**CUSTODIAL INFORMATION:**

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child, please attach a copy of the appropriate document(s).

In the event that a medical emergency occurs, I authorize Building Blocks Child Center to seek emergency medical care for my child as deemed necessary by the Director or her designee. All will be simultaneously contacted.

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Signature)

I have received Building Blocks Child Center Expulsion Policy and agree to adhere thereto:

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Signature)

I have received the Information to Parents Statement:

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Signature)

I have received the Building Blocks Child Center Handbook and agree to adhere to all it’s policies and revisions thereof:

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Signature)

I agree to pay my tuition as stated in the handbook.

\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Date) (Signature)

My Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ will attend the Center on the following days:

Monday\_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_

(Please check which days your child will attend)

My child will attend the following hours:

**Preschool** **After-school Program**

From \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_ From \_\_\_\_\_\_\_ to \_\_\_\_\_\_\_

 School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_