

The following forms are required.
To guarantee your child's placement in our program,
please complete and return the following forms.

1. **Registration form and \$25.00 annual registration/activity fee** (non-refundable).
2. **Emergency Contact / Parental Consent Form**
(please fill in all spaces, sign and date)
3. **Child Health Assessment (signed by a physician)**
(Health assessments are to be updated annually for children ages 3 through Kindergarten and every two years for children in grades 1- 6. A special schedule is dictated for children ages 6 weeks to 2 years.)
4. **Child Survey**
Help your child's site director and other staff to know your child by completing this short survey.
5. **Tuition Agreement.**
(please indicate payment method, sign and date.)

Building Blocks Learning & Child Development Center
9 S. Bacton Hill Road, Malvern PA 19355
6750 Iroquois Trail, Allentown, PA 18104
345 School Bell Road, Bear DE 19701
www.buildingblockchildcare.com



Registration Form

Name of Child: _____ Date of Birth: _____

Name of Child: _____ Date of Birth: _____

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Date Care is to begin: _____ Center: Allentown Malvern

Please indicate the type of care needed:

Full time Part time (1/2 day)

Please circle the days of the week that your child will need care:

M T W TH F

Child's Approximate Arrival Time: _____ Departure Time: _____

How did you hear about Building Blocks:

Referred Direct Mail Drive By Internet Ad Other: _____

A \$25 non-refundable annual registration / activity fee is required and should accompany this form.

I understand and agree with the attached tuition policies.

Signature of Parent and/or Guardian

Date

Please remember to attach your annual registration fee of \$25.00

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Tuition Policies

Monthly tuition is due on or before the 1st of the month.

Any tuition not paid by the 1st day of the month will incur a late fee of 5% of monthly tuition. After the 5th day of the month, childcare service may be withheld until payment or payment arrangements are made.

Monthly tuition fees are non-refundable regardless of holidays, illness, vacation, inclement weather days or “acts of God.” The center will make reasonable efforts to open in inclement weather; however, the center may choose to close at the Owner’s discretion.

Building Blocks is closed on the following days:

Labor Day	Thanksgiving Day and Friday
Christmas Eve and Day	New Years Eve and Day
Spring Break (Good Friday)	Memorial Day
Independence Day	

The center will open at 6:30am and close at 6:00pm.

A fee will be charged for any child not picked up before the Center's designated closing time. The late fee charged will be \$20.00 per child from 6:00-6:15 p.m. with an additional charge of \$5.00 for every 5 minute period thereafter. Fees for late pickup must be paid immediately. If not paid immediately, the child will not be readmitted to the program until these charges are paid in full.

A non-refundable deposit of 2 week’s tuition is required for applications received 30-60 days or more prior to the child’s first day. If a deposit is not paid, a place for the child cannot be guaranteed. Deposits are applied to monthly tuition fees.

The center requires 2 weeks written notice of withdrawal. If 2 weeks advance notice of withdrawal is not provided, the standard tuition fee shall be charged for that period.

The center reserves the right to deny, cancel, sever, or suspend a child’s enrollment at any time the center, in its sole discretions, deems such action to be in the best interest of the child or the center. In such event, any unused tuition may be refunded based on the owner’s discretion.

In the event that Parents from time to time engage employees of the center from time to time for outside child care services, Parents agree that these engagements are not related to the center, or its owner. With respect to outside engagements, Parents release and discharge the center and its owners and shareholders, from all claims, demands, liabilities, actions, or causes of action whatsoever, whether known or unknown, which Parents have, may have, or claim to have at any time in the future against the owner releases based in whole or in part on or arising out of or related to any outside engagement.

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124(a)(b), 3270.181 & 182; 3280.124 (a)(b), 3280.181 & 182; 3290.124 (a)(b), 3290.181 & 182

CHILD'S NAME		BIRTHDATE
ADDRESS		
MOTHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
FATHER'S NAME/LEGAL GUARDIAN		HOME TELEPHONE NUMBER
ADDRESS		
BUSINESS NAME		BUSINESS TELEPHONE NUMBER
ADDRESS		
EMERGENCY CONTACT PERSON(S)	NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED	NAME	ADDRESS
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER		TELEPHONE NUMBER
ADDRESS		
SPECIAL DISABILITIES (IF ANY)	ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION	MEDICATION, SPECIAL CONDITIONS	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD		
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS		POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT		
OBTAINING EMERGENCY MEDICAL CARE	ADMIN. OF MINOR FIRST - AID PROCEDURES	
WALKS AND TRIPS	SWIMMING	
TRANSPORTATION BY THE FACILITY	WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		WORK PHONE:
FACILITY PHONE:	COUNTY:	
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

