

Office Use Only 2021 – 2022
Current Date of Admission: _____
Original Date of Admission: _____
Enrollment Packet Completed: _____

Child's Face Sheet/Enrollment Form 2021-2022

Your enrollment deposit must be included with this form to reserve your child's place.

Child Information

Child's Name: _____ Age (Yrs. Mos.) as of September 1st: _____
Primary Language: _____ Date of Birth: _____
Child's Home Address: _____ Gender: _____
Home phone: _____ Current School: _____
Identifying Marks: _____
Eye Color: _____ Hair Color: _____ Skin Color: _____ Height: _____ Weight: _____
Child's Physician: _____ Telephone _____
Physician's Address: _____
Chronic Health Conditions: _____
Allergies/Special Diets: _____
Special Limitations or Concerns: _____

Parent/Guardian Information

Parent/Guardian Name: _____	Parent/Guardian Name: _____
Relationship to child: _____	Relationship to child: _____
Primary Language: _____	Primary Language: _____
Home Address (if different): _____	Home Address (if different): _____
_____	_____
Email address: _____	Email address: _____
Home Telephone: _____	Home Telephone: _____
Cell Telephone: _____	Cell Telephone: _____
Business Telephone: _____	Business Telephone: _____
Business Name: _____	Business Name: _____
Business Address: _____	Business Address: _____
Hours/days at work: _____	Hours/days at work: _____
Hours/days at work: _____	Hours/days at work: _____

Other Members of the Family (please include children's ages)

• _____ • _____ • _____
• _____ • _____ • _____

Parent/Guardian signature: _____ Date: _____

Parent/Guardian printed name: _____