

OPEN ARMS
CHILD'S FACE SHEET/ENROLLMENT FORM

Program _____ (Infant, Toddler, Preschool, Pre-K)
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 _____
Cell Phone # _____	Cell Phone # _____
Business Name _____	Business Name _____
Business Address _____	Business Address _____
Business # _____	Business # _____
Hours at Work _____	Hours at Work _____
Email _____	Email _____

Parents' Legal Marital Status _____

Please note if parents aren't married — In Massachusetts **the mother has sole legal and physical custody of her child until a court orders otherwise.**

Any Court Orders pertaining to custody of the child? _____ Yes _____ No
If so, please provide a copy for our files.

ADDITIONAL INFORMATION:

Child's Physician/Clinic _____
name address phone

Chronic Health Conditions _____

Special Limitations or Concerns _____

Parent/Guardian Signature _____

Date _____