

Child's Enrollment Form

Child's Name: _____ Eye Color _____ Skin Color _____
Home Address: _____ Hair Color _____ Height _____
_____ Sex _____ Weight _____
_____ Age at Admission _____
Telephone #: _____ Primary Language _____
Date of Birth: _____ Date of Admission _____
Identifying marks/Physical Description _____

Allergies/SpecialDiets _____

First Contact

Parent/Guardian Name _____ Relationship to child _____
HomeAddress _____
_____ Home Telephone# _____
Cell Phone# _____ Email address _____
Name of Business _____ Business Telephone _____
BusinessAddress _____
Hours/Days at work _____

Second Contact

Parent/Guardian Name _____ Relationship to child _____
Home Address _____
_____ Home Telephone# _____
Cell Phone# _____ Email address _____
Name of Business _____ Business Telephone _____
BusinessAddress _____
Hours/Days at work _____

Child's Physician _____ Physician Telephone# _____
Physician Address _____

Chronic Health Conditions _____

Special Limitations or concerns _____

Parent/guardian Signature

Date