



# CHILD'S FACE SHEET/ ENROLLMENT FORM

## CHILD'S INFORMATION

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

Primary Telephone: \_\_\_\_\_

## CHILD'S IDENTIFYING INFORMATION

Sex:  Male  Female Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Skin Color: \_\_\_\_\_ Identifying Marks: \_\_\_\_\_

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

## PLEASE CHOOSE THE PROGRAM YOU ARE ENROLLING FOR:

- 5 DAY FULL DAY     4 DAY FULL DAY     3 DAY FULL DAY     2 DAY FULL DAY  
 5 DAY 1/2 DAY     MON/WED/FRI 1/2 DAY     MON-THURS 1/2 DAY     TUES/THURS 1/2 DAY

## PARENT/GUARDIAN INFORMATION 1

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

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

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





**PARENT/GUARDIAN INFORMATION 2**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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

Business Name: \_\_\_\_\_

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

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

**IF PARENTS CANNOT BE CONTACTED, NOTIFY**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Others in Family: \_\_\_\_\_

**IF PARENTS CANNOT BE CONTACTED, NOTIFY**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Others in Family: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form with a \$65 registration fee to the office or mail to:

**Central Co-Operative Nursery School**  
**P.O. Box 142**  
**Chelmsford, MA 01824**

