



Little Builders Preschool  
2024-2025 Registration Form

Student Name: First \_\_\_\_\_ Last: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: M/F Age: \_\_\_\_\_

Fee Information\*: (*\*Subject to change.*)  
\$100 non-refundable fee due at the time of registration  
\*\*\*No refunds given for days missed/illnesses

**AM PRESCHOOL 9:00 am- 11:30 am 2.5hr program**

**One Day per week: Wednesday AM \$100 per month (\$1000 for the school year)**

- Monthly payments of \$100.00 due September 2024 through June 2025

**Two Days per week: \$210 per month (\$2,100 for the school year)**

- Monthly payments of \$210.00 due September 2024 through June 2025

**Four Days per week: \$325 per month (\$3,250 for the school year)**

- Monthly payments of \$325.00 due September 2024 through June 2025

**PM PRESCHOOL 12:30 pm-3:30 pm 3hr Program**

**Two Days per week: \$225 per month (\$2,250 for the school year)**

- Monthly payment of \$225.00 due September 2024 through June 2025

**Four Days per week: \$350 per month (\$3,500 for the school year)**

- Monthly payment of \$350.00 due September 2024 through June 2025

**Please circle your preferred days and time of attendance:**

Mon/Thurs    Tues/Fri    Mon/Tues/Thurs/Fri    Morning / Afternoon

Wednesday/AM-1 Day only    Wednesday/AM- Add on (Additional \$100 a month)

**Primary Household (Parent/ Legal guardian of student)**

First name: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**Secondary (Parent/Legal guardian of Student)**

First name: \_\_\_\_\_ Last: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone:home \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

**STUDENT RELEASE AUTHORIZATION/EMERGENCY CONTACTS**

When injury, illness, or other non-emergency situations occur involving your child, we want to be able to quickly reach families or other responsible adults. In the event we cannot reach a parent/guardian, please list persons you trust who are available during the day to provide care for your child. If you wish to add more than 3 emergency contacts, please list them on an additional page.

**First Contact: Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Relationship To Student:** \_\_\_\_\_

**Secondary Contact: Last Name** \_\_\_\_\_ **First:** \_\_\_\_\_

**Phone:Home** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Relationship To Student:** \_\_\_\_\_

**Third Contact: Last Name:** \_\_\_\_\_ **First:** \_\_\_\_\_

**Phone:Home** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Relationship To Student:** \_\_\_\_\_

**STUDENT RELEASE AUTHORIZATION:** If the school is unable to contact the parent/guardian, I authorize that my child may be released to the person(s) listed above.

Legal Parent/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY MEDICAL AUTHORIZATION:** I understand that in the event of an accident or illness, every effort will be made to contact the parent/guardian immediately. If a parent/guardian cannot be reached, I authorize school authorities to obtain emergency care for my child.

Legal Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **MEDICAL INFORMATION**

**Medical Conditions:** \_\_\_\_\_

**Life Threatening:** Y/N

**Known Allergens:** \_\_\_\_\_

**Life Threatening:** Y/N

**Medications:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

**Location:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Insurance#** \_\_\_\_\_

**Little Builders Preschool address:**

**BrickZone Kids**

**2213 E St.**

**Washougal, WA. 98671**

**Mailing address:**

**BrickZone Kids**

**2213 E St.**

**Washougal, WA 98671**

**\*\*Make checks payable to Brickzone**



**BrickZone Kids  
And  
Little Builders Preschool Consent Form**

**CONSENT & RELEASE AGREEMENT**

I hereby consent to my child's participation in the Preschool Program and/or BrickZone Kids activities. In providing my consent, I understand that the program will include my child participating in various activities including gross motor activities, recreation, arts and crafts, games, walking field trips and other physical activities. I understand that there is always potential for injury to my child. I sign this consent and release with such knowledge and information and agree to forever release and discharge BrickZone Kids and the Little Builders Preschool, their assigns, servants, agents, employees and directors of and from all causes of action, claims and demands, damage directly or indirectly sustained by my child or myself as a result of his/her participation in this program.

---

Parent/Guardian Signature Date

**PHOTO CONSENT AGREEMENT**

I give permission for my child's photograph/video to be taken and used by The Little Builders Preschool and BrickZone Kids. This photograph or video may be used for preschool or agency-related publicity/marketing and/or public relations or community education purposes.

I expect no compensation or remuneration. No inducement or promises have been made to me to secure my signature to this release other than the intention stated above. This consent as to any use of said photographs or slides shall act to expressly release from liability the agencies and all their personnel.

---

Parent/Guardian Signature Date

### Termination Policy

There may be some circumstances where a family will be asked to find another preschool that better meets the needs of the child/family.

If a parent's conduct is deemed to be detrimental or harmful to the welfare of other children, staff and clients, Little Builders preschool reserves the right to terminate the student's contract

If a child's conduct is deemed to be dangerous or harmful to others, the child will be sent home. In the event that a child's behavior continues to be detrimental or harmful to the welfare of the other children, Little Builders Preschool reserves the right to terminate the student's contract.

I have received a copy of Little Builders Preschool Termination Policy. I have read, understand and agree to follow the above stated policies.

---

Parent/Guardian Signature \_\_\_\_\_ Child's Name