) charge will be required.
5. Enrollment is effective on the date of this Agreement. Registration materials are only valid for a one (1) year, originally commencing on the date of this Agreement. Renewal period occurs in March of the subsequent year of initial registration and enrollment. All registration and enrollment are subject to review by Building Blocks Administrators and managing members at any time for any purpose. All registration forms must be updated on a yearly basis.
6. Tuition is to be paid as dictated by this Agreement. If any modifications, edits, or changes of any kind are made herein, said changes must be made in writing, acknowledged and signed by Buildings Blocks, the parent/guardian, and all other applicable parties. Any change in tuition requires the parties to complete a new working registration form. No tuition changes shall be made to this particular agreement through mark-ups, handwritten exceptions, or in any similar fashion.
7. I agree to reimburse Building Blocks for any outstanding tuition balance.
8. I agree to have my child use all of the indoor and outdoor equipment at Building Blocks and allow my child to participate fully in all activities scheduled by Building Blocks, unless otherwise notified.
9. I grant my child permission to leave Building Block under the supervision of a staff member for any scheduled events including but not limited to neighborhood walks, field trips, and any activity associated with Building Blocks. I will be furnished with appropriate permission slips

in the event any scheduled activity requires it. Unless there is my valid signature on the returned permission slip, my child will not be allowed to participate in the applicable activity.

10. Building Blocks is not responsible for my child prior to my child entering the interior physical structure of the Building Blocks facility, nor shall Building Blocks be responsible for my child subsequent to my child leaving said facility. Building Blocks will assume responsibility for my child once my child makes verbal or physical contact with Building Blocks staff.
11. I understand and agree that if I am late removing my child from the Building Blocks facility at the designated pick-up times I will be charged a late fee of \$5.00 for every 5 (five) minutes I am late. This fee will be paid directly to the Building Blocks staff member on duty at the time of pick-up.
12. I understand and agree that when I bring my child to the Building Blocks learning Center, I am responsible for making physical contact with a Building Blocks staff member prior to my departure from the building. I understand and agree to sign my child in for the day he/she attends Building Blocks and I am to sign my child out when I arrive at Building Blocks to take my child with me from the facility.
13. Building Blocks is allowed to include my child in any photographs or advertisements associated with Building Blocks, including but not limited to magazine articles, newspapers materials, brochures, and the like.
14. Building Blocks Staff will provide my child with the necessary emergency medical care as required by this Agreement and Connecticut Law. Building Blocks will administer basic medical procedures as they are stipulated by the American Red Cross (including cardiopulmonary resuscitation), the American Heart Association, the National Safety Council, American Safety and Health Institute or Medic First Aid International, Inc. It is agreed that any medical fees incurred as a result of treating my child will be reimbursed by me, the Parent.
15. I understand and agree that if any changes are made in the custodial rights of my child I will provide Building Blocks with this information in immediate fashion as well as provide applicable court documents, along with the court's signature, in effort to validate appropriate court ordered guardianship.
16. Building Blocks reserves the right to terminate my child's enrollment at any time upon notification to me for any action by the child or parent that has a detrimental impact on Building Blocks or any child, staff, person, property, parent or activity associated with Building Blocks.
17. I understand and agree that if my child is evaluated in any way by an agency other than one associated with Building Blocks, I will give Building Blocks notice and results and records of said evaluation will be made available to Building Blocks upon request.

18. Building Blocks staff is required to report any signs or suspicions of child abuse and neglect to the applicable authorities, along with notice to parents of said reporting.

This Agreement and Registration Form constitutes the exclusive agreement between the parties and supersedes any oral or written understanding previously made. This Agreement may only be modified in writing executed by a duly authorized representative of Building Blocks Early Learning Center. Employees are not authorized to make any independent agreement with any Parent, Guardian or child. By signing this Agreement, I understand and agree to all above mentioned terms, conditions and provisions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date