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