

For Center Use:
Date of Admission: _____
Age at Admission: _____
Primary Language: _____
Place of Birth: _____

FACE SHEET / ENROLLMENT FORM

7.05 (17)a

Child's Name: _____ Date of Birth ___/___/___
Parent's Names:
Father _____ Home Phone (____) _____
Cell Phone (____) _____
Address _____

Mother _____ Home Phone (____) _____
Cell Phone (____) _____
Address _____

Siblings/Date of Birth _____ Others in Family/Relationship
_____ / _____

Father's Occupation _____ Work Phone _____
Company Name _____
Address _____
Current & Previous Work Experience _____

Mother's Occupation _____ Work Phone _____
Company Name _____
Address _____
Current & Previous Work Experience _____

IF PARENTS CANNOT BE CONTACTED, NOTIFY:

Name: _____ Relationship _____
Address: _____ Phone # _____

Name: _____ Relationship _____
Address: _____ Phone # _____

Child's Physician/Clinic: _____ Phone # _____
Insurance Co. _____ Policy # _____

Identifying Information: (required by the Office for Children)

Eye Color _____ Hair Color _____ Height _____ Sex M F
Weight _____ Race _____ Identifying Marks _____

Parent's Signature _____ Date ___/___/___