

CHILD'S FACE SHEET / ENROLLMENT FORM

For Center Use ONLY

Date of Admission: _____
Age at Admission: _____
Identifying Information Updated: _____

CHILD'S INFORMATION:

Child's Name: _____
Date of Birth: _____
Home Address: _____
City/State/Zip: _____
Telephone: _____

Place of Birth: _____
(City/State)

Primary Language: _____

Child's Identifying Information (required by Dept. of Early Education & Care regulations):

Eye Color: _____ Hair Color: _____ Sex: _____

Height: _____ Weight: _____ Skin Color: _____

Identifying Marks: _____

Allergies/Special Diets: _____

An EMERGENCY MEDICAL TREATMENT PLAN (EMTP) is required for any child with a chronic health condition. EMTP forms must be updated annually by the parent and the child's health care professional.

PARENT/GUARDIAN INFORMATION:

If MassMutual - Please indicate: Home Office MMLISI Babson Department: _____

Parent/Guardian Name: _____
Relationship to child: _____
Home Address: _____
City/State/Zip: _____
Home Telephone: _____
Cell/Pager #: _____
Business Name: _____
Address: _____
City: _____
Work Number: _____

Parent/Guardian Name: _____
Relationship to child: _____
Home Address: _____
City/State/Zip: _____
Home Telephone: _____
Cell/Pager #: _____
Business Name: _____
Address: _____
City: _____
Work Number: _____

E-MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

If parents cannot be contacted, notify: (also include names on emergency release form)

Name: _____
Address: _____
City/State/Zip: _____
Relationship to child: _____
Daytime Phone #: _____

Name: _____
Address: _____
City/State/Zip: _____
Relationship to child: _____
Daytime Phone #: _____

Siblings/Ages: _____

Child's Physician: _____

Telephone #: _____

Parent/Guardian Signature: _____ **Date:** _____

Are there any special custody arrangements staff should be aware of? _____ If so, please describe:
