



Little Builders Preschool
2025-2026 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 \$115 per month (\$1,150 for the school year)

- Monthly payments of \$115.00 due September 2025 through June 2026

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

- Monthly payments of \$225.00 due September 2025 through June 2025

Four Days per week: \$340 per month (\$3,400 for the school year)

- Monthly payments of \$340.00 due September 2025 through June 2026

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

Two Days per week: \$240 per month (\$2,400 for the school year)

- Monthly payment of \$240.00 due September 2025 through June 2026

Four Days per week: \$365 per month (\$3,650 for the school year)

- Monthly payment of \$365.00 due September 2025 through June 2026

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 \$115 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
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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 _____