



Dear Parents,

Please fill out the enclosed forms completely. If any of your information changes during your child's time at Building Blocks Day School, please inform us in writing.

**1. Student Registration Forms:** These forms provide the basic enrollment information to the school, as well as state-mandated proof of the child's identity and age.

Please list the names of the people authorized to pick up your child from school in the included Pick-Up Permission form. These individuals should carry identification when picking up your child. As a courtesy, please inform the teachers if someone other than you or your regular pick-up person will be picking up your child at the end of the day. If you do not include a person on the Pick-Up Permission Form, but want to give permission for a day or short term basis for a person to pick up your child, you must send in a note granting permission. Please include your child's name, the date, the person's first and last name and your signature.

*"In the event of a local or national emergency..."* We understand that in a case of heightened security you may not want us to release your child to all of the people authorized to pick-up your child on a regular basis. If you authorize us to release your child to someone other than yourself in the event of a local or national emergency, please list them. If no one is indicated, your child will only be released to a parent/legal guardian in a local or national emergency situation.

**2. Getting to Know Your Child:** This information is to help us know your child better and to facilitate a smooth transition. This information will be kept confidential and only shared with your child's teachers.

**3. School Entrance Health Form:**

- **Part I – Health Information Form:** State and County licensing agencies require parents to fill in the first page of the Health Form.
- **Part II – Certification of Immunization:** A comparable dated and signed / stamped copy of the child's immunization record shall be acceptable in lieu of completing Section I of this part, as long as the record is attached to this form. Only vaccines marked with an asterisk are currently required for school entry. The form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box. **Tuberculosis Test:** If your child has not had a TB test, he/she must have the test or the doctor must perform a "negative risk assessment" for tuberculosis.





- **Part 3 – Physical Examination:** A qualified licensed physician, nurse practitioner, or physician assistant must complete this section and sign it. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at [www.vahealth.org/schoolhealth](http://www.vahealth.org/schoolhealth).

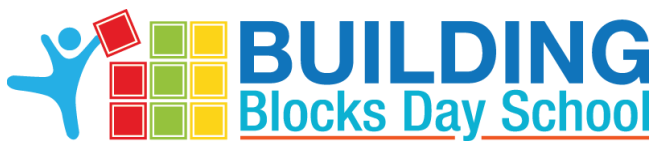
**4. Medical Authorization Form (Optional):** If there are any prescription or non-prescription medication(s) that must be administered to your child, please complete this form with the details of the medication, dosage, application, etc.. This optional form must be completed and signed by the child parents/guardians and the child’s physician.

**5. OTC Skin Products (Optional):** We can only apply sunscreen provided by you with your child’s name on it. It must be hypo-allergenic and be SPF 15 or higher. Diaper ointment must have your child’s name labeled on the original tube.

**6. Parent Handbook:** Please read the BBDS Parent Handbook to familiarize your family with the school’s policies, procedures, and schedule. Please sign and return the last page of the handbook with your registration forms.

Sincerely,

**Mabel Espinoza**  
Principal - BBDS



**DIVISION OF LICENSING PROGRAMS DEPARTMENT OF SOCIAL SERVICES - CHILD REGISTRATION  
FORM (BBDS Rev)**

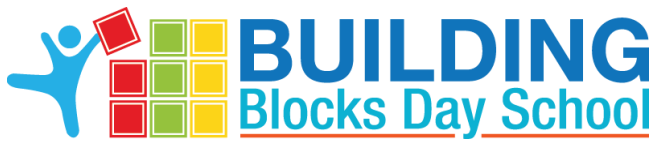
Child	Nickname	Date of Birth	Sex
Address	Family Email	Home Phone	
Chronic Physical Problems/Pertinent Developmental Information/Special Accommodations Needed			
Previous Child Day Care Programs and Schools Attended			
If Child Attends this Center and Another School/Program, Give Name of School/Program			Grade

**PARENT(S)/GUARDIAN(S)**

Father	Place Employed	Business Phone
Home Address		Home Phone
Mother	Place Employed	Business Phone
Home Address		Home Phone
Person(s) or Agency Having Legal Custody of Child		
Home Address		Home Phone
Business Address		Business Phone

**EMERGENCY INFORMATION**

Allergies or Intolerance to Food, Medication, etc., and Action to Take in an Emergency		
Child's Physician	Phone	
Two People To Contact if Parent(s) Cannot Be Reached	Address	Phone
1.	1.	1.
2.	2.	2.
Person(s) Authorized To Pick Up Child [Enter in separate Pickup Permission Form]		
Person(s) <u>NOT</u> Authorized To Pick Up Child*		



**AGREEMENTS**

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately. \*\*
3. The parent(s)/guardians agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.
4. I authorize Building Blocks Day School trained staff to administer first aid and/or CPR and to obtain immediate medical care for my child in the event of an emergency. I authorize emergency medical personnel to transport my child by ambulance if necessary to care for my child.

**SIGNATURES**

<i>Parent(s) or Guardian(s)</i>	<i>Date</i>
<i>Administrator of Center</i>	<i>Date</i>

\*\* If there is an objection to seeking emergency medical care, a statement should be obtained from the parent(s) or guardian(s) that states the objection and the reason for the objection.

**OFFICE USE ONLY  
IDENTITY VERIFICATION**

If proof of identity is required and a copy is not kept, please fill out the following.

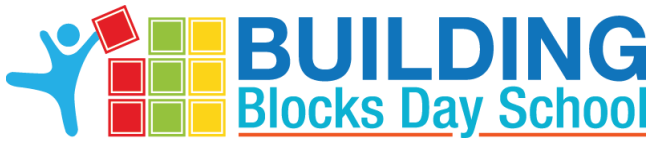
<b>Place of Birth</b>	<b>Birth Date</b>	<b>Birth Certificate Number</b>	<b>Date Issued</b>
<b>Other Form of Proof</b>		<b>Date Documentation Viewed</b>	<b>Person Viewing Documentation</b>

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): \_\_\_\_\_  
*Date*

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U. S. that a certified copy of the child's birth record was previously presented or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia *and* the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps

to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.



