FACE SHEET/ENROLLMENT FORM

For School Use
Date of Admission _____
Age of Admission _____

Child Information:

Child's Name_____ Date of Birth _____
Home Address_____ Home Phone #_____
Place of Birth_____ Primary Language _____
Eye Color_____Hair Color _____ Skin Color _____
Height _____Weight _____ Sex _____
Identifying Marks _____
Others in Family (siblings) _____

Parent/Guardian Information:

Parent/Guardian_____ Relationship to Child _____
Home Address _____
Home Phone _____ Cell Phone _____
Bus. Name_____ Bus. Phone _____
Bus. Address_____
Hours at Work _____ Occupation _____
E-Mail Address _____

Parent/Guardian_____ Relationship to Child _____
Home Address _____
Home Phone _____ Cell Phone _____
Bus. Name_____ Bus. Phone _____
Bus. Address_____
Hours at Work _____ Occupation _____
E-Mail Address _____

Additional Information:

Child's Physician _____Tel.#_____
Address _____
Allergies/Special Diet _____
Chronic Health Condition (attach health plan)_____
Special Limitations or Concerns _____
Custody agreement, court order, restraining order pertaining to this child?_____
If yes, please attach copies.

I give permission for my child to be released from the program and/or received at the end of the program to the following people:

Name _____ Relationship to child _____
Address _____ Telephone (day) _____

Name _____ Relationship to child _____
Address _____ Telephone (day) _____

_____ _____

Parent/ Guardian Signature Date