



STUDENT INFORMATION	
Student first name:	Student last name:
Sex: M or F	Date of birth:
Current school (if applicable):	Current school phone number:
Select half-day or full-day schedule: <input type="checkbox"/> Half Day (7:30 a.m.–12:00 p.m.) <input type="checkbox"/> Full Day (7:30 a.m.–3:30 p.m.)	Anticipated Care Hours (please check all that apply): <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
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.