## Pick Up Permission Form

Child's Name: \_\_\_\_\_

It is our policy to release children only to their parent/ guardians and the person listed below. In the event that you or the persons listed below cannot pick up your child on a particular day, you must notify the teacher or director in writing of the name of the person authorized to pick up your child and the date. **You may add or change persons listed on this form at any time throughout the year by coming into the office.**

### The following persons are authorized to pick up my child from school:

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

In the event of a local or national emergency, children will be released only to their parents/guardians. If you wish to authorize another person(s) to pick up your child in such an emergency, please list them below. We will then release your child to the first of these persons to arrive at the school.

- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_
- Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Parent/Guardian Name (printed): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Fees:

BBDS I Tuition for all age groups is \$315 per week, which covers meals, enrichment programs, and material fees. Siblings receive a \$20 per week discount. We provide a mid morning snack, nutritious catered lunch, and afternoon snack.

BBIDS Tuition for infants \$330 per week, for 2.5 and up \$315 per week

School Hours: Monday through Friday, 7:30 am to 6:00 pm, excluding holidays. We follow Falls Church City public schools for snow and emergency closings/delays. The school opens at 9:00am during Delayed Openings.

---

### FOR OFFICE USE ONLY

Class Assigned \_\_\_\_\_ Reg. Fee Paid \_\_\_\_\_ Tuition Deposit Paid \_\_\_\_\_ Art Fee \_\_\_\_\_

Start Date \_\_\_\_\_ Withdrawal Date \_\_\_\_\_ Reason \_\_\_\_\_



## GETTING TO KNOW YOUR CHILD

It is important that you complete all information to enable us to work effectively with your child. This information is kept confidential.

Child's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_ Birth date \_\_\_\_\_

### Health:

Does your child have any known allergies (include environmental, food, animal and medical)? \_\_\_\_\_

Are there any special issues related to medication, communicable diseases, medical procedures, or special care (include tubes in ears)? \_\_\_\_\_

### Household Information:

Father's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Names and ages of siblings: \_\_\_\_\_

Do any other children or adults live in the household? \_\_\_\_\_ If so, please list his/her name(s) and relation to the child: \_\_\_\_\_

Does your child live anywhere else part-time? \_\_\_\_\_

Is there anyone else who cares for your child? If so, please list the relationship: \_\_\_\_\_

### General Information:

With whom does your child spend most of his/her time? \_\_\_\_\_

What forms of disciplining are used at home? \_\_\_\_\_

Who does the disciplining in your home? \_\_\_\_\_

Does your child separate easily from parents when left with another adult? \_\_\_\_\_

Do you have pets? If so, what kind? \_\_\_\_\_

What are the ages of your child's playmates? \_\_\_\_\_

What time does your child usually go to bed? \_\_\_\_\_

What situations make your child sad? \_\_\_\_\_

Angry or frustrated? \_\_\_\_\_

What do you usually say or do to comfort your child: \_\_\_\_\_

See back page...

**Favorites:**

**Toys:** \_\_\_\_\_ **TV shows:** \_\_\_\_\_

**Activities:** \_\_\_\_\_ **Games:** \_\_\_\_\_

**Other:** \_\_\_\_\_

**When is your child happiest? What does she/he enjoy the most?** \_\_\_\_\_

**Specific Fears:**Please check those that apply.

\_\_\_\_\_ **Loud Noise**    **The Dark**    **Separation**    **Heights**    **Animals**    **Strangers**  
\_\_\_\_\_ **Masks**    **Other:** \_\_\_\_\_

**Behaviors:**

Please indicate any behaviors that are a concern for you.

\_\_\_\_\_ **Bed Wetting**    **Thumb Sucking**    **Pacifier**    **Biting**    **Hitting**    **Speech**  
\_\_\_\_\_ **Shyness**    **Anxiety**    **Anger**    **Large Motor Development**  
\_\_\_\_\_ **Fine Motor Skills**    **Other:** \_\_\_\_\_

**School:**

**Has your child had previous experience in group/structured programs?** \_\_\_\_\_

\_\_\_\_\_ **Preschool**    **Day Care**    **Play Groups**    **PDO**    **Therapy**  
**Other:** \_\_\_\_\_

**Will your child be attending another school or child care in addition to this program?** \_\_\_\_\_

**Name of School:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

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

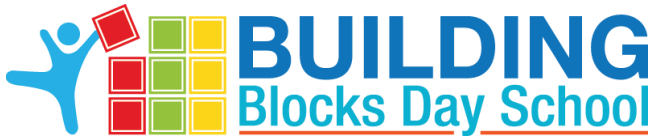
**How does your child deal with new situations?** \_\_\_\_\_

**Other children:** \_\_\_\_\_

**Does your child typically join, watch, lead or follow in a peer situation?** \_\_\_\_\_

**What do you hope our school will provide your child?** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_



COMMONWEALTH OF VIRGINIA SCHOOL ENTRANCE HEALTH FORM

Part I – HEALTH INFORMATION FORM

State law (Ref. Code of Virginia § 22.1-270) requires that your child is immunized and receives a comprehensive physical examination before entering public kindergarten or elementary school. **The parent or guardian completes this page (Part I) of the form.** The Medical Provider completes Part II and Part III of the form. This form must be completed no longer than one year before your child's entry into school.