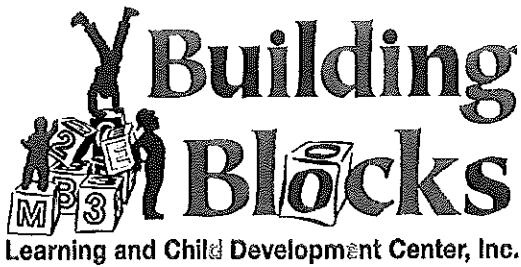
HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.
	VISION (subjective until age 3)
	HEARING (subjective until age 4)
	LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT
ADDRESS:	TITLE:
PHONE:	LICENSE NUMBER: DATE FORM SIGNED:

Parents may write immunization dates; health professional should verify and complete all data.



Help Us To Know Your Child

(This form will go to your child's teacher)

Name of Child _____ Date of Birth _____

Parent/Guardian's Names _____

Address _____

First Contact Phone Number _____

What name does your child go by? (nickname) _____

Does your child have any other siblings?

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

Does your child have any special needs:

Physical: _____

Medication: _____

Food/Diet Restrictions: _____

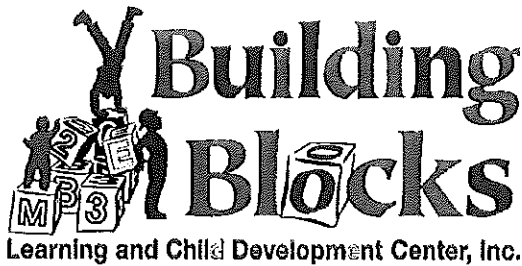
What activities does your child enjoy doing most?

Does your child have any fears concerning school?

What techniques are effective when your child is upset?

Please give us any other information that you feel would be helpful for us to know about your child.

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Tuition Agreement

A signed tuition agreement is required upon enrollment of your child in the program. You will need to sign an additional tuition agreement if your enrollment changes or when your child progresses to the next classroom.

Child's Name: _____ Birth Date: _____

Parent' Name: _____ Phone: _____

Child Start Date: _____

Classroom: _____ Days: M T W TH F (please circle)

Monthly Tuition : _____

Payment Options: Pay full monthly amount due by the 1st
 Pay _____ weekly by Wednesday prior to the start of the week

- **Monthly tuition is due on or before the 1st of the month.**
- Any tuition not paid by/on the 1st day of the month will incur a late fee of 5% of monthly tuition. After the 5th day of the month, childcare service may be withheld until payment or payment arrangements are made.
- Monthly tuition fees are non-refundable regardless of holidays, illness, vacation, inclement weather days or "acts of God." The center will make reasonable efforts to open in inclement weather; however, the center may choose to close at the Owner's discretion. Parents should call the center voicemail regarding closings.
- A \$25 charge will be assessed for each check returned due to non-sufficient funds.
- 2 weeks written notice of withdrawal is required, otherwise full tuition will be charged.

I understand and agree to the policy and procedures outline in this agreement and the parent handbook. I agree to update the emergency contact/parental consent form whenever changes occur or every 6 months.

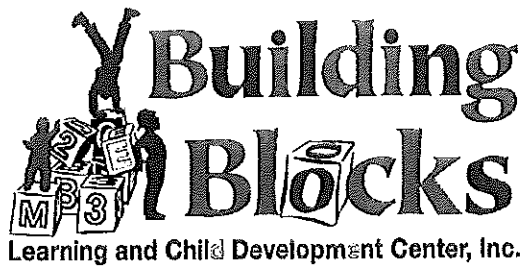
Signature of Parent and/or Guardian

Date

Signature of Director/Owner

Date

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I, _____, the parent of _____

give my permission for Building Blocks to photograph my child for school activities.

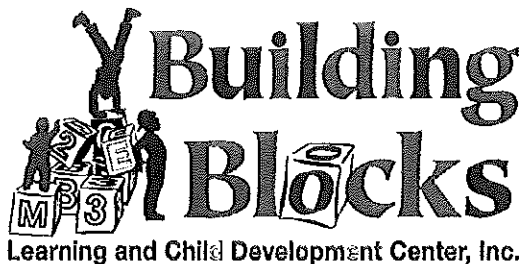
Signature of Parent _____ Date _____

On occasion we have college or high school students do observational hours at BBLC.

