



Registration Form/Contract

I wish to enroll my children: Name _____ DOB _____
Name _____ DOB _____
Name _____ DOB _____

in Building Blocks Childcare Center. I understand that I will need to return this form with the nonrefundable \$75.00 registration fee to hold my child/ren's spot (additional \$20 for each additional child).

___ I wish to enroll my child in Building Blocks Childcare program:

___ Full Time M-F _____ am - _____ pm Infant: \$290 2 yrs old: \$260 3 & older: \$250

___ Part Time (Will still be charged full time rate)

_____ # of days full days ___ M ___ T ___ W ___ TH ___ F Time: _____ - _____

If space becomes limited you will be notified by the office staff. At that time you will be offered a full time spot or your spot will be given to a full time family. Initialed:

___ Before ___ After School (3 day minimum)

___ M ___ T ___ W ___ TH ___ F _____ am - _____ am or _____ pm - _____ pm

___ Before AND After School (3 day minimum)

___ M ___ T ___ W ___ TH ___ F _____ am - _____ am or _____ pm - _____ pm

___ No School Days

___ School Age Summer Program

*My weekly childcare rate will be \$_____. I understand the payment policy and agree to pay the weekly rate. I understand that payments are due on Fridays for the upcoming week and that if payments fall more than two weeks behind my enrollment will be terminated. Initialed: _____

*I have been given a copy of the policies and agree to follow them. I understand that failure to follow policies could lead to termination of enrollment.

Parents Signature _____ Date _____

How did you hear about us: _____ Referred By _____

First Day of Attendance _____

Mom's Name _____ Mom's Phone _____

Mom's Email _____

Dad's Name _____ Dad's Phone _____

Dad's Email _____

Address _____

City _____ Zip Code _____

Center Rep. Signature _____ Date _____

Reg. Fee Paid \$_____ Cash / Check #_____