Name of School: \_\_\_\_\_ Current Grade: \_\_\_\_\_  
 Student's Name: \_\_\_\_\_  
 Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_ State or Country of Birth: \_\_\_\_\_ Main Language Spoken: \_\_\_\_\_  
 Student's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Name of Mother or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Work or Cell: \_\_\_\_\_  
 Name of Father or Legal Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_ Work or Cell: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Work or Cell: \_\_\_\_\_

Condition	Yes	Comments	Condition	Yes	Comments
Allergies (food, insects, drugs, latex)			Diabetes		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
Attention-Deficit/Hyperactivity Disorder			Heart problems		
Behavioral problems			Lead poisoning		
Developmental problems			Muscle problems		
Bladder problem			Seizures		
Bleeding problem			Sickle Cell Disease (not trait)		
Bowel problem			Speech problems		
Cerebral Palsy			Spinal injury		
Cystic fibrosis			Surgery		
Dental problems			Vision problems		

Describe any other important health-related information about your child (for example, feeding tube, hospitalizations, oxygen support, hearing aid, etc.):

\_\_\_\_\_  
 \_\_\_\_\_

List all prescription, over-the-counter, and herbal medications your child takes regularly:

\_\_\_\_\_  
 \_\_\_\_\_

Check here if you want to discuss confidential information with the school nurse or other school authority.  Yes  No

Please provide the following information:

	Name	Phone	Date of Last Appointment
Pediatrician/primary care provider			
Specialist			
Dentist			
Case Worker (if applicable)			

Child's Health Insurance:  None  FAMIS Plus (Medicaid)  FAMIS  Private/Commercial/Employer sponsored

I, \_\_\_\_\_ (do\_ ) (do not\_) authorize my child's health care provider and designated provider of health care in the school setting to discuss my child's health concerns and/or exchange information pertaining to this form. This authorization will be in place until or unless you withdraw it. **You may withdraw your authorization at any time by contacting your child's school.** When information is released from your child's record, documentation of the disclosure is maintained in your child's health or scholastic record.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of person completing this form: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Interpreter: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

COMMONWEALTH OF VIRGINIA  
 SCHOOL ENTRANCE HEALTH FORM

 Part II - Certification of Immunization

## Section I

To be completed by a physician or his designee, registered nurse, or health department official.  
 See Section II for conditional enrollment and exemptions.

A copy of the immunization record signed or stamped by a physician or designee, registered nurse, or health department official indicating the dates of administration including month, day, and year of the required vaccines shall be acceptable in lieu of recording these dates on this form as long as the record is attached to this form.

Only vaccines marked with an asterisk are currently required for school entry. Form must be signed and dated by the Medical Provider or Health Department Official in the appropriate box.

Student's Name:		Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>			
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Mo.</i>	<i>Day</i>	<i>Yr.</i>
IMMUNIZATION	RECORD COMPLETE DATES (month, day, year) OF VACCINE DOSES GIVEN				
*Diphtheria, Tetanus, Pertussis (DTP, DTaP)	1	2	3	4	5
*Diphtheria, Tetanus (DT) or Td (given after 7 years of age)	1	2	3	4	5
*Tdap booster (6 <sup>th</sup> grade entry)	1				
*Polio (IPV, OPV)	1	2	3	4	
*Haemophilus influenzae Type b (Hib conjugate) *only for children <60 months of age	1	2	3	4	
*Pneumococcal (PCV conjugate) *only for children <2 years of age	1	2	3	4	
Measles, Mumps, Rubella (MMR vaccine)	1	2			
*Measles (Rubeola)	1	2	Serological Confirmation of Measles Immunity:		
*Rubella	1		Serological Confirmation of Rubella Immunity:		
*Mumps	1	2			
*Hepatitis B Vaccine (HBV) <input type="checkbox"/> Merck adult formulation used	1	2	3		
*Varicella Vaccine	1	2	Date of Varicella Disease OR Serological Confirmation of Varicella Immunity:		
Hepatitis A Vaccine	1	2			
Meningococcal Vaccine	1				
Human Papillomavirus Vaccine	1	2	3		
Other	1	2	3	4	5
Other	1	2	3	4	5
I certify that this child is <b>ADEQUATELY OR AGE APPROPRIATELY IMMUNIZED</b> in accordance with the MINIMUM requirements for attending school, child care or preschool prescribed by the State Board of Health's <i>Regulations for the Immunization of School Children</i> (Minimum requirements are listed in Section III).					
Signature of Medical Provider or Health Department Official: _____			Date (Mo., Day, Yr.): <u>  </u> / <u>  </u> / <u>  </u>		

Student's Name: \_\_\_\_\_

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

**Section II**

**Conditional Enrollment and Exemptions**

Complete the medical exemption or conditional enrollment section as appropriate to include signature and date.

**MEDICAL EXEMPTION:** As specified in the *Code of Virginia* § 22.1-271.2, C (ii), I certify that administration of the vaccine(s) designated below would be detrimental to this student's health. The vaccine(s) is (are) specifically contraindicated because (please specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DTP/DTaP/Tdap:[\_\_]; DT/Td:[\_\_]; OPV/IPV:[\_\_]; Hib:[\_\_]; Pneum:[\_\_]; Measles:[\_\_]; Rubella:[\_\_]; Mumps:[\_\_]; HBV:[\_\_]; Varicella:[\_\_]

This contraindication is permanent: [\_\_], or temporary [\_\_] and expected to preclude immunizations until: Date (Mo., Day, Yr.): \_\_\_\_/\_\_\_\_/\_\_\_\_.

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.): \_\_\_\_/\_\_\_\_/\_\_\_\_

**RELIGIOUS EXEMPTION:** The *Code of Virginia* allows a child an exemption from receiving immunizations required for school attendance if the student or the student's parent/guardian submits an affidavit to the school's admitting official stating that the administration of immunizing agents conflicts with the student's religious tenets or practices. Any student entering school must submit this affidavit on a CERTIFICATE OF RELIGIOUS EXEMPTION (Form CRE-1), which may be obtained at any local health department, school division superintendent's office or local department of social services. Ref. *Code of Virginia* § 22.1-271.2, C (i).

**CONDITIONAL ENROLLMENT:** As specified in the *Code of Virginia* § 22.1-271.2, B, I certify that this child has received at least one dose of each of the vaccines required by the State Board of Health for attending school and that this child has a plan for the completion of his/her requirements within the next 90 calendar days. Next immunization due on \_\_\_\_\_.

