



**Child's Face Sheet/Enrollment Form**  
(This document is two pages.)

For Center Use:

**Date of Admission** \_\_\_\_\_

**Age at Admission** \_\_\_\_\_

**Child Information**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(city/state)

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Primary Language: \_\_\_\_\_

**Child's Identifying Information (Required by Department of Early Education and Care Regulations):**

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Identifying Marks: \_\_\_\_\_

Allergies: \_\_\_\_\_

**Parent Information**

Parent/Guardian (1): \_\_\_\_\_ Parent/Guardian (2) : \_\_\_\_\_

Relationship to Child \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ Phone/Cell: \_\_\_\_\_

Home Address (1): \_\_\_\_\_

Business Address (1): \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Home Address (2): \_\_\_\_\_

Business Address (2) : \_\_\_\_\_

Hours at Work: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**If parent/guardian unavailable, please notify: (Please include names on emergency release form)**

Name: \_\_\_\_\_ or Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Others in Family: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Clinic: \_\_\_\_\_

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Parent/Guardian Signature

Date