

**CHILD'S FACE SHEET / ENROLLMENT FORM- SCHOOL AGE**

**CHILD'S INFORMATION:**

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

**For Center Use ONLY**

Date of Admission: \_\_\_\_\_  
Age at Admission: \_\_\_\_\_  
Identifying Information Updated: \_\_\_\_\_

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

**Child's Physician:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**Current School** \_\_\_\_\_

**School Address** \_\_\_\_\_

**School Phone #** \_\_\_\_\_

I certify that documentation of physical examination 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 initials:** \_\_\_\_\_

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

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