



| STUDENT INFORMATION | |
|---|------------------------------|
| Student first name: | Student last name: |
| Sex: M or F | Date of birth: |
| Current school (if applicable): | Current school phone number: |
| Anticipated Care Hours (please check all that apply): | |
| <input type="checkbox"/> Before care (employee child) (7:00–7:30 a.m.): | |
| <input type="checkbox"/> Before care (7:00–7:30 a.m.): | |
| <input type="checkbox"/> After care (3:45–4:30 p.m.): | |

| PARENT/GUARDIAN INFORMATION | | | |
|--|----------------|---|----------------|
| Parent/Guardian name: | | Parent/Guardian name: | |
| Responsible for tuition: Y or N | | Responsible for tuition: Y or N | |
| Cell phone: | Daytime phone: | Cell phone: | Daytime phone: |
| Home phone: | | Home phone: | |
| Home address: | | Home address: | |
| City, State, Zip: | | City, State, Zip: | |
| Email: | | Email: | |
| Employer: | | Employer: | |
| Job title: | | Job title: | |
| Resides with: Y or N | Relation: | Resides with: Y or N | Relation: |
| Contact with parent allowed: Y or N | | Contact with parent allowed: Y or N | |
| Parent can receive email/mail about student: Y or N | | Parent can receive email/mail about student: Y or N | |
| Is there a custody and/or legal decision-making authority agreement on file for this student? Y or N | | | |

| STUDENT INFORMATION |
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| Does the student currently have an IEP (Individual Education Plan)? Y or N |
| Has the student ever had an IEP? Y or N |
| Does the student currently have a Section 504 Accommodation Plan? Y or N |
| Has the student ever had a 504 Plan? Y or N |
| Is the student currently in a Bilingual Education Program? Y or N |
| Has the student ever been in a Bilingual Education Program? Y or N |
| Has your student ever been dismissed from school? Y or N If yes please provide a brief explanation: |
| Does the student have a disabling condition that may require accommodations or evaluation? Y or N |

My signature below certifies:

I am the legal guardian of above listed student and I am authorized to enroll this student in school. I authorize my child's current school to release all information pertaining to my child to complete this application for processing. All statements, information, and evidence presented are true and complete. I understand that submitting inaccurate information on this application may result in the termination of my student's enrollment.

Parent/Guardian signature: _____ Date:

The following must take place before student admission is considered complete.

- This application must be completed and emailed to admissions@BuildingBlocksScottsdale.com along with a copy of the student's *birth certificate and current immunization records*.
- The application fee is \$75 - due once the application is received and entered into the Building Blocks Preschool online system.