CHILD'S FACE SHEET/ENROLLMENT FORM

FOR CENTER USE
Date of Admission_____
Reply Sent_____

*CLASSES WILL RUN WITH EIGHT OR MORE CHILDREN

CHILD INFORMATION:

Child's Name:_____ Place of Birth:_____

Full Date of Birth:_____

Street Address:_____ Primary Language:_____

Town & Zip Code:_____

Telephone:_____

Child's Identifying Inf. required by the Office for Child Care Service's (child's photo can be substituted):

Eye Color:_____ Hair Color:_____ Sex:_____

Height:_____ Weight:_____ Skin Color:_____

Identifying Marks:_____ Siblings:_____

Allergies:_____

PARENT/GUARDIAN INFORMATION:

Parent Guardian Name:_____ Parent Guardian Name:_____

Relationship to Child:_____ Relationship to Child:_____

Social Security Number:_____ Social Security Number:_____

Home Address:_____ Home Address:_____

Home Telephone:_____ Home Telephone:_____

Business Name:_____ Business Name:_____

Work Telephone:_____ Work Telephone:_____

Work Hours:_____ Work Hours:_____

If parents can not be contacted, notify the following: (include names on emergency release form).

Name:_____ Name:_____

Address:_____ Address:_____

Relationship to child:_____ Relationship to child:_____

Daytime Phone:_____ Daytime Phone:_____

Others in Family:_____

Child's Physician/Clinic:_____Phone:_____

Parent/Guardian Signature:_____Date:_____

Check program & submit with non-refundable enrollment fee ( ) $40 Nursery, ( ) $40 Nursery with Child-care, ( ) $80 Kindergarten

THREE YEAR OLD CLASS

A.M. P.M.

( ) T, TH. ( ) T, TH.

( ) M, W, F

( ) M-FR.

7:30-8:30 am care ( ) 11:30-2:30 p.m. care ( )
2:30-6:00 late day care ( ) Check all that apply.

FOUR YEAR OLD CLASS

A.M. P.M.

( ) T, TH.

( ) M, W, F ( ) M, W, F

( ) M-FR.

7:30-8:30 am care ( ) 11:30-2:30 p.m. care ( )
2:30-6:00 late day care ( ) Check all that apply.

KINDERGARTEN 8:30-2:30 P.M. ( ) CHILD-CARE NEEDED BEFORE/AFTER NURSERY OR KINDERGARTEN: ( )