

## CHILD'S ENROLLMENT FORM

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_  
Place of Birth: \_\_\_\_\_ Primary Language: \_\_\_\_\_  
Email: \_\_\_\_\_ Main Cell Phone #: \_\_\_\_\_

### CHILD'S IDENTIFYING INFORMATION: (required by the Office of Early Education and Care)

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Skin Color: \_\_\_\_\_  
Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Sex: \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_  
Allergies / special diets: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to child: _____	Relationship to child: _____
Home Address: _____	Home Address: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Bus. Name: _____	Bus. Name: _____
Bus. Address: _____	Bus. Address: _____
Bus. Telephone #: _____	Bus. Telephone #: _____

### ADDITIONAL INFORMATION:

Child's Physician/Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Chronic health conditions: \_\_\_\_\_  
Special limitations or concerns: \_\_\_\_\_

### EMERGENCY CONTACT PERSONS (other than parents) :

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_  
Cell phone #: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Home phone #: \_\_\_\_\_ Work phone #: \_\_\_\_\_  
Cell phone #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_