

Child's Face Sheet/Enrollment Form

The \$85.00 registration fee must be included to process form. Date of Admission _____

Child's Name _____ Age as of September 1st _____

Date of Birth _____ Sex M / F Primary Language _____

Child's Home Address: _____ Telephone: _____

Identifying Marks _____ Eye Color _____ Hair Color _____

Height _____ Weight _____ Skin Color _____

Child's Physician/Address: _____ Telephone: _____

Chronic Health Conditions _____

Allergies/Special Diets _____

Special Limitations or Concerns: _____

Parent/Guardian Information:

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to child: _____ Relationship to child: _____

Home Address (if different): _____
_____ Home Address (if different): _____

Home Telephone: _____ Home Telephone: _____

Cell Telephone: _____ Cell Telephone: _____

Business Telephone: _____ Business Telephone: _____

Business Name _____ Business Name _____

Hours/days at work: _____ Hours/days at work: _____

Email address: _____ Email address: _____

Others in Family (please include ages)

_____/_____/_____
_____/_____/_____

Parent/Guardian signature

Date