Signature of Medical Provider or Health Department Official: \_\_\_\_\_ Date (Mo., Day, Yr.): \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section III**  
**Requirements**

**For Minimum Immunization Requirements for Entry into School and Day Care, consult the Division of Immunization web site at <http://www.vdh.virginia.gov/epidemiology/immunization>**

**Children shall be immunized in accordance with the Immunization Schedule developed and published by the Centers for Disease Control (CDC), Advisory Committee on Immunization Practices (ACIP), the American Academy of Pediatrics (AAP), and the American Academy of Family Physicians (AAFP), otherwise known as ACIP recommendations (Ref. *Code of Virginia* § 32.1-46(a)).**

**(Requirements are subject to change.)**



**Part III -- COMPREHENSIVE PHYSICAL EXAMINATION REPORT**

A qualified licensed physician, nurse practitioner, or physician assistant must complete Part III. The exam must be done no longer than one year before entry into kindergarten or elementary school (Ref. Code of Virginia § 22.1-270). Instructions for completing this form can be found at [www.vahealth.org/schoolhealth](http://www.vahealth.org/schoolhealth)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex:  M  F

<b>Health Assessment</b>	<b>Date of Assessment:</b> ____/____/____ Weight: ____ lbs. Height: ____ ft. ____ in. Body Mass Index (BMI): ____ BP ____ - ____ <input type="checkbox"/> Age / gender appropriate history completed <input type="checkbox"/> Anticipatory guidance provided <b>TB Risk Assessment:</b> <input type="checkbox"/> No Risk <input type="checkbox"/> Positive/Referred Mantoux results: _____ mm	<b>Physical Examination</b>																																																		
		1 = Within normal    2 = Abnormal finding    3 = Referred for evaluation or treatment <table style="width:100%; border:none;"> <tr> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> <td></td> <td style="text-align:center;">1</td> <td style="text-align:center;">2</td> <td style="text-align:center;">3</td> </tr> <tr> <td>HEENT</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Neurological</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Skin</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Lungs</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Abdomen</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Genital</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heart</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Extremities</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Urinary</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>				1	2	3		1	2	3		1	2	3	HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		1	2	3		1	2	3		1	2	3																																								
HEENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Neurological	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																									
Lungs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Genital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																									
Heart	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Urinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																									
<b>EPSDT Screens Required for Head Start – include specific results and date:</b> Blood Lead: _____ Hct/Hgb _____																																																				

<b>Developmental Screen</b>	<i>Assessed for:</i>	<i>Assessment Method:</i>	<i>Within normal</i>	<i>Concern identified:</i>	<i>Referred for Evaluation</i>
	Emotional/Social				
	Problem Solving				
	Language/Communication				
	Fine Motor Skills				
Gross Motor Skills					

<b>Hearing Screen</b>	<input type="checkbox"/> Screened at 20dB: Indicate Pass (P) or Refer (R) in each box.			<input type="checkbox"/> Referred to Audiologist/ENT <input type="checkbox"/> <b>Unable to test – needs rescreen</b>	
		1000	2000	4000	<input type="checkbox"/> Permanent Hearing Loss Previously identified:    ___Left    ___Right  <input type="checkbox"/> Hearing aid or other assistive device
	R				
L					
<input type="checkbox"/> Screened by OAE (Otoacoustic Emissions): <input type="checkbox"/> Pass <input type="checkbox"/> Refer					

<b>Vision Screen</b>	<input checked="" type="checkbox"/> With Corrective Lenses (check if yes)			
	Stereopsis	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	<input type="checkbox"/> Not tested
	Distance	Both	R	L
		20/	20/	20/
<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Referred to eye doctor <input type="checkbox"/> <b>Unable to test – needs rescreen</b>				

<b>Dental Screen</b>	<input checked="" type="checkbox"/> Problem Identified: Referred for treatment
	<input checked="" type="checkbox"/> No Problem: Referred for prevention
	<input checked="" type="checkbox"/> No Referral: Already receiving dental care

**Summary of Findings** (check one):

Well child; no conditions identified of concern to school program activities

Conditions identified that are important to schooling or physical activity (complete sections below and/or explain here): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Allergy**  food: \_\_\_\_\_  insect: \_\_\_\_\_  medicine: \_\_\_\_\_  other: \_\_\_\_\_

Type of allergic reaction:  anaphylaxis  local reaction    Response required:  none  epi pen  other: \_\_\_\_\_

**Individualized Health Care Plan needed** (e.g., asthma, diabetes, seizure disorder, severe allergy, etc)

**Restricted Activity** Specify: \_\_\_\_\_

**Developmental Evaluation**  Has IEP  Further evaluation needed for: \_\_\_\_\_

**Medication.** Child takes medicine for specific health condition(s).     Medication must be given and/or available at school.

**Special Diet** Specify: \_\_\_\_\_

**Special Needs** Specify: \_\_\_\_\_

**Other Comments:** \_\_\_\_\_

**Health Care Professional's Certification** (Write legibly or stamp):

Name : \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Practice/Clinic Name: \_\_\_\_\_ Address: \_\_\_\_\_

Recommendations to (Pre) School, Child Care, or Early Intervention Personnel

# Medication Authorization Form

For Prescription and Non-prescription Medications

VDSS Division of Licensing Programs Model Form



## INSTRUCTIONS:

- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

### Section A: To be completed by parent/guardian

Medication authorization for: \_\_\_\_\_  
(Child's name)

\_\_\_\_\_ has my permission to administer the following medication:  
(Name of Child Care Provider)

Medication name: \_\_\_\_\_

Dosage and times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

Parent's or Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Section B: to be completed by child's physician

I, \_\_\_\_\_ certify that it is medically necessary for the medication(s) listed  
(Name of Physician)

below to be administered to: \_\_\_\_\_ for a duration that exceeds 10 work days.  
(Child's name)

Medication(s): \_\_\_\_\_

Dosage and Times to be administered: \_\_\_\_\_

Special instructions (if any): \_\_\_\_\_

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
(Start date) (End date)

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



VIRGINIA DEPARTMENT OF  
SOCIAL SERVICES

## Authorization Form for Non-prescription Over-the-Counter Skin Products Licensed Child Day Centers VDSS Division of Licensing Programs Model Form

**INSTRUCTIONS:**

This form must be completed by the parent/guardian to authorize the use of:

- Sunscreen
- Diaper ointment or cream
- Insect repellent

\_\_\_\_\_ has my permission to apply the non-prescription  
**(Name of Provider)**

over-the-counter (OTC) skin product listed below to my child, \_\_\_\_\_  
**(Child's name)**