Please initial if you give your permission for your child to be photographed for observational projects / reports.

Initial of Parent _____ Date _____

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Emergency Evacuation Child Release Authorization

I, _____ authorize Building Blocks to release my child(ren) to the person(s) designated. This is in consonance with Building Blocks Emergency Operations Plan.

Please Print Clearly

Student's Name

Designated Custodian Name & Relationship

Parent Signature

Date

Parent Name

Address

City

State

Zip Code

Home Phone

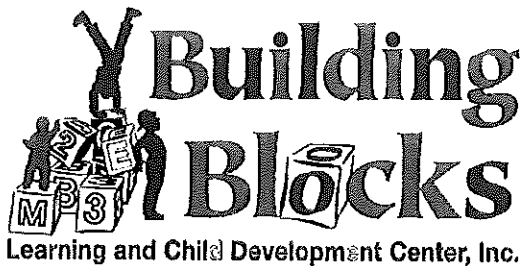
Work Phone

Cell Phone

Email Address

Please note which number to call for emergency.

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Payment Processing Schedule

We have decided to use Tuition Express as our automatic tuition payment processing service. With this service we are able to reduce the time and effort it takes to process payments. Additionally, Tuition Express is the safest, most efficient means of payment processing and will allow us to better address your specific payment needs.

Below you will find a list of payment options. You may choose one (1) payment option. We hope that by offering these payment options we can assist you in meeting your personal payment needs.

Child's Name: _____

Parent's Name: _____

- Weekly: Your payment will be deducted from you account every Monday.
- Monthly: Your payment will be deducted on the 2nd of each month.

Please note: When the payment date reflected above falls on a weekend or holiday the center will process the payment on the next available business day.

Parent Signature

To complete the process – please fill out either the Electronic Funds Transfer Authorization or the Credit Card Payment Authorization form and return them to the main office.

Thank you for your continued support of our center and programs we offer.

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Hop aboard the Tuition Express
and never write a check again!

ProCare Software

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or to review your payment history, please visit www.tuitionexpress.com

For Bank Account Authorization, complete this side and return to center management.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition ExpressSM to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____					
City _____		State _____	Zip _____	City _____ State _____ Zip _____	
Routing Transit Number (see sample below) _____			Account Number (see sample below) _____		
Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings					

This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____ Date _____

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition ExpressSM program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.

(Please attach a copy of a voided check below - deposit slips not accepted)

John Smith
12345 Street
Anytown, CA 90210

Pay to the order of _____ \$ _____

11 10574 2 10410 578 245 14 14 20

Routing Transit Number Account Number Check Number

Never write a check again!

ProCare Software

Express

TUITION

Wish your tuition payments were easier to manage?
Help is on the way...
Tuition Express is a safe, reliable, convenient
method of paying your childcare expenses

For Credit Card Authorization, complete this side and return to center management.

CREDIT CARD PAYMENT AUTHORIZATION

I (we) hereby authorize _____ (called "CENTER" in this Authorization) to initiate recurring credit card charges to the below referenced credit card account for the purpose of collecting childcare related payments. I (we) understand that the charges to the below referenced credit card account will be based on charges that are due and payable at the time of the credit card transaction. I (we) understand that this agreement is between myself (us) and the below referenced "CENTER". I (we) authorize CENTER to utilize Tuition Express* to capture, create, and transmit all credit card information. I (we) indemnify and hold harmless, Tuition Express from any and all liability resulting from any and all transactions. All disputes will be directed to and addressed by and between CENTER and the below signed cardholder. I (we) understand that to properly affect the cancellation of this agreement, I (we) are required to give CENTER written notice of revocation. A minimum of 5 business days is required to affect revocation.

PLEASE CONTACT CENTER REPRESENTATIVES FOR CREDIT CARD TYPES ACCEPTED BY CENTER.

Cardholder Name	Phone #	Account Number	3 digit code
Cardholder Billing Address		Expiration Date	
City	State	Zip	Cardholder Signature
			Date

Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition ExpressSM program. *Tuition Express is an assumed business name of Blum Investment Group, Inc.

For Official Use Only:

Date Received: _____

Employee Signature: _____

TUITION

Express

ProCare Software

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and never write a check again!

To learn more about Tuition Express, automatic payment notifications or to review your payment history, please visit www.tuitionexpress.com