Building Blocks Registration Form 2024-2025

	New Stude	ent Re	eturning Student	Alum Parent
Child's Name: F	nild's Name: First La			Sex
Date of Birth:	Month	Day	Year	<u> </u>
Child's Residence	e:			Zip
Mother's Name:	:		Best Contact Number	er
Address:(if differ	rent)			
Best Email:				
Employer:				
Father's Name: Best Contact Number				
Address: (if diffe	erent)			
Employer:				
-	ntly have a sibling a pices: Please check	_		RS OPEN DAILY AT 7AM
5 Days:	5:00	4:00	Hal ⁻	f 8:40-12:30
3 Days: MWF	5:00	4:00	Half	f 8:40-12:30
2 Days: T/TH	5:00	4:00	Half	f 8:40-12:30
Transitional Kindergarten (5 by Jan 1 st) Kindergarten (5				(5 by Aug 31 st)
5 Days:	5:00		5 Days:	5:00
5 Days:	4:00		5 Days:	4:00
5 Half Days: 8	8:40- 12:30		5 Half Days:	8:30-1:30
	tration forms not			ed with THIS registration form. ark Rd Tewksbury Ma 01876 or stop
**OFFICE US	E ONLY: Form and	l registratior	ı fee was received	on
Acceptance le	etter from BB was	emailed to t	the above address	on
		Kathleen	McCarthy Director	r