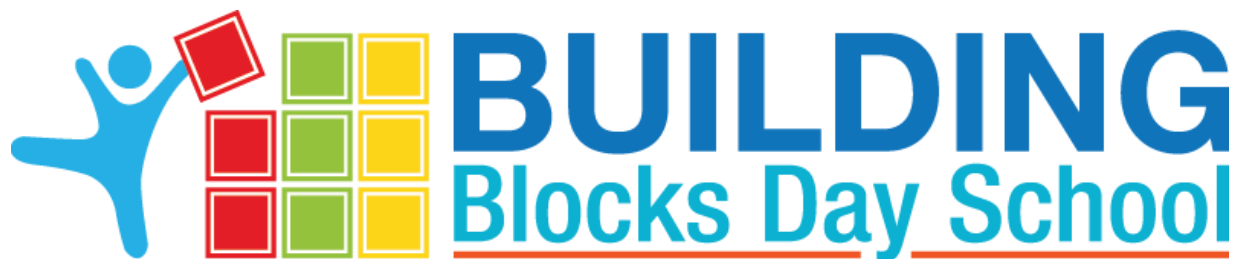
Product Name: \_\_\_\_\_

Known Adverse Reactions (if any): \_\_\_\_\_

- All OTC products must:
  - Be in the original container and, if provided by the parent, labeled with the child's name
  - Be used according to manufacturer's recommendation and instructions for application
  - Not be used beyond the expiration date of the product
- Sunscreen:
  - Must have a minimum sunburn protection factor (SPF) of 15
  - Shall be inaccessible to children under 5 yrs. & children in therapeutic or special needs programs
  - Children nine yrs. and older may self administer sunscreen if supervised
- Diaper ointment/cream and Insect repellents:
  - Shall be kept inaccessible to children
  - Record of use shall be kept that includes child's name, date, frequency of application, and any adverse reactions

This authorization is effective from: \_\_\_\_\_ until: \_\_\_\_\_  
**(Start date) (End date)**

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **PARENT HANDBOOK**

7000 Arlington Boulevard  
Falls Church, Virginia 22042  
571-282-3124

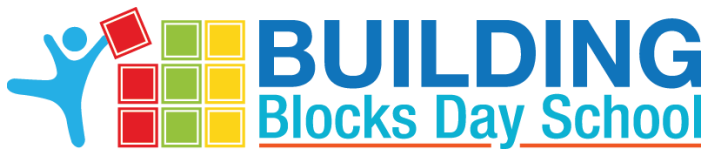
E-mail: [info@bbdschool.com](mailto:info@bbdschool.com)

"The foundation of the future begins here!"

Mabel Espinoza  
Principal

**TABLE OF CONTENTS:**

About Building Blocks Day School.....	1
Licensing.....	1
Ages of Children.....	1
Days & Hours.....	1
Curriculum.....	1 - 2
Religious Affiliation & Holidays.....	2
School Calendar & Closings.....	2
Arrival & Departure of Children.....	3
What to Bring & Appropriate Dress.....	3 - 4
Typical Daily Schedule.....	4
Inclement Weather Policy.....	5
Discipline Policy.....	5
Child Abuse.....	5
Communication with Parents.....	5 - 6
Student Health Policy.....	6
Medication Policy.....	6 - 7
Food Policy.....	7
Emergency Procedures.....	7 - 8
Tuition and Fees.....	8



**ABOUT BUILDING BLOCKS DAY SCHOOL:**

*Building Blocks Day School* was founded by an educator with years of experience working with young children. Mabel Espinoza opened New Building Blocks Preschool, LLC in July, 2006 after the space became available for lease in Iglesia de Santa Maria church. Building Blocks Day School finally opened on October 15, 2007 after a long zoning process.

*Building Blocks Day School* offers a quality full day program within a school environment. Our focus is on the development of the “whole child” through offering experiences to foster the social, emotional, cognitive and physical needs of children. Our mission is to combine the very best child care and early learning experiences within a Christian environment. We follow the philosophy of a developmental program and respect that children learn through playful, enjoyable, meaningful and enriching experiences.

Language development flourishes in the early years. We incorporate English, Spanish and American Sign Language exposure and experiences.

**LICENSING:**

*Building Blocks Day School* is licensed by the Commonwealth of Virginia as a “Child Day Center” in accordance with the codes set forth by the Code of Virginia, Title 63.2.

**AGES OF CHILDREN:**

Our program serves children two through five years of age. We have limited availability for children under two and a half.

**DAYS & HOURS:**

Our hours are from 7:30 a.m. until 6 p.m., Monday through Friday. Most children attend five days.

We have an open-door policy for custodial parents to visit the school throughout the day.

**CURRICULUM:**

*Building Blocks Day School* follows a developmental approach to curriculum. Developmental Appropriateness encompasses (1) age appropriateness – knowledge of typical developmental stages and (2) individual appropriateness – seeing each child as an individual.

In the book *Developmentally Appropriate Practice in Early Childhood Programs Serving Children From Birth Through Age 8*, the National Association for the Education of Young Children states: “A developmentally appropriate curriculum for young children is planned to be appropriate for the age span of the children within the group and is implemented with attention to the different needs, interests, and developmental levels of those individual children.” This approach to curriculum is further outlined whereas:

- A. Developmentally appropriate curriculum provides for all areas of a child's development: physical, emotional, social, and cognitive through an integrated approach.
- B. Appropriate curriculum planning is based on teachers' observations and recordings of each child's special interests and developmental progress.
- C. Curriculum planning emphasizes learning as an interactive process. Teachers prepare the environment for children to learn through active exploration and interaction with adults, other children, and materials.
- D. Learning activities and materials should be concrete, real, and relevant to the lives of young children.
- E. Programs provide for a wider range of developmental interests and abilities than the chronological age range of the group would suggest.
- F. Teachers provide a variety of activities and materials: teachers increase the difficulty, complexity, and challenge of an activity as children are involved with it and as children develop understanding and skills.

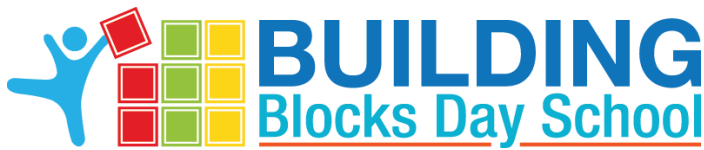
Typical activities include stories, songs, finger-plays, art activities, fine and gross motor experiences, sensory experiences and language enrichment. Academic skills are integrated into the curriculum at levels appropriate for each age group and each child. Children learn through play and hands-on activities. Learning experiences are enjoyable and relevant to the child's world. Some of the materials children have access to include:

- Blocks and building sets
- Sensory table with water, rice, sand, dirt, etc...
- Play-doh or clay
- Paint (finger paint, easel painting, and water colors)
- Housekeeping and dramatic play
- Puzzles and other manipulatives for developing small motor skills and eye-hand coordination
- Counting, sorting, and graphing games and activities
- Science exploration
- Books, puppets and flannel board stories
- Art materials (both open-ended and directed art projects will be planned)
- Computers (for 4 year olds)

***RELIGIOUS AFFILIATION & HOLIDAYS:***

***Building Blocks Day School*** is located in *Iglesia de Santa Maria*, an Episcopal Church. However, ***Building Blocks Day School*** is NOT affiliated with the church. We are a Christian based program, not affiliated with any one religion. The children say grace before meals, talk about prayer and thanksgiving, are read age-appropriate Bible stories and sing songs of faith.

Holidays are celebrated through both secular and religious activities, songs and stories. We invite you to share a tradition or story with your child's class. If you would like more information on how or what specific holidays are celebrated, please do not hesitate to ask us!



### ***SCHOOL CALENDAR:***

We are a year round (12 month) program. We are closed on the following holidays:

New Year's Day, January 1

Inauguration Day

Martin Luther King Jr. 's Birthday

Presidents' Day (Teacher Staff Development)

Memorial Day

Independence Day, July 4

Labor Day

Columbus Day (Teacher Staff Development Day)

Veteran's Day

Thanksgiving Break (Thursday & Friday)

Christmas Break (between Christmas and New Year's Eve) – **Tuition is required for this week.**

Easter Break (Holy Week - the week before Easter) – **No tuition is charged for this week.**

### ***ARRIVAL & DEPARTURE OF CHILDREN:***

Parents are responsible for transporting or arranging the transportation of their children to and from the facility. There is a small parking lot by the playground and a large parking lot next to the church.

Arrival: Parents should use the designated entry door on the side of the church, by the playground. Children should be accompanied to the classroom by their parents or guardians. The parent or person bringing the child to school must **SIGN IN** before leaving the child with the teacher.

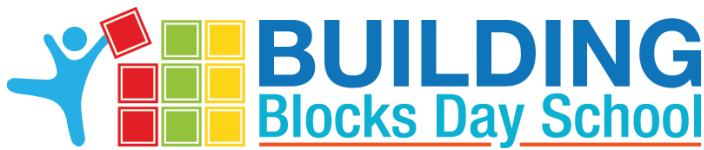
Pickup: Children should be picked by 6:00 p.m. Children **MUST** be **SIGN OUT** by a parent/guardian or person designated by the parent on the **Pick-Up Permission** form before leaving. Once a child is signed out, it is the receiving adult's responsibility to monitor the child in the building and on the grounds. If someone other than yourself (or regular pickup person) is to come for your child, you must inform the administrator or director of the school in writing. We will not release your child to someone without your permission.

Late pickup fee: If you pick your child up from school after 6:00 p.m., you will be assessed a late charge of **\$5.00**. For every minute after 6:05 p.m. an additional \$1.00 per minute will be charged. In case of emergency or unavoidable delay, **please call the school**. If we have not heard from you by 6:30 p.m. we will begin calling the contacts you have listed on your emergency contact list. If we cannot reach anyone to pick up your child by 7:00 p.m., the Fairfax County Police will be notified.

### ***WHAT TO BRING & APPROPRIATE DRESS:***

Diapers: If your child is not potty trained, please make sure that you bring 4 disposable diapers (labeled with your child's name).

Change of Clothing: Please bring a complete change of clothing to be kept at the school. This includes underwear, pants, shirt, and socks. If your child has an extra pair of shoes, you may wish to include them. Please label all clothing with your child's name. As the weather changes, please



replace the extra clothes with ones appropriate for the climate.

Sheet & Blanket: Each child will be assigned his/her own cot and the parents can purchase linens from the school at a very convenient price. Linens will be sent home each Friday to be washed and returned on Monday.

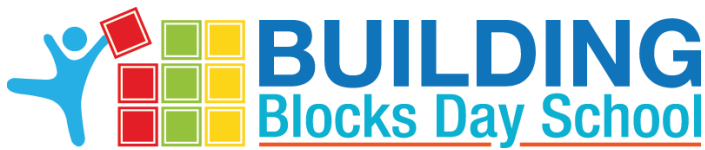
Appropriate dress: Please dress your child appropriately for school and for the weather. Very fancy dresses, non-washable clothing, and dress shoes are not appropriate for school. Your child may spill paint, drip food, or get dirty on the playground. Please dress your child in play clothes and rubber-soled, closed toe shoes. Warm coats, hats, and gloves are necessary in cold weather. We go outside to play every day, unless it is extremely cold, raining, snowing or icy.

***\*TYPICAL DAILY SCHEDULE:***

7:30 - 9:00 Children arrive (free-play and individual time)  
9:00 - 9:20 Circle Time (songs, calendar, weather and daily overview)  
9:20 – 10:20 Educational games and activities (language, science, art, etc.)  
10:20 – 10:30 Toileting/Wash Hands  
10:30 - 10:45 Morning Snack  
10:45 - 11:30 Playground or other gross-motor games or activities  
11:30 - 11:45 Toileting/Wash Hands  
11:45 - 12:00 Story Time  
12:00 - 12:30 Lunch  
12:30 - 12:45 Wash Hands/Brush Teeth  
12:45 - 2:45 Nap/Rest Time  
2:45 - 3:00 Toileting/Wash Hands  
3:00 - 3:15 Afternoon Snack  
3:15 - 3:45 Language Instruction or Daily Review  
3:45 - 4:45 Playground or Movement Activities  
4:45 - 5:30 Centers, Manipulatives, Games, Free Choice Time  
5:30 - 6:00 Clean Up; Books and Puzzles

*\*This depicts a typical schedule, but varies according to the different age groups and activities.*

*In very hot, rainy, snowy, or extremely cold weather, children will not go out on the playground. We do have indoor play equipment and a multi-purpose room for gross motor play on inclement days.*



***INCLEMENT WEATHER POLICY:***

***Building Blocks Day School*** follows **Falls Church City Public Schools (FCCPS)** for school delays and closures. For example:

If FCCPS are closed, we are closed. But in rare situations we may choose to open even if the school district is closed. Parents should monitor their website for closures and delays. In the event that FCCPS has a delayed opening, we will open at 9:00am. In cases where we decide to open when FCCPS has closed the schools, we will communicate our decision to parents through an email and by leaving a message at the following number: 571-282-3124.

If it is threatening to snow and/or begins snowing during the school day and FCCPS announce early dismissal we will abide by the early closure. Please monitor announcements and be prepared to pick up early if FCCPS announce early release for weather-related conditions.

***DISCIPLINE POLICY:***

When a child displays behavior that is inappropriate, the staff will use the following strategies:

- redirection (substituting a positive behavior for a negative one)
- distraction (change the focus of the activity)
- communication (help the child express wants and needs, explain appropriate behavior)
- removal from the area or the classroom if necessary for safety or for the child to calm down to re-enter the group

***Building Blocks Day School*** prohibits the use of corporal or shaming methods of punishment. Children will not be subjected to rough handling or forcing. Food will not be used as a means of reward or punishment.

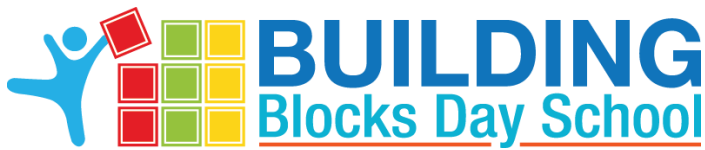
If a child has a continued behavior problem (which may include biting, hitting, kicking, spitting, etc.), a meeting will be held with the director, teacher and parents to develop a behavior management plan in which the parents and the school will work together to help the child correct the inappropriate behavior. ***Building Blocks Day School*** reserves the right to give parents notice to remove their child from our program if we are unable to meet a child's individual needs.

***CHILD ABUSE:***

***Building Blocks Day School*** teachers and staff shall, and must report any suspected incidence of child abuse. This is in accordance with Virginia code 632-1509.

***COMMUNICATION WITH PARENTS:***

We will send periodic newsletters and announcements to parents via e-mail. Please let us know if your e-mail address changes or if you want hard copies of school communications. Important notices will be posted near the classroom doors and on the bulletin board. Teachers will send home a monthly overview of the themes and activities.



Twice a year, you will receive a written Developmental Review concerning your child. Parent/Teacher conferences are scheduled in February and September. However, you may request a conference at any time. To request a conference with your child's teacher or discuss a concern, please call the school office at 571-282-3124 or e-mail [mespinoza@bbdshool.com](mailto:mespinoza@bbdshool.com).

### ***STUDENT HEALTH POLICY:***

Your child must be kept home if he exhibits any of the following symptoms **within 24 hours of a school day: fever over 100 degrees F; diarrhea; vomiting; persistent coughing** (except when due to allergy); **undiagnosed or contagious skin rashes or sores; continuous nasal discharge; eye redness or discharge** (except when due to allergy); **persistent itching or scratching; unusually lethargic; or has nits or hair lice present.**

If your child becomes ill or exhibits any of the above symptoms while at school, we will do all we can do to make him comfortable until you can come to pick him up. If we cannot reach you, we will call the next number on your emergency contact list. It is very important for you to keep this list up to date. Please let us know of any changes in phone numbers for you or your emergency contacts. Also, let us know if you will be at a number different than those you have provided.

You will be asked to update your child's physical exam and immunizations annually. Failure to do so in a timely manner may result in termination of services. If you are religiously exempt from immunizing your children, you must submit written documentation.

### ***MEDICATION POLICY:***

Medication is only administered by staff certified in Medication Administration Training. All administered medication will be recorded by staff in the Medication Log in the office.

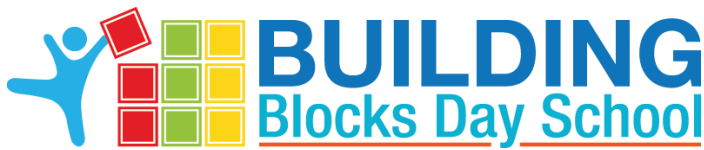
#### ***Over-the-Counter***

Minimum standards for licensed child care centers require that no medication, including nonprescription drugs such as Tylenol and Benadryl, be given **ONLY** with the parent's or guardian's written authorization and be consistent with the manufacturer's instructions for age, duration and dosage. You must fill out a Medication Consent Form in the office and leave the medication in its original container, including the package insert, with office staff to be kept in a locked container. Long term use (more than 10 days) of over the counter medications will require a doctor's prescription.

#### ***Prescription***

Prescription drugs will be given to the child **ONLY** with the parent's or guardian's written authorization and the prescription drug must be in the original container with the pharmacy label and directions intact. Medication must have specific instructions for administration, not "as needed," or "PRN", unless it is an asthma inhaler. Prescription medication label requirements:

- ✓ Child's first and last name
- ✓ Authorized prescriber's name
- ✓ Pharmacy name and telephone number
- ✓ Date prescription was filled
- ✓ Name of medication
- ✓ Route of administration
- ✓ Dosage of the medication
- ✓ How often to give the medication
- ✓ Date the medication is to be discontinued **or** length of time, in days, the medication is to be given. 6



The written authorization shall expire or be renewed after 10 work days. Long term or emergency use of prescription medication (such as Epi-pens or inhalers) must have written authorization from the child's physician as well as parent authorization.

***Diaper Ointment, Sun Screen and Insect Repellent***

Diaper ointment, sun screen and insect repellent must be in the original container and labeled with the child's first and last name. A Medication Consent Form must be filled out properly. Diaper Ointment, sunscreen and insect repellent do **not** require a physician's consent. However, they can only be applied in accordance with the manufacturer's instructions. Sun screen must be hypo-allergenic and contain an SPF of 15 or higher.

***FOOD POLICY:***

We provide a mid-morning snack, hot lunch and afternoon snack. The menu is posted on the bulletin board each month. Please let us know if your child has any dietary restrictions.

***Celebrating birthdays:*** We encourage children to celebrate their birthdays with their class. Please inform your child's teacher before bringing special birthday treats to school. If your child has allergies, please bring cupcakes to keep in the freezer at school for class parties. Label them with your child's name.

***EMERGENCY PROCEDURES:***

***Injury to a Child***

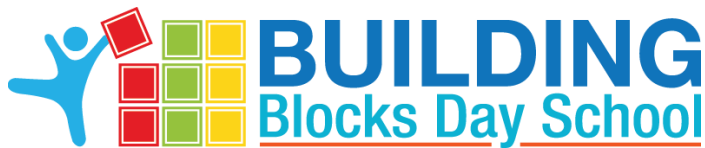
If a child is injured or ill, and in the opinion of the staff on site at the time, needs emergency treatment, the rescue squad (911) will be called. Parents will then be notified. If a child must be transported to the hospital by ambulance, a staff member will take the Emergency Form containing authorization and will accompany the child to the hospital.

***Building Blocks Day School*** staff is trained in First Aid and CPR to respond in the event of an emergency. For less serious injuries, parents will be notified by phone call or in writing at the end of the day.

***Local or National Emergency***

In case of a local or national emergency, we have an emergency plan that will be implemented if necessary. This plan covers different kinds of emergencies:

1. **Emergency in which the school needs to be evacuated:** The only time we will evacuate our building will be due to an unsafe building situation. In that case, we will evacuate to (1) the church parking lot, or (2) Holy Trinity Lutheran Church. Holy Trinity is located at 3022 Woodlawn Avenue (one block west of Iglesia de Santa Maria & Building Blocks). The phone number for Holy Trinity Lutheran Church is 703-532-6617. We will notify you of our location and post the location on the door (if possible). We will keep the children calm, comfortable, and occupied until you arrive. **WHAT YOU CAN DO:** Make sure that your emergency information form is kept up to date with current contact numbers, both for you and for your backup contacts. Keep your cell phone on and charged, and try to be accessible so that we can reach you in the event of an emergency.



2. **Shelter-in-place emergency:** When the community is notified that there is an emergency which requires shelter-in-place, we will execute our shelter-in-place plan for the children and staff. We will keep the children calm, comfortable, and occupied. We will feed the children and take care of their needs. We will listen to the radio and follow emergency instructions given for the community. **WHAT YOU CAN DO:** If someone other than yourself or regular pick-up person is coming for your child, be sure to notify the school either by phone or note. We will require picture ID if we are not sure of a person's identity. We will not release a child to anyone who is not authorized by the parent. Make sure that your "Pick Up Permission" contacts are current.

3. **Emergency in which a lockdown is required for security reasons due to a situation in the community:** All children will be kept inside the school, and all outside doors kept locked. **WHAT YOU CAN DO:** Cooperate with us by not coming to the school until authorities have lifted the lockdown order. Do not call the school, since incoming calls will impede our ability to contact parents. Keep your child's emergency information form up to date.

Things you need to know:

\*Our staff is trained in first aid/CPR and dealing with emergencies.

\*We have food and emergency supplies.

\*We conduct regular fire and emergency drills, as required by the state of VA.

\*Shelter-in-place is a short-term measure (minutes or hours, not days) designed to use a facility and its indoor atmosphere to temporarily separate people from a hazardous outdoor environment.

\*Useful websites include: <http://www.fccps.org>

You may keep informed about emergency situations by listening radio station 1700AM or 103.5 FM.

### ***TUITION AND FEES:***

*Please see the attached list for current costs.*

Non-Refundable Registration Fee: \$150 for one child and \$100 for each additional child in the same family.

Deposit: The amount of one week's tuition (\$295) deposit is retained. This amount will be credited to your child's last week, providing two weeks' notice of withdrawal is given.

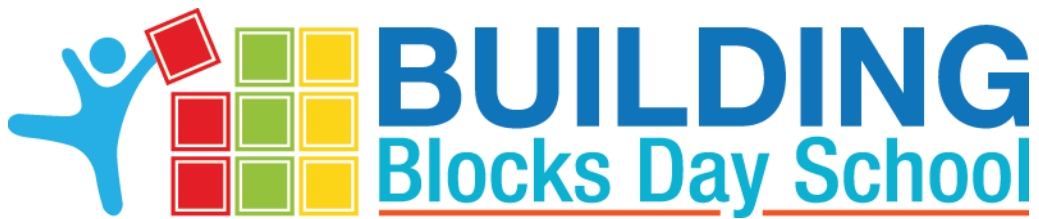
Art Fee: A fee of \$150 will be applied to cover art materials.

Tuition: Tuition (\$295 per week) is due each Friday for the next week. You are welcome to pay monthly if you wish. Please do not send the check to school in your child's lunchbox or backpack! If it is more convenient for you, you may mail your payment to: Building Blocks Day School, 7000 Arlington Boulevard, Falls Church, VA 22042. Invoices will be provided upon request.

Full tuition is due each week even if you have a planned vacation, your child is sick; it is a Federal Holiday, or a weather or emergency closing. If your child is absent for an extended period of time and you have not paid tuition, your child's place may be forfeited. **No tuition is due on the week of Easter break.**

Tuition refund: If you wish to withdraw your child, we request two weeks' notice. Notice must be given in writing, and must include the anticipated last date of attendance. If we do not have a notice of two weeks, you will forfeit your deposit.

***We look forward to working with you and your family. Please do not hesitate to contact us with any questions or concerns you may have.***



## PARENT HANDBOOK

Child(ren)'s Name(s):

---

---

---

I, \_\_\_\_\_ acknowledge receipt of the Parent Handbook  
*Printed Name*  
and agree to abide by the policies set forth therein.

Signed: \_\_\_\_\_

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

**Return this page to the office**

*Thank you!!*