



Child's Enrollment Form

Child's Name: _____ Eye Color: _____ Skin Color: _____

Home Address: _____ Hair Color: _____ Height: _____

Telephone: _____ Sex: _____ Weight: _____

Date of Admission: _____ Age at Admission: _____

Date of Birth: _____ Primary Language: _____

Identifying Marks: _____

Known allergies & reactions: _____

Special diets: _____

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ Parent/Guardian Name: _____

Relationship to child: _____ Relationship to child: _____

Home Address: _____ Home Address: _____

Home Telephone #: _____ Home Telephone #: _____

Cell phone #: _____ Cell phone #: _____

Company Name: _____ Company Name: _____

Co. Address: _____ Co. Address: _____

Work Telephone #: _____ Work Telephone #: _____

Hours at Work: _____ Hours at Work: _____

ADDITIONAL INFORMATION:

Child's Physician/Clinic: _____ Phone: _____

Address: _____

Chronic health conditions: _____

Special limitations or concerns: _____

Parent(s)/guardian(s) signature

Date