



Building Blocks Preschool Registration Form  
2020-2021 School Year

Child's name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Male or Female

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Contact in case of emergency: yes \_\_\_\_\_ no \_\_\_\_\_

Cell phone # \_\_\_\_\_

Email address: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Address if different from child's: \_\_\_\_\_  
\_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

Contact in case of emergency: yes \_\_\_\_\_ no \_\_\_\_\_

Cell phone # \_\_\_\_\_

Email address: \_\_\_\_\_

Place of employment: \_\_\_\_\_

Work phone number: \_\_\_\_\_

Address if different from child's: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contact if parents can not be reached:

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Phone number: \_\_\_\_\_

Does the child have any allergies? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, please list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has the child attended preschool before? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, where: \_\_\_\_\_

Please list any other important information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Upon receipt of this completed registration form and \$100 non-refundable registration fee, your child will be enrolled in Building Blocks Preschool. Completed form and registration fee can be mailed to Building Blocks Preschool, 724 Harvard Dr, Owensboro, KY 42301.