# OPEN ARMS
## CHILD'S FACE SHEET/ENROLLMENT FORM

Program_____ Group Day Care_____ School Age Care_____

Child's Name_____ Eye Color_____ Skin Color_____

Home Address_____ Hair Color_____ Height_____

Telephone_____ Sex_____ Weight_____

Date of Admission_____ Age at Admission_____

Date of Birth_____ Primary Language_____

Identifying Marks_____

Allergies/ Special Diets_____

**PARENT/GUARDIAN INFORMATION**

Parent/Guardian Name_____ Parent/Guardian Name_____

Relationship to Child_____ Relationship to Child_____

Home Address_____ Home Address_____

Home Telephone #_____ Home Telephone #_____

Business Name_____ Business Name_____

Business Address_____ Business Address_____

Business #_____ Business #_____

Hours at Work_____ Hours at Work_____

**ADDITIONAL INFORMATION:**

Child's Physician/Clinic_____
name address phone

Chronic Health Conditions_____

Special Limitations or Concerns_____

_____ _____
Parent/Guardian Signature Date

SCHOOL AGE ONLY

Current School_____ School Address_____

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: _____