



# building blocks

early education centers

**Build them RIGHT, from the Start!**

3330 South Peak Drive, Hope Mills, NC 28306 [texcellent@yahoo.com](mailto:texcellent@yahoo.com) (910) 423-0500

## Millstone Location

OFFICE USE ONLY Application Date: \_\_\_\_\_ Date of Enrollment: \_\_\_\_\_

### GENERAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Email Address \_\_\_\_\_  
Preferred Name \_\_\_\_\_ Male / Female \_\_\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Parent's Social Security # \_\_\_\_\_  
How did you learn about us? \_\_\_\_\_

### FAMILY INFORMATION

Father     Step-Father     Legal Guardian     Mother     Step-Mother     Legal Guardian

Last name First (goes by) MI Title (Mr./Dr./Rev.) \_\_\_\_\_ Last name First (goes by) MI Title (Mrs./Ms./Dr.) \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
(If different than student enrolling) (If different than student enrolling)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_  
Cell \_\_\_\_\_ Cell \_\_\_\_\_  
Employer \_\_\_\_\_ Employer \_\_\_\_\_  
Position \_\_\_\_\_ Position \_\_\_\_\_

### MEDICAL INFORMATION

Is your child allergic to anything? \_\_Yes\_\_ \_\_No\_\_ If yes, what? \_\_\_\_\_  
Is your child under a doctor's care? \_\_Yes\_\_ \_\_No\_\_ If yes, why? \_\_\_\_\_  
Is your child on any continuous medication? \_\_Yes\_\_ \_\_No\_\_ If yes, what? \_\_\_\_\_  
Does your child have asthma? Does he/she require an inhaler? \_\_\_\_\_  
Does your child have any special needs? If yes, please attach any family service plans and/or IEP's \_\_\_\_\_

Please give any information concerning your child which will be helpful in his experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes). \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY INFORMATION**

Name of local contacts if parents are unavailable:

Name of Child's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Child's Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Phone \_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, call (please list relationship):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

If you cannot call for your child, please give the names of persons to whom the child can be released:

\_\_\_\_\_

I agree that the operator may authorize the physician of his/her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

\_\_\_\_\_  
(Signature of Parent) (Date)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, other children in the facility will be supervised by a responsible adult. I will not administer any drug or any medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian. Provisions will be made for adequate and appropriate rest and outdoor play.

\_\_\_\_\_  
(Signature of Director) (Date)

How did you hear about our program? \_\_\_\_\_

*Building Blocks, early education center admits students of any race, color, or national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students of the school. It does not discriminate on the basis of race, color, or national and ethnic origin in the administration of its educational policies, admissions policies, athletic and other school administered programs.*