

**BUILDING BLOCKD PRESCHOOL  
82 LADY MUSGRAVE ROAD KINGSTON 5  
9788150 /9277004  
WWW.BUILDINGBLOCKSJA.COM**

Date: \_\_\_\_\_

Year of Entry: \_\_\_\_\_

**REGISTRATION FORM**

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Home Number : \_\_\_\_\_

Cellular Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Number: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

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

Home Number: \_\_\_\_\_

Cellular Number: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Business Number: \_\_\_\_\_

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

Third Party's Name (in case of an EMERGENCY):

---

Third Party's Address & Number (in case of an Emergency):

---

HEALTH FORM

PLEASE READ AND FILL OUT ACCURATELY

DOES YOUR CHILD SUFFER FROM ALLERGIES? LIST ANY MEDICATION TAKEN.
DOES YOUR CHILD SUFFER FROM ASTHMA? LIST ANY MEDICATION TAKEN.
DOES YOUR CHILD HAVE SEIZURES? LIST ANY MEDICATIONS OR SPECIAL STEPS TO BE TAKEN IF IT OCCURS.
DOES YOUR CHILD HAVE A HEART CONDITION? LIST ANY MEDICATION TAKEN.
DOES YOUR CHILD HAVE ANY DIET RESTRICTIONS? LIST ANY FOODS HE/SHE CAN NOT EAT.
PLEASE LIST ANY OTHER MEDICAL INFORMATION NEEDED.
PLEASE LIST THE DOCTOR'S NAME, ADDRESS AND NUMBERS.
DO WE HAVE YOUR PERMISSION TO ADMINISTER TOPICAL CREAMS? (Anthisan Cream, DPH Allergy, Hydrocortisone Cream)

OTHER IMPORTANT INFORMATION.
------------------------------

PLEASE NOTE THAT ANY MEDICATION TO BE ADMINISTERED AT SCHOOL MUST BE ACCOMPANIED BY A SIGNED LETTER WITH THE NECESSARY DETAILS.

PARENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_