

Nursery Enrolment Form

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1 Child Information						
First name:		Family name:				
Nickname (if any):		Date of birth:		Gender:		
Nationality:		Religion:				
First language:		Other languages:	•			
Has your child attended nursery before?		If yes, nursery name:				
Sibling's first name:		Date of birth:	Gender:			
What school/s do sibling(s) attend?:						
2 Family Information						
Father's first name:		Family name:				
Nationality:		Profession:				
Employer:		Office #:				
Home #:		Mobile #:				
Email:						
Mother's first name:		Family name:				
Nationality:		Profession:				
Employer:		Office #:				
Home #:		Mobile #:				
Email:						
3 Address of Residency						
Building / Development name:		Str	reet #:			
Building / Villa / Apt. #		Area:				
Nearest landmark:						
PO Box #:		En	nirate:			
Is the above address for both parents? (check one)] Yes	□ No		
4 Emergency Contact Information						
(Contact 1) First name:		Family name:				
Mobile #:	Home #:		Office #:			
Relationship to child:						
(Contact 2) First name:			Family name:			
Mobile #:	Home #:					
Relationship to child:						



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5 Pick up Contact									
Please provide us details of the person/s authorised to collect your child from nursery.									
(Contact 1) First name: Family name:						Gender:			
Mobile #:									
(Contact 2) First name: Family name:						Gender:			
Mobile #:									
(Contact 3) First name: Family name:						Gender:			
Mobile #:		Relationship to child:							
6 Enrolment Preference									
Term Preference (*Academic Term)	☐ Fall Term	☐ Winte	er Term		Spring Term	Year:			
(*Extended Term)	☐ Fall Term + Camp + Half Term		er Term + o + Half Term		Spring Term + Camp + Half Term				
Days Preference	☐ 5 Days	☐ 3 Day	S		2 Days				
Timing Preference (16 mo - 4.5 yrs)	☐ (BBN) 8-12:30PM	☐ (BBA)	8-2:00PM		(BBD) 8-6:00PM	☐ (BBB) 7:30 drop off			
Infant Timing (4 mo - 15 mo)	☐ (BBN) 8-2:00PM	☐ (BBA)	8-6:00PM		(BBB) 7:30 drop off				
I have read, understand and agree to abide by the terms and conditions as set forth by Building Blocks Nursery.									
Parent/Guardian First Name*: (please print) Family name:									
Signature: Date:									
*By entering your name in this field you have agreed & accepted all BBN terms, conditions and policies laid down in the prospects, parent handbook & registration.									
For Internal Use:									
Date Received:			Signature:						
Class:			Start Date:						