



Registration Form

Name of Child _____ Date of Birth _____

Address _____

Home Phone _____

Cell Phone(s) _____

Name of Mother _____

Name of Father _____

E-mail Address _____

How did you hear about Building Blocks? _____

September Enrollment: Mon ___ Tues ___ Wed. ___ Thurs ___ Fri ___

Session: AM _____ PM _____

Summer Enrollment: Mon. ___ Tues. ___ Wed. ___ Thurs ___ Fri. ___

Session: AM _____ PM _____

For all registrations, please include a \$50 non-refundable deposit, \$25 of which will be applied to your first month's tuition and \$25 towards supplies and special events throughout the year.

You may mail your completed form to:

Building Blocks Preschool
2915 Davison Street
Oceanside, NY 11572