

# Child's Face Sheet/Enrollment Form

For Program Use:

Date of Admission: \_\_\_\_\_

Age at Admission: \_\_\_\_\_

## Child Information:

Child's Name: \_\_\_\_\_ Group Program Name: **Kids-A-Lot, Inc.**

Home Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_ Primary Language: \_\_\_\_\_

## Child's Identifying Information:

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Skin Color: \_\_\_\_\_

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

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

## 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: \_\_\_\_\_

E-Mail: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Business(Work) Name: \_\_\_\_\_ Business (Work) Name: \_\_\_\_\_

Business Address: \_\_\_\_\_ Business Address: \_\_\_\_\_

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

## If parents cannot be contacted, notify:

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

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

Telephone (day time) \_\_\_\_\_

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

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

Telephone (day time): \_\_\_\_\_

Child's Physician/Clinic:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List Chronic Health Conditions: \_\_\_\_\_

Special Limitations or Concerns: \_\_\_\_\_

School Age Only: Current School \_\_\_\_\_ School Address \_\_\_\_\_

I certify that documentation of physical exam and immunizations in accordance with public school health requirements , and lead poisoning screening in accordance with public health requirements are on file at my child's